

# Short Form Return of Organization Exempt From Income Tax

# 2010

**Open to Public Inspection**

**Under 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.*

Department of the Treasury  
Internal Revenue Service

<b>A For the 2010 calendar year, or tax year beginning</b>		<b>, and ending</b>	
<b>B</b> Check if applicable:		<b>C</b> Name of organization	
<input type="checkbox"/> Address change	THE I'ON TRUST		<b>D</b> Employer identification number
<input type="checkbox"/> Name change			57-1071873
<input type="checkbox"/> Initial return	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number
<input type="checkbox"/> Terminated	PO BOX 1064		(843) 881-7541
<input type="checkbox"/> Amended return	City or town state or country ZIP + 4		<b>F</b> Group Exemption Number ▶
<input type="checkbox"/> Application pending	MT. PLEASANT SC 29465		
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I Website:</b> ▶ WWW.IONTRUST.ORG			
<b>J Tax-exempt status</b> (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting 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.			
<b>L</b> 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 . . . . . ▶ \$ 75,526			

**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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	52,139
	<b>2</b> Program service revenue including government fees and contracts . . . . .	
	<b>3</b> Membership dues and assessments . . . . .	11,157
	<b>4</b> Investment income . . . . .	226
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	5a
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	5b
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c 0
	<b>6</b> Gaming and fundraising events	
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
<b>b</b> Gross income from fundraising events (not including \$ 8,750 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 12,004	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	6c 38,971	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d -26,967	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	7a	
<b>b</b> Less: cost of goods sold . . . . .	7b	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 0	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	8	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9 36,555	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	10
	<b>11</b> Benefits paid to or for members . . . . .	11
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	12
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	13 25,033
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	14
	<b>15</b> Printing, publications, postage, and shipping . . . . .	15 974
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	16 12,479
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17 38,486	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -1,931
	<b>19</b> 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 95,876
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	21 93,945

**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	
22 Cash, savings, and investments . . . . .	95,876	22	93,945
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .		24	
25 Total assets . . . . .	95,876	25	93,945
26 Total liabilities (describe in Schedule O) . . . . .		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	95,876	27	93,945

**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? TO CONNECT NEIGHBORS WITH THEIR COMMUNITY  
 Describe what was achieved in carrying out the organization's exempt purposes. 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 4947(a)(1) trusts; optional for others.)

28 PROVIDE EDUCATIONAL AND ARTISTIC EVENTS, SOCIAL AND NETWORKING ACTIVITIES WHILE ENCOURAGING COMMUNITY INVOLVEMENT . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a		
29 . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a		
30 . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O) . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a		
32 Total program service expenses. (add lines 28a through 31a) . . . . .	32		0

**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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LOUISE RAINIS 163 EAST SHIPYARD DR MT. PLEASANT SC 29464	Title PRESIDENT Hr/WK 4.00	0		
DWIGHT WILLIAMS 28 RIALTO ROAD MT. PLEASANT SC 29464	Title VICE PRESIDENT Hr/WK 4.00	0		
CAROL DEGGEN 58 HOSPITALITY STREET MT. PLEASANT SC 29464	Title TREASURER Hr/WK 2.00	0		
SANDY POWERS 61 SATURDAY RD MT. PLEASANT SC 29464	Title SECRETARY Hr/WK 2.00	0		
JOE GADDY 67 LATTITUDE LANE MT. PLEASANT SC 29464	Title BOARD MEMBER Hr/WK 1.00	0		
CHARLIE CUMBAA 39 KRIER LANE MT. PLEASANT SC 29464	Title BOARD MEMBER Hr/WK 1.00	0		
CAROL MORGAN 98 NORTH SHELMORE BLVD MT. PLEASANT SC 29464	Title BOARD MEMBER Hr/WK 1.00	0		
AMY SAGE 63 JOGGLING STREET SULLIVANS ISLAND SC 29464	Title BOARD MEMBER Hr/WK 1.00	0		
JANE VANDER VELDE 3 PERSEVERANCE STREET MT. PLEASANT SC 29464	Title BOARD MEMBER Hr/WK 1.00	0		
ANDREW MCLESTER 59 JOGGLING STREET MT. PLEASANT SC 29464	Title BOARD MEMBER Hr/WK 1.00	0		
DAVE NIEMANN 109 JAKE'S LANE MT. PLEASANT SC 29464	Title BOARD MEMBER Hr/WK 1.00	0		
DON HIGGINS 24 NOLEN WAY MT. PLEASANT SC 29464	Title BOARD MEMBER Hr/WK 1.00	0		
JEFF TOZZI 27 MCDANIEL LANE MT. PLEASANT SC 29464	Title BOARD MEMBER Hr/WK 1.00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V. [ ]

Table with columns for question numbers (33-44d), descriptions, and Yes/No columns. Includes questions about Schedule O, business income, political expenditures, and foreign accounts.

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
<b>a</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 Form 990-EZ . . . . .		X
<b>46</b> 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. . . . .		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . .		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		X
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .		

**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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00			

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

**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
Name <u>None</u> Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		

**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.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title. DIRECTOR

<b>Paid Preparer's Use Only</b>	Print/Type preparer's name KEITH M. VINCENT, CPA	Preparer's signature KEITH M. VINCENT, CPA	Date 5/14/2011	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Firm's name ▶ KEITH M. VINCENT, CPA	Firm's EIN ▶			
	Firm's address ▶ 285 MOSSY OAK WAY, MOUNT PLEASANT, SC 29464-7805	Phone no. (843) 607-5093			

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees**

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp. benefit plans & deferred compensation	Expense account and other allowances
TONY WOODY 86 PONSBURY RD MT. PLEASANT SC 29464	Title BOARD MEMBER Hr/WK 1.00	0	0	0
MELINDA WREN 264 NORTH SHELMORE DRIVE MT. PLEASANT SC 29464	Title BOARD MEMBER Hr/WK 1.00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

THE I'ON TRUST

Employer identification number

57-1071873

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) - 0.00%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 - 0.00%; 16a 33 1/3% support test-2010; b 33 1/3% support test-2009; 17a 10%-facts-and-circumstances test-2010; b 10%-facts-and-circumstances test-2009; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	103,580	82,577	78,142	56,969	54,546	375,814
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	0	0	28,482	26,159	20,754	75,395
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0					0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0					0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	103,580	82,577	106,624	83,128	75,300	451,209
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						451,209

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .	103,580	82,577	106,624	83,128	75,300	451,209
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	506	1,201	2,699	503	226	5,135
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	506	1,201	2,699	503	226	5,135
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0					0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	104,086	83,778	109,323	83,631	75,526	456,344
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	98.87%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	98.94%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	1.13%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.06%

- 19a 33 1/3% support tests–2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support tests–2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		PER RIVER BRIDGE (event type)	Y 4TH CELEBRATI (event type)	4 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	2,750	2,500	15,504	20,754
	2	Less: Charitable contributions . . . . .	0	0	8,750	8,750
	3	Gross income (line 1 minus line 2) . . . . .	2,750	2,500	6,754	12,004
Direct Expenses	4	Cash prizes . . . . .	0	0	0	0
	5	Noncash prizes . . . . .	0	0	0	0
	6	Rent/facility costs . . . . .	910	1,221	5,836	7,967
	7	Food and beverages . . . . .	0	0	718	718
	8	Entertainment . . . . .	1,500	1,500	6,175	9,175
	9	Other direct expenses . . . . .	235	2,030	18,846	21,111
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 38,971)
11	Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				-26,967	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1	Gross revenue . . . . .	
Direct Expenses	2	Cash prizes . . . . .			0
	3	Noncash prizes . . . . .			0
	4	Rent/facility costs . . . . .			0
	5	Other direct expenses . . . . .			0
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( 0)
8	Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				0

- 9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_
- a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No
- b If "No," explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No
- b If "Yes," explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

THE I'ON TRUST

57-1071873

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 3,473

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 2,302

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 245

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 1,189

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 3,583

Form 990-EZ, Part I, Line 16, Other Expenses: Web site: 965

Form 990-EZ, Part I, Line 16, Other Expenses: Bank fees: 107

Form 990-EZ, Part I, Line 16, Other Expenses: Permits: 52

Form 990-EZ, Part I, Line 16, Other Expenses: Volunteers: 563



**Part II (Sch G (990/990EZ)) - Events**

20,754

8,750

12,004

0

0

7,967

718

9,175

21,111

		Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9
Event type		Gross receipts	Less: (Charitable contributions)	Gross income (line 1 minus line 2)	Cash prizes	Noncash prizes	Rent/facility costs	Food and beverages	Entertainment	Other direct expenses
1	COOPER RIVER BRIDGE RUN	2,750		2,750			910		1,500	235
2	JULY 4TH CELEBRATION	2,500		2,500			1,221		1,500	2,030
3	MEMORIAL DAY CELEBRATION	2,000		2,000			627		1,500	22
4	OYSTER ROAST	1,891		1,891					300	2,716
5	LUMINARIES	9,043	8,750	293						461
6	OTHER MISC EVENTS	2,570		2,570			5,209	718	4,375	15,647
7				0						
8				0						
9				0						
10				0						
11				0						
12				0						
13				0						
14				0						
15				0						
16				0						
17				0						
18				0						
19				0						
20				0						