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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c) 527 or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200 000 and total assets less than \$500 000  
at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2012 calendar year or tax year beginning**

2012 and ending

20

**B Check if applicable**

Address change  
 Name change  
 Inital return  
 Terminated  
 Amended return  
 Appl cat on pending

**C Name of organization**

Wine &amp; Spirits Wholesalers Association of SC

Number and street (or P O box if mail is not delivered to street address)

**D Employer identification number**

61 1584614

PO Box 11645

Room/suite

803 518 3324

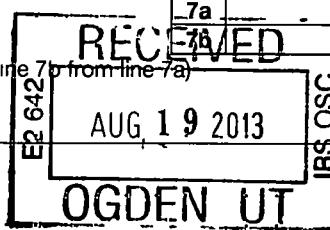
City or town state or country and ZIP + 4

**F Group Exemption  
Number ►**

Columbia, SC 29211

**G Accounting Method**  Cash  Accrual Other (specify) ►**I Website ►****J Tax exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527****H Check ►  if the organization is not required to attach Schedule B (Form 990 990 EZ or 990 PF)****K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50 000 A Form 990 EZ or Form 990 return is not required though Form 990 N (e postcard) may be required (see instructions) But if the organization chooses to file a return be sure to file a complete return****L Add lines 5b 6c and 7b to line 9 to determine gross receipts If gross receipts are \$200 000 or more or if total assets (Part II line 25 column (B) below) are \$500 000 or more file Form 990 instead of Form 990 EZ ► \$****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**  
Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	1 Contributions gifts grants and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	102675
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15 000)	6a	
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15 000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue Add lines 1 2 3 4 5c 6d 7c and 8	9	102675
	10 Grants and similar amounts paid (list in Schedule O)	10	750
Net Assets	11 Benefits paid to or for members	11	
	12 Salaries other compensation and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	80404
	14 Occupancy rent utilities and maintenance	14	
	15 Printing publications postage and shipping	15	
	16 Other expenses (describe in Schedule O)	16	13582
	17 Total expenses Add lines 10 through 16	17	94736
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7939
	19 Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end of year figure reported on prior year's return)	19	14563
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	22502



**Part II Balance Sheets (see the instructions for Part II)**

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22 Cash savings and investments</b>	<b>22896</b>	<b>22502</b>
<b>23 Land and buildings</b>		<b>23</b>
<b>24 Other assets (describe in Schedule O)</b>		<b>24</b>
<b>25 Total assets</b>	<b>22896</b>	<b>22502</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>8333</b>	<b>26</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>14563</b>	<b>22502</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? **Trade Association**

Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner describe the services provided, the number of persons benefited and other relevant information for each program title.

**Expenses**  
Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
5947(a)(1) trusts optional  
or others )

28 Members were provided a forum through which to discuss industry issues

(Grants \$  ) If this amount includes foreign grants check here

28a

29 Members received weekly updates of SC legislation effecting the wine and spirits industry.

(Grants \$  ) If this amount includes foreign grants check here

29a

30 Members received monthly sales reports for wine and spirits sales within SC

(Grants \$  ) If this amount includes foreign grants check here

30a

**31 Other program services (describe in Schedule O)**

(Grants \$  ) If this amount includes foreign grants check here

31a

**32 Total program service expenses (add lines 28a through 31a)**

32

**Part IV** List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)  
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC) (if not paid enter 0)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
Peter Fawcett PO Box 3389 West Columbia SC 29171	Board President, 2	0		
Kevin Karchne 101 Beverage Road Ridgeway SC 29103	Board VP 2	0		
Tom Collins 7600 Richland St Columbia SC 29202	Sec /Trsr, 2	0		
Joe Berry PO Box 11645 Columbia SC 29211	Exec Dir 2	\$30 000		

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If Yes provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If Yes attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1 000 or more during the year from business activities (such as those reported on lines 2 6a and 7a among others)?	35a	✓
b If Yes to line 35a has the organization filed a Form 990 T for the year? If No provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4) 501(c)(5) or 501(c)(6) organization subject to section 6033(e) notice reporting and proxy tax requirements during the year? If Yes complete Schedule C Part III	35c	✓
36 Did the organization undergo a liquidation dissolution termination or significant disposition of net assets during the year? If Yes complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures direct or indirect as described in the instructions ► 37a	37b	
b Did the organization file Form 1120 POL for this year?	37b	✓
38a Did the organization borrow from or make any loans to any officer director trustee or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If Yes complete Schedule L Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► section 4912 ► section 4955 ►	40b	
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 EZ? If Yes complete Schedule L Part I	40c	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955 and 4958 ►	40d	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►	40e	✓
e All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction? If Yes complete Form 8886 T		
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Julie Cox Located at ► 1114 College Street Columbia SC	Telephone no ► 803 518 3324 ZIP + 4 ► 29201 3944	
b At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account securities account or other financial account)? If Yes enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90 22 1 Report of Foreign Bank and Financial Accounts	42b	✓
c At any time during the calendar year did the organization maintain an office outside the U S ? If Yes enter the name of the foreign country ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ in lieu of Form 1041—Check here and enter the amount of tax exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If Yes Form 990 must be completed instead of Form 990 EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If Yes Form 990 must be completed instead of Form 990 EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If Yes to line 44c has the organization filed a Form 720 to report these payments? If No provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes Form 990 and Schedule R may need to be completed instead of Form 990 EZ (see instructions)	45b	✓

46 Did the organization engage directly or indirectly in political campaign activities on behalf of or in opposition to candidates for public office? If Yes complete Schedule C Part I

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52 and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

1

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes complete Schedule C Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non charitable related organization?	49a	
b	If Yes was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers directors trustees and key employees) who each received more than \$100 000 of compensation from the organization If there is none enter None		

(a) Name and title of each employee paid more than \$100 000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100 000

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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100 000 of compensation from the organization. If there is none enter None.

(a) Name and address of each independent contractor paid more than \$100 000	(b) Type of service	(c) Compensation

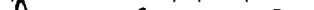
d Total number of other independent contractors each receiving over \$100 000

▶

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	 Signature of officer	<u>3/14/2013</u> Date
	<b>Joe Berry Executive Director</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions

▶  Yes  No

**SCHEDULE O**  
**(Form 990 or 990 EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990 EZ or to provide any additional information

► Attach to Form 990 or 990 EZ

OMB No 1545 0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**Wine & Spirits Wholesalers Association of SC**

Employer identification number

**61 1584614**

**990 EZ Part I Line 16 The \$13582 included \$10389 for entertainment \$134 for a plaque \$208 for ethics filings \$850 for non profit status**

**filings and \$2001 for travel to annual wine and spirits national meetings**