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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

ZUU9
Open to Public
Inspection

OMB No 1545-0047

A F	or the	e 2009			r year, or t							, 2009, ai		nding			, 20		
Вс	heck if ap	plicable	Please	C N	ame of organi	zation	THE CHA	RLES W	& ELIZA	АВЕТН Н	сокі	ER FOUNDATI	ION	_	D Employ	yer identific	ation num	ber	
	Addres		use IRS label or	D	oing Business	As									23-	744087	7		
	7 -	change	print or	N	umber and st	reet (c	rPO bo	x if mail is	not delive	ered to st	reet ac	idress)		Room/suite	E Teleph	one number			
	Initial	return	type. See	11	.2 CASHU	A S	Т.						1		()	-			
	Termi	nated	Specific Instruc-	c	ity or town, st	ate or	country, a	nd ZIP +	4										
	Amen		tions.	D.P	RLINGTO	N.	SC 29	532							G Gross	receipts \$		532	487.
	Applic	ation	F Na		and address									-		a group retur	n for	Yes	X No
_	pendir	ng													affiliat	es? Ill affiliates incl	ded2	Yes	X No
	Tay-eve	empt sta	tus	X	501(c) (3	\	/:=====	- L	4047/0	V(1) ==	Т	527			1 ''	o," attach a list		ı	
		te: ►			301(6) (3	/ -	(insert i	io)	4947(a)(1) 01	<u> </u>	527			1	exemption nu	-	,	
		of organi			C		T1	Associa		045			Tiv	·	1		<u>-</u>		
	rt		nmary		Corporation		Trust	Associa	ation j	Other			L 1	ear of forma	tion	W State	of legal do	micie	
ГС																			
	1	Briefly	descri	be t	he organizat	ion's	mission	or most	significar	nt activit	ies _	- -							
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Ž																			
Governance	2				► if the	_				•		•							
•ర	3	Numbe	er of vo	oting	members o	f the	governin	g body (Part VI, I	ıne 1a)						3			
Ë	4	Numbe	er of in	dep	endent votin	g mei	mbers of	the gov	erning b	ody (Pa	rt VI,	line 1b)				4			
Activities	5	Total r	number	of e	employees (P	art V,	line 2a)									5			0
Ä	6	Total r	number	of v	volunteers (e	stimat	te if nece	ssary)								6			
	7 a	Total g	ross u	nrel	ated busines	s reve	enue fron	n Part VI	II, colum	n (C), lii	ne 12					7a			
	b	Net un	related	l bu	siness taxab	le inc	ome fron	n Form 9	90-T, lin	e 34 .			<u>.</u>			7ъ			0.
														<u> </u>	Prior Y	'ear	Cur	rent Ye	
•	8	Contri	butions	and	d grants (Par	t VIII,	(ine 1h)							L					0.
Revenue	9	Progra	ım serv	nce i	revenue (Par	VIII,	line 2g) .							L					0.
ě	10	Invest	ment ir	con	ne (Part VIII,	colur	ກກ (A), ໄມ	nes 3, 4,	and 7d)					L	527	7,523.		532	,487.
_	11	Other	revenu	e (F	Part VIII, colu	ımn (/	4), lines (5, 6d, 8c	, 9c, 10c	, and 11	e)								0.
					dd lines 8 th											7,523.			,487.
	13	Grants	and s	įmila	a <u>r amou</u> nts p	aıd (F	art IX, co	olumn (A), lines 1	-3)					32	7,000.		733	,520.
Γ	14			E	of for member	rs (Pa	art IX, co	lumn (A)	, line 4)										
ω	15	Salaru	Salarues, other compensation, employee benefits (Part IX, column (A), line 4)												0.	(0.	
٤	⊉ ∤6a	Profes	sional	func	draisingTees	(Part	IX, colun	nn (A), lu	ne 11e)										
3	≱ ∣ь	HANY f	undra	ر ۲۰ Sing	expenses, P	art IX	, column	(D), line	25) 🕨										
۳	7/7_	Other	expens	es_	(₽art\l % €colu	mn (A	A), lines 1	1a-11d,	11f-24f)							4,410.		10	,350.
- 1	180	1626	arens	esl l	Add lines 13	-17 (r	nust equ	al Part IX	د. columr	n (A), lin	e 25)		• • •		331	1,410.		743	,870.
L			/		penses. Sub								 		196	5,113.		211	,383.
5 8												· · · · ·	<u> </u>		Beginning			of Ye	
ets and	20	Total a	assets (Part	X, line 16)										11,880		14,	664	,563.
Net Assets or Fund Balances	21				art X, line 26				• • • •		• • •					2,015.			,318.
5 5	22			•	nd balances	· • •	 ract line 2	 21 from l	 ine 20		• •			· · · :	10,778		13,	876	,245.
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Form **990** (2009)

Parţ	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			l
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		<u></u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		İ '	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9_	ļ	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			v
	quasi-endowments? If" Yes," complete Schedule D, Part V	10	<u> </u>	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			v
_	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	١.,		1, 1
_	Schedule D, Part VI	4,		Ψ,
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			, "
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		-	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	İ.		, ,
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	,	,	1 -
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	,	· .	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	[,		F , ']
	Did the organization report arramount for other habilities in Falt X, line 25.77 Tes, complete screedie b, Falt X	ļ .	,,,	
	the organization's separate of consolidated infancial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	-		, t= •
	complete Schedule D, Parts XI, XII, and XIII	12	-	-X
12Δ	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No		F . (-	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			. 1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
		14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		<u> </u>	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		$\overline{}$
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
			200	

Form **990** (2009)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			.,
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ. <u>.</u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ļ		
	to defease any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			Ì
	If "Yes," complete Schedule L, Part III	27	l	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L. Part N	28b	1	Х
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			<u> </u>
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			ļ
	Part N	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Ì
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
J.	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
34	III, IV, and V, line 1	34		Х
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			1
35	Schedule R, Part V, line 2	35		X
2.0	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	-	1	1
36	organization? If "Yes," complete Schedule R, Part V, line 2	36	1	X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	133	+	
37				1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R	37		l x
	Part VI	31	+	+
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20		x
	19? Note. All Form 990 filers are required to complete Schedule O			(2000

Part	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			1
	U.S Information Returns Enter -0- if not applicable			- }
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	٠	`.· -	_
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		<u>X</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			- { -!
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	, 		ال ـ ـ ـ ـ ا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> X</u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			٠. إ
	Instructions)	-	33	, 1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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			Х
	account)?	4a		
D	If "Yes," enter the name of the foreign country.	٠.٠		- 1
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	, 5.0	` e	, ,
. .	and Financial Accounts			i
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		$\frac{x}{X}$
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	30	<u> </u>	
C	Prohibited Tax Shelter Transaction?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Ju	organization solicit any contributions that were not tax deductible?	6a		Х
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		ي ت	- 1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		4	
	and services provided to the payor?	7 a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		:	ا ــــا
	benefit contract?	7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	 		Х
_	required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	,	,	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		X
•	organization, have excess business holdings at any time during the year?	, .	 	
9	Sponsoring organizations maintaining donor advised funds.	9a		X,
	Did the organization make any taxable distributions under section 4966?	9 b	-	X
	Did the organization make a distribution to a donor, donor advisor, or related person?	30	-	
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12		ļ	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			i
	Gross income from members or shareholders			. !
	Gross income from other sources (Do not net amounts due or paid to other sources against	}	1	
.,	amounts due or received from them)			-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		,
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part.VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management			
			Yes	No
а	Enter the number of voting members of the governing body		İ	
1b	Enter the number of voting members that are independent]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	i	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a		X
ь	Each committee with authority to act on behalf of the governing body?	8 b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		İ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11A	Desribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	1.00		
16a				
ıva	with a taxable entity during the year?	16a		Х
.	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1		
	the organization's exempt status with respect to such arrangements?	16h		
Sect	tion C. Disclosure	1100		
17 10	List the states with which a copy of this Form 990 is required to be filed SC,		. – – – .	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply	s only)	,	
	Own website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	rest		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JOHN JAY JAMES, II, ATTORNEY 112 CASHUA ST., DARLINGTON, SC, 2	ne _	^	
	organization JOHN JAY JAMES, II, ATTORNEY 112 CASHUA ST., DARLINGTON, SC, 2843-393-3881	<u> 1955</u>	<u></u> -	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did not com	pensate an	y curi	rent	offi	cer,	, direc	tor,	or trustee		
(A) Name and Title	(B) Average	Posit		chec		that app	ply)	(D) Reportable compensation	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations					
									,	
				Γ						
			-							

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	уе	es,	and F	ligi	hest Compensat	ed Employ	ees (c	ontinue	d)	
(A) Name and title	(B) Average	Posit	ion ((C chec)	that app	oly)	(D) Reportable	(E) Reportab	le	Esti	(F) mated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensa from relat organizatio (W-2/1099-N	ed ons	o compo fro orgai and	ount of ther ensati m the nization relate	on on ed
												-	
					_								
										_			
										_			
1b Total							▶						
Total number of individuals (including but not reportable compensation from the organization)			liste	d a	bov	e) wh	о ге	eceived more than	\$100,000 in				
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.											3		X
4 For any individual listed on line 1a, is the the organization and related organizations	e sum of	repoi	tab	le d	com	pensa	atio	n and other com	pensation fi	om	,	, ,	,
individual											4		X
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,"	e or acci	rue c	omp	ens	satio	on fro	om	any unrelated of	organization	for	5		Х
Section B. Independent Contractors	<u>oomproto</u>	00,100	<u> </u>			υ ρ υ		· · · · · · · · · · · · · · · · · · ·		····			
Complete this table for your five highest compensation from the organization	compensa	ted ır	ndep	oen	den	t con	trac	ctors that receive	d more tha	n \$10	0,000	of	
(A) Name and business add	ress							(B) Description of se	rvices		(C) Compens	ation	
NONE NONE							+					20011	
							\pm						
							_						
2 Total number of independent contractors (iii				nıte	d to		se !	isted above) who	received	-			
more than \$100,000 in compensation from the	e organiza	tion				0						000	

Par	t VIII	Statement of Revenue			23-7440877		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b	Federated campaigns 1a Membership dues 1b					
S, g	С	Fundraising events 1c		- `	-	1 1 1	, , <u>, , , , , , , , , , , , , , , , , </u>
ar a	d	Related organizations 1d				· 3	- '
in's	е	Government grants (contributions) 1e		" ,			
er s	f	All other contributions, gifts, grants,		<u>, -</u>	, <u>t.</u> .	1 d	1 ~ 1
흔등		and similar amounts not included above . 1f			,	_	
S E	g	Noncash contributions included in lines 1a-1f \$				3-	
	<u>h</u>	Total. Add lines 1a-1f		0.			. "
ğ			Business Code		تـــــــــــــــــــــــــــــــــــــ	<u> </u>	لىگ جىدتىد
Program Service Revenue	2a b c						
Se	d						
Ta l	е		ļ				
ē.	f	All other program service revenue					
<u>a</u>	g	Total. Add lines 2a-2f		0.			· 1 7 12 1
	3	Investment income (including dividends, interesting amounts) ATTACHMENT	est, and	520 407	522 403		
		other similar amounts)		532,487	532,487		
i	4	Income from investment of tax-exempt bond p		0.			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(ii) Personal		e i ga you	, · · · · · · · · · · · · · · · · · · ·	1 2 2 4
			(.,, : 0.00.10.				-, ,
	6a	Gross Rents		,-	, , ,		
	b	Rental income or (loss)		#- · · · · · · · · ·	·		
	d	Net rental income or (loss)		0.			
		(i) Securities	(II) Other			· ^	- ' ; .
	7 a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis		,	, ,		. ` ` - i
	_	and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u></u>	0.			<u> </u>
ē	8a	Gross income from fundraising					
Ę.		events (not including \$,	, , , ,	;	
ě		of contributions reported on line 1c).			j		
E.		See Part IV, line 18 a		,		•	
Other Revenue	b	Less direct expenses b			2 - 1)	·	
ŏ	C	Net income or (loss) from fundraising events .	<u>, , , , , , , , , , , , , , , , , , , </u>	0			1 2 1 2 1
	9 a	Gross income from gaming activities.					* * 2 (*)
	١.	See Part IV, line 19	i			,	
	D	Less direct expenses b Net income or (loss) from gaming activities		0.	-		
	10a			<u> </u>	e ^c	_ ,	
	iva	returns and allowances a					
	h	Less cost of goods sold b	1				6
		Net income or (loss) from sales of inventory.		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0			
	12	Total Revenue. See instructions	<u></u>	532,487.	532,487	L	<u> </u>

Part:IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and	700 700			
organizations in the U.S. See Part IV, line 21	733,520.	733,520.		
2 Grants and other assistance to individuals in	NONE	į		
the US See Part IV, line 22 ,	NONE			
Grants and other assistance to governments,				
organizations, and individuals outside the	NONE	j		
US See Part IV, lines 15 and 16	NONE		····	
Benefits paid to or for members	NONE			
Compensation of current officers, directors, trustees, and key employees	0.			
Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and		j	j	
persons described in section 4958(c)(3)(B)	NONE			
Other salaries and wages	NONE			
Pension plan contributions (include section 401(k)				
and section 403(b) employer contributions)	NONE			
Other employee benefits	NONE			
Payroll taxes				<u></u>
Fees for services (non-employees)				
a Management	NONE			
bi Legal	2,600.		2,600.	
c Accounting	7,600.		7,600.	:
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	NONE			
Advertising and promotion	NONE			
Office expenses	NONE			
Information technology	NONE			
Royalties	NONE			
Occupancy	NONE			
Travel	NONE			
Payments of travel or entertainment expenses	NONE	[
for any federal, state, or local public officials	NONE			
Gonferences, conventions, and meetings	NONE			
Interest	NONE			· ····································
Payments to affiliates	NONE			
R Depreciation, depletion, and amortization	NONE			
Insurance	NONE			
Other expenses Itemize expenses not				
covered above (Expenses grouped together				
and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	İ			
a EMA INITIAL ANNUAL FEE	150.		150.	· · · · · · · · · · · · · · · · · · ·
	130.		130.	
b				
·				
d				
e			0.	
f All other expenses	743,870.	733,520.	10,350.	
Total functional expenses. Add lines 1 through 24f	. 143,010.	133,320.	10,330.	
SOP 98-2 Complete this line only if the				
organization reported in column (B) joint costs		}		
from a combined educational campaign and		ł		
fundraising solicitation			·····	Form 990 (2009

Pa	rt X	Balance Sheet			/D)
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	438,769.	1	226,703.
	2	Savings and temporary cash investments	48,703.	2	48,703.
-	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or 10a			
		other basis Complete Part VI of Schedule D			
	h	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	14,389,157.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	- , 	13	·· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	· · · · · · · · · · · · · · · · · · ·	11,880,733.	16	14,664,563.
	17	Total assets. Add lines 1 through 15 (must equal line 34)		17	0.
	18		1,102,015.	18	788,318.
	19	Grants payable	1/102/013.	19	- 100/310.
	20	Deferred revenue		20	
		Tax-exempt bond liabilities		_	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ħ.	22	Payables to current and former officers, directors, trustees, key			
Ē		employees, highest compensated employees, and disqualified			
_		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	1,102,015.	25	788,318.
	26	Total liabilities. Add lines 17 through 25	1,102,013.	26	700,510.
S		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
Ž	27	Unrestricted net assets	10,778,718.	27	13,876,245.
Jala	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
Š.	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	10,778,718.	33	13,876,245.
	٠-"	Total liabilities and net assets/fund balances	11,880,733.	34	14,664,563.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			í
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
b	Were the organization's financial statements audited by an independent accountant?	2b		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	_	l
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			ĺ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ĺ
	issued on a consolidated basis, separate basis, or both			İ
	Separate basis Consolidated basis Both consolidated and separate basis	İ		ł
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			l
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
	<u> </u>	Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

Open to Public Inspection

OMB No 1545-0047

Nam	e of 1	he organizatio	n THE CHARLE	ES W & ELIZABET	н н сок	CER FOUN	OITADI	I	Employe	r identificat	tion number						
C/0) MF	R. JOHN J.	AY JAMES, I	I, ATTORNEY						23-74	40877						
Pa	rt I	Reason fo	r Public Chari	ty Status (All organi	zations m	ust compl	ete this p	oart) Se	e instruc	tions							
The	orga	inization is no	t a private found	ation because it is (F	or lines 1 t	hrough 11,	check on	ly one box	د)								
1		A church, co	onvention of chur	ches, or association o	of churches	described	ın sectio	n 170(b)(1)(A)(i).								
2		A school de	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Schedi	ule E)											
3		A hospital o	r a cooperative h	nospital service organi	ızatıon desc	cribed in se	ction 170	(b)(1)(A)	iii).								
4		A medical i	esearch organiz	ation operated in co	njunction v	vith a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the						
			ime, city, and sta				- -										
5	\sqcup	An organiza	ition operated fo	r the benefit of a col	lege or un	iversity ow	ned or o	perated b	y a gove	rnmental	unit described in						
			(b)(1)(A)(iv). (Co	•													
6	Ш		_	ernment or governme													
7		•		ly receives a substant	· · ·	its support	from a g	jovernme	intal unit	or from t	he general public						
				1)(A)(vi). (Complete P													
8	\square			i in section 170(b)(1)(_						
9				ly receives (1) more													
				ted to its exempt fun													
				nent income and un						511 tax)	from businesses						
			the organization														
10		=	•	nd operated exclusive	-	=	•										
11	X	_	_	and operated exclusi	-												
				ublicly supported orga													
				_		supporting organization and complete lines 11e through 11h Type III - Functionally integrated d Type III - Other											
	ΓŒΠ	a X Typ	_	_ ··													
е	X				t the organization is not controlled directly or indirectly by one or more disqualified agers and other than one or more publicly supported organizations described in section												
				_	er than on	e or more	publicly s	supported	organiz	ations de	scribed in section						
_			section 509(a)(· · ·				- 1 7		. T							
f		-		a written determina					ype II, o	г туре ш	supporting						
		-	n, check this box														
g	ļ			the organization acce	epted any g	iπ or contri	or contribution from any of the e or together with persons described in (ii) Yes No										
		following pe		!	- 411												
									(4,-(2)								
		• •		erning body of the supp		anization					11g(ii)						
				erson described in (i) a							11g(iii)						
			-	of a person described		•	• • • • •				119(11)						
<u>r</u>				ation about the suppo			(v) Did v		()	a tha	(vii) Amount of						
(1)		e of supported anization	(ii) EIN	(described on lines 1-9	in col (i) lis	(iv) Is the organization (v) Did you notify in col (i) listed in your the organization in				i organization in col support							
	•			above or IRC section (see instructions))	governing document? col (i) of your support?			of your	i) (i) organı	zed in the	Support						
				(see ilisa acaolis)	Yes	No	Yes	No	Yes	No							
									1.55								
Z 2	ηψ	ACHMENT	1														
	1 1 1	ACHILLIA						L	<u> </u>								
							-										
_					<u> </u>		<u> </u>			<u> </u>							
						<u> </u>		T	<u> </u>								
]										
Tot	al					[733,520.						

Schedule A (Form 990 or 990-EZ) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Par	(Complete only if you check				b)(1)(A)(iv) aı	nd 170(b)(1)(A)(vi)					
Sect	ion A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕞	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")											
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
3	The value of services or facilities furnished by a governmental unit to the organization without charge			:								
4	Total. Add lines 1 through 3			4,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
5	The portion of total contributions by each			ائر ہے ہے ۔ ا		· · · · · · · · · · · · · · · · · · ·						
	person (other than a governmental unit or	18 T 3	1. 1.									
	publicly supported organization) included	<u>-</u>	د بر	 .								
	on line 1 that exceeds 2% of the amount											
	shown on line 11, column (f).											
6	Public support. Subtract line 5 from line 4	- ,3				1,123						
Sec	tion B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
7	Amounts from line 4				, <u>-</u>		···-					
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, whether or not the business is regularly carried on											
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)											
11	Total support. Add lines 7 through 10		1.			, , , , ,						
12	Gross receipts from related activities, etc. (s	see instructions)				12						
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	<u> </u>	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶					
	tion C. Computation of Public Sup		_*			1						
14	Public support percentage for 2009 (ii						%					
15	Public support percentage from 2008						<u>%</u>					
16a	331/3% support test - 2009. If the c	_					1 1					
	this box and stop here . The organizati											
b	331/3% support test - 2008. If the											
	check this box and stop here. The org	anization qualif	fies as a publicly	supported orga	nızatıon		▶ 📖					
17a	10%-facts-and-circumstances test - 2	2009. If the org	anization did not	t check a box or	n line 13, 16a o	r 16b, and line 1	4 is 10%					
	or more, and if the organization me	_										
	Part IV how the organization meets											
	organization			_	-							
ь	10%-facts-and-circumstances test											
_	15 is 10% or more, and if the org		-									
	Explain in Part IV how the organizati											
	supported organization				•	•						
18	Private foundation. If the organization											
10	_			•								
	instructions	· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · ·								
					8	Schedule A (Form 9	90 or 990-EZ) 2009					

hedul	e A (Form 990 or 990-EZ) 2009			23	-7440877		Pag
art	Support Schedule for Organ	izations Des	cribed in Sect	ion 509(a)(2)			
	(Complete only if you checked	d the box on	line 9 of Part I.)			
ecti	on A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶ 📗	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 (Gifts, grants, contributions, and						
n	nembership fees received (Do not include						
а	ny "unusual grants ")			·			
2 (Pross receipts from admissions, merchandise						
s	old or services performed, or facilities						
f	urnished in any activity that is related to the						
c	rganization's tax-exempt purpose						
3 (Gross receipts from activities that are not an				1		
L	nrelated trade or business under section 513						
1 7	ax revenues levied for the organization's			_			
t	enefit and either paid to or expended on		!				
ľ	ts behalf						
	The value of services or facilities						
f	urnished by a governmental unit to the						
c	organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	eceived from disqualified persons						
b /	Amounts included on lines 2 and 3						
,	eceived from other than disqualified persons that exceed the greater of		}				
•	55,000 or 1% of the amount on line 13 or the year						
	Add lines 7a and 7b	- -					
	Public support (Subtract line 7c from						
	ine 6)						
	on B. Total Support			<u> </u>	•		·
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6		, , , , , ,				
	Gross income from interest, dividends,						
	payments received on securities loans,						
	ents, royalties and income from similar sources						
	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ			
	Add lines 10a and 10b						
	Net income from unrelated business		<u> </u>		-		
	activities not included in line 10b,						
,	whether or not the business is regularly						
	carried on		 	····		 	
	Other income Do not include gain or						
	oss from the sale of capital assets				1		
	(Explain in Part IV)					 	
	Total support. (Add lines 9, 10c, 11,						
	and 12)		1	I	I .	1	1

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a	33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more	e than	331/3 %, 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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

Section C. Computation of Public Support Percentage

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

				ATTACE	MENT 1	
SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZ	ZATIONS					
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
AMERICAN RIVERS		11				25,000
BLACK CREEK ARTS CENTER		11				10,000
BOY SCOUTS OF AMERICA		11				10,000
CHRISTMAS IN APRIL		11				20,000
COKER COLLEGE		11				200,000
COKER COLLEGE PERFORMING ARTS		11				12,500
DARLINGTON COUNTY FREE MEDICAL CLINIC		11				65,000
EDVENTURE		11				25,000
ETV ENDOWMENT		11				10,000
GOV SCHOOL OF SCIENCE & MATH		11				50,000
HARTSVILLE CIVIC CHORAL		11				8,000.
HARTSVILLE INTERFAITH MINISTRIES		11				15,000.
HARTSVILLE MEMORIAL LIBRARY		H				5,500
HARTSVILLE MUSEUM		11				10,000
HARTSVILLE SOUP KITCHEN		H				10,000
YMCA OF THE UPPER PEE DEE		11				76,000
HOLLINGS CANCER CENTER		11				89,520.
HOLLINGS CANCER CENTER (TOBACCO)		11				34,000
KALMIA GARDENS		11				10,000
KELLEYTOWN STADIUM		11				33,000
PEE DEE COALITION AGAINST DOMESTIC & SEXUAL ASSAULT		Ħ				5,000
PEE DEE LAND TRUST		11				5,000.
SOUTH CAROLINA INDEPENDENT COLLEGES & UNIVERSITIES		11				5,000
TOTAL AMOUNT OF SUPPORT						733,520

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047	2009	Open to Public
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

ž

Nam	Name of the organization THE CHARLES W & ELIZABETH H COKER FOUNDATION	Employer Identitication numb
$\dot{\circ}$	C/O MR. JOHN JAY JAMES, II, ATTORNEY	23-7440877
Ра	Part I General Information on Grants and Assistance	
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	r assistance, and
	the selection criteria used to award the grants or assistance?	,
7	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Part IV and Schedule I-1 (Form 990) if additional space is needed. Part II

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RIVERS			25,000.				CHARITABLE
BLACK CREEK ARTS CENTER			10,000.				CHARITABLE
BOY SCOUTS OF AMERICA			10,000.				CHARITABLE
CHRISTMAS IN APRIL			20,000			-	CHARITABLE
COKER COLLEGE LIBRARY			200,000				CHARITABLE
COKER COLLEGE PERFORMING ARTS			12,500				CHARITABLE
DARLINGTON COUNTY FREE MEDICAL CLINIC			65,000				CHARITABLE
GOV SCHHOL OF SCIENCE & MATH			50,000				CHARITABLE
HARTSVILLE CIVIC CHORAL			8,000				CHARITABLE
HARTSVILLE INTERFAITH MINISTRIES			15,000				CHARITABLE
HARTSVILLE MEMORIAL LIBRARY			5, 500				CHARITABLE
KALMIA GARDENS			10,000.				CHARITABLE
2 Enter total number of section 501(c)(3) and government organizations	ind governmer	it organizations		:		•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

5/7/2010

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Schedule I (Form 990) 2009

SCHEDULE 1-1 (Form 990)

Department of the Treasury

Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. 23-7440877

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance CHARITABLE CHARITABLE CHARITABLE CHARITABLE CHARITABLE CHARITABLE CHARITABLE CHARITABLE Employer identification number Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II (g) Description of non-cash assistance (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) THE CHARLES W & ELIZABETH H COKER FOUNDATION 25,000 10,000. 10,000 34,000 33,000 10,000 76,000 89,520 For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. (c) IRC section if applicable (p) EiN ATTORNEY C/O MR. JOHN JAY JAMES, II, (a) Name and address of organization HOLLINGS CANCER CENTER (TOBACCO) or government HARTSVILLE SOUP KITCHEN HOLLINGS CANCER CENTER YMCA OF UPPER PEE DEE Name of the organization KELLEYTOWN STADIUM HARTSVILLE MUSEUM ETV ENDOWMENT EDVENTURE Part !

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23-7440877

Page 2									1 -	 	 	! ! !	 	(
	n the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 itional space is needed.	(f) Description of non-cash assistance					to provide the information required in Part I, line 2, and any other additional information.									
	e organization answered	(e) Method of valuation (book, FMV, appraisal, other)	•				in Part I, line 2, and any									
23-7440877	s. Complete if the eded.	(d) Amount of non-cash assistance					ormation required					,			 	
	he United States	(c) Amount of cash grant					provide the inf			1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1	 	 	
	ndividuals in t 990) if additio	(b) Number of recipients								 			 	 	; 	
Schedule I (Form 990) 2009	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance					Supplemental Information. Complete this part					 		 		
Schedule !	Part III						Part IV	1) } 	[

Schedule I (Form 990) 2009

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Inspection

Name of the organization

THE CHARLES W & ELIZABETH H COKER FOUNDATION

C/O MR. JOHN JAY JAMES, II, ATTORNEY Employer identification number

23-7440877

PART VIII - INVESTMENT INCOME

(A) TOTAL (B)

(C)

ATTACHMENT

(D)

DESCRIPTION

REVENUE

RELATED OR EXEMPT REVENUE

UNRELATED BUSINESS REV. EXCLUDED REVENUE

INTEREST INCOME - MERRILL LYNCH

1,195.

DIVIDENDS - SONOCO STOCK

531,292

TOTALS

532,487

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION

ENDING BOOK VALUE

491,937 SHARES SONOCO C/S

14,389,157.

TOTALS

14,389,157.