Form **990-EZ** 

**Short Form** 

2949214500316 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Ā	For the	2018 calendar ye	ar, or tax year beginnin	g Januai	ry 1 , 2018,	and ending	Decem	ber 31	, 20	18
В	Check if a	pplicable C N	lame of organization				D Employe	r identification	number	?
	Address of	change	<u>Cairo</u> Te	mple #125				570731223		
닏	Name cha		nber and street (or P.O. box,	if mail is not delivered to	street address) [?]	Room/suite	E Telephor	ne number		
님	Initial retu	rn/terminated	PO Box	3565 ·		<u> </u>		803-754-889	1	
H	Amended	■ Citv	or town, state or province, o	country, and ZIP or foreig	n postal code	CL	F Group I	Exemption		
		on pending	Columbia	a, SC 29230		0.0	Numbe	r ▶ 🔯	2111	
G	Accoun	ting Method <sup>.</sup>	Cash Accrual C	Other (specify)		н	Check ► [	lf the organ	ization i	s not
1 7	<b>Vebsite</b>	e; 🟲						attach Sched		2
J 1	ах-ехег	npt status (check or	nly one) - 501(c)(3)	☐ 501(c) ( ) ◀ (in	sert no )	r527 (	(Fom 990,	990-EZ, or 99	0-PF).	
K	Form of	organization:	Corporation	ıst 🗌 Asso	ciation					
			line 9 to determine gros			more, or if total	assets	-		
(Pa	rt II, col	lumn (B)) are \$500,	000 or more, file Form 99	90 instead of Form 99	0-EZ	٠	. •	\$		
	art I	-	xpenses, and Chai	•		•				
		Check if the	organization used So	chedule O to respo	nd to any question	ın thıs Part I		<u> </u>		
?		Contributions,	gifts, grants, and simil	ar amounts receive	d		1	·		
?	1	-	e revenue including g				2	2		
?		Membership di	ues and assessments				3	3	22,22	25.00
?	4	Investment inco	ome				4	<b>\$</b> .		0
	5a	Gross amount	from sale of assets otl	her than inventory	<u>5a</u>		0			
	b		ther basis and sales e	•		L	0			
	С	•	om sale of assets other	er than inventory (S	ubtract line 5b from I	line 5a)	. 5	<u>c                                     </u>		0
	6		ndraising events:							
ø)	a		from gaming (attac		1	•	Į			
Revenue					· · · · <u>· 6a</u>	1	<u> </u>			-
Š	b		rom fundraising event			f contribution	s	.		
) Æ			g events reported on		1	ŀ				
		-	oss income and contr			ļ	0			
•	C		oenses from gaming a			1 05 1 1	0			
;	d	Net income or				_				
	_	,					· · 6	<u>d</u>		
:	7a		inventory, less returns							
	b	Less: cost of g	•			1				_
	C	•	(loss) from sales of inv	• •	•			C		
ı	8		(describe in Schedule				· ·   8		22.22	<del></del>
_	10		Add lines 1, 2, 3, 4, 5				1			25 00 00.00
,	11		ilar amounts paid (list or for members .			CEIVED	1		0,20	00.00
. ,,	1		compensation, and er		· · · · · · · · · · · · · · · · · · ·	<u> </u>	. <b></b>	2	2 7	25.00
Expenses	13					R.29 2019	· ''		2,12	0
	14	Occupancy re	es and other payment nt, utilities, and mainte	s to independent of	in actors <b>in .</b> Αγ.	R-29 2019	(0)	4	2.61	10.00
X	15		ations, postage, and s					5	_	30.00
	16	• .	ations, postage, and s s (describe in Schedul	•	1 ( )/	BDCH; U	· -	6		52.00
	17	• •	s. Add lines 10 throug	. —	· · · • • • • • • • • • • • • • • • • •					17.00
_	40	Excess or Idef	cit) for the year (Subtra	act line 17 from line	9)			8		08 00
Net Assets	19		fund balances at begi					<u> </u>	- 30	20 00
SS		end-of-vear fig	ure reported on prior y	vear's return)			-	9	28 3	79 00
it A	20		in net assets or fund l	•			<u> </u>	0	20,3	0
ž	21	_	und balances at end o		·				28.8	87.00
				. , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>		

Part II	Balance Sheets (see the instructions						
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	· .		· · ·
				(A) Beginning of ye	ear	(B) E	End of year
	h, savings, and investments		[	28,37	9.00 22	2	28,887
23 Land	dând buildings		[	·	0 23	3	
	er assets (describe in Schedule O)				0 24	4	
	al assets			28,37	9.00 25	5	28,887
26 Tota	al liabilities (describe in Schedule O)		[		0 26		
	assets or fund balances (line 27 of column				9.00 27	7	28,887
Part III	Statement of Program Service Accom	•				_	
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III			<b>cpenses</b> I for section
hat is the	organization's primary exempt purpose?		<del></del>				and 501(c)(4)
s measure	e organization's program service accompli ed by expenses. In a clear and concise m	nanner, describe the	f its three largest p e services provided	rogram service I, the number	of of	rganızatı thers.)	ions; optional
	nefited, and other relevant information for ea ners Foundation Donation - American Diabetes	<u>`                              </u>	sion for the Blind				
(Grant	s \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ıncludes foreign gra	onte check here	▶ [	7 3	Ва	1500
	to School Event - School Supplies - Scholars		ints, check here .		_   20	oa	1300
	. to outloor Event outloor supplies outloans						
(Grant	s \$ ) If this amount	includes foreign gra	ints check here	▶ Г	l <sub>2</sub>	9a	2,200
<u> </u>	stmas Backets Donated to Various Communite	)e				<del>-</del>	
	Silias Backeis Dollaieu io valious Collinullie						
	sunds backets bondied to various communite						
	Sinias Backets Donateu (O Various Communit						
(Grant						0a	2,500
<del></del>		ıncludes foreign gra		<b>&gt;</b> [		0a	2,500
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Part \				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V . Yes	No.
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		162	IAC
	detailed description of each activity in Schedule O	33		V
	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	0.4		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		•
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	35b 35c		•
	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		v
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			_
	Did the organization file Form 1120-POL for this year?	37b		•
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b		,
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
	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 >	42b	Yes	N
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		_
	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			>
	and effect the difficult of tax-exempt interest received of accided duffing the tax year		Yes	1
	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		
	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	_	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44u 45a		_
b	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	10a		_
	Form 990-EZ. See instructions	45b		-

•	0-EZ (2018)	·						age 4
	Did II			h ah alƙ aƙ a a			Yes	No
46	Did the organization engage, directly or to candidates for public office? If "Yes,"	complete Schedule C	campaign activities on E Part I	benait of or in	oppositio	on		
art '			, , , , , , , , , , , , , , , , , , , ,	<u> </u>	<u> </u>	40		
	All section 501(c)(3) organizatio		estions 47-49b and	52, and com	olete the	tables fo	or line	es
	50 and 51.	,		,				
	Check if the organization used Se	chedule O to respond	d to any question in the	nis Part VI .		<u>.</u>		
		<del>"</del>					Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio	n in effect dui	ring the ta	47		~
48	Is the organization a school as described	in section 170(b)(1)(A)(	ii)? If "Yes," complete \$	Schedule E		48		<b>✓</b>
49a	Did the organization make any transfers	•	-			49a		<u> </u>
b	If "Yes," was the related organization as					49b		~
50	Complete this table for the organization							d key
	employees) who each received more that	an \$100,000 of compe	nsation from the organ			enter	one.	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health bei contributions to e benefit plans, and compensat	employee ( deferred	e) Estimate other com		
	N/A	N/A						
		N/A	0	<u>-</u> .	0			Ð
		<del> </del>	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
			1			•		
		-1						
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization.	n's five highest comp		contractors w	ho each i	received	more	than
	(a) Name and business address of each indepen	<u> </u>	(b) Type of serv	ce	(c) C	compensation	on	
	N/A		N/A					
			-					0
			.]	1				
		· · · · · · · · · · · · · · · · · · ·						
			-		<del> </del>			
			-					
			-					
					-			
d	Total number of other independent cont	ractors each receiving	over \$100,000	•				
	Total number of other independent cont Did the organization complete Sched	dule A? <b>Note:</b> All se				a ▶∐ Yes		
52 Inder p	Did the organization complete Sched	dule A? Note: All se	ection 501(c)(3) orgal	nts, and to the be		► ☐ Yes		<del></del>
52 Inder p	Did the organization complete Sched completed Schedule A	dule A? Note: All se	ection 501(c)(3) orgal	nts, and to the be		► ☐ Yes		<del></del>
nder p	Did the organization complete Sched completed Schedule A	dule A? Note: All so	ection 501(c)(3) orgal	nts, and to the be		► ☐ Yes		<del></del>

Preparer's signature

Print/Type preparer's name

Firm's address ►

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

Firm's name

**Paid** 

Preparer Use Only

► ☐ Yes ☐ No

Check I if self-employed

Firm's EIN ▶

Phone no.