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Form **990-EZ**

Short Form
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)

▶ 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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
ROBERT BOSCH FAIR SHARE FUND

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
8101 DORCHESTER ROAD

City or town | state or country | ZIP + 4
CHARLESTON | SC | 29418-2906

D Employer identification number
57-0620740

E Telephone number
843-760-7000

F Group Exemption Number ▶

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) — [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 85,204

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 . . . . . [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	66,924
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	16
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less. cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	18,264
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	85,204
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	122,875
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
	17	**Total expenses.** Add lines 10 through 16 ▶	17	122,875
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-37,671
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	52,649
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	14,978

99-12 17

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	52,649	22	14,978
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	52,649	25	14,978
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	52,649	27	14,978

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. ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? support positve family enviroment & victims of crisis situations
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE Statement 1 attached

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 122,875

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses.** (add lines 28a through 31a) ▶ 32 122,875

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-.)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Vickey Middleton 8101 Dorchester Road Charleston SC 29418	Title Rec Sec Hr/WK 1.00			
Eric Kuker 8101 Dorchester Road Charleston SC 29418	Title Treas Hr/WK 1.00			
Oneathia Washington 8101 Dorchester Road Charleston SC 29418	Title BOD Hr/WK 1.00			
Vanessa White 8101 Dorchester Road Charleston SC 29418	Title BOD Hr/WK 1.00			
Thomas Piness 8101 Dorchester Road Charleston SC 29418	Title Pres Hr/WK 1.00			
Stephanie Myers 8101 Dorchester Road Charleston SC 29418	Title BOD Hr/WK 1.00			
Rubysteen Major 8101 Dorchester Road Charleston SC 29418	Title BOD Hr/WK 1.00			
Steven Kremser 8101 Dorchester Road Charleston SC 29418	Title BOD Hr/WK 1.00			
David Brown 8101 Dorchester Road Charleston SC 29418	Title BOD Hr/WK 1.00			
Hank Bennett 8101 Dorchester Road Charleston SC 29418	Title BOD Hr/WK 1.00			
Martha Sass 8101 Dorchester Road Charleston SC 29418	Title BOD Hr/WK 1.00			
	Title Hr/WK			

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed ► SC			
42 a	The organization's books are in care of ► Eric Kuker Telephone no ► 843-760-7323			
	Located at ► 8101 Dorchester Rd, City Chas ST SC ZIP + 4 ► 29418			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 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 (see instructions).	45b		X

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46		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
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization? 49a		X
b	If "Yes," was the related organization a section 527 organization? 49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

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 None 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

X _____ Signature of officer — Date 5/30/2012

X Eric Kuker Tre
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DONALD R STEPHENS CPA	Donald R Stephens	5/21/2012		P00283681

Firm's name ▶ DONALD R STEPHENS, LLC, CPA — Firm's EIN ▶ 26-0009952
Firm's address ▶ 2171 ASHLEY PHOSPHATE RD, STE B, N CHARLESTON, SC 29406 — Phone no (843) 569-1400

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
ROBERT BOSCH FAIR SHARE FUND	57-0620740

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?		
11g(i)			X
(ii)	A family member of a person described in (i) above?		
11g(ii)			X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		
11g(iii)			X

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) East Cooper Communi	57-0939280	7		X	X		X		7,800
(B) see statement 1									
(C)									
(D)									
(E)									
Total 2									7,800

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

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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, 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						

12 Gross receipts from related activities, etc. (see instructions) 12

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage from 2010 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **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

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
ROBERT BOSCH FAIR SHARE FUND	57-0620740

Form 990-EZ, Part I, Line 8, Other Revenue: Sales of donated excess equipment: 17,704

Form 990-EZ, Part I, Line 8, Other Revenue: Golf Tournament: 560

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: COMMUNITY OUTREACH, Grantee: BERKELEY CITIZENS PO DRAWER 429 MONCKS CORNER SC 29461, Cash Grant: 6,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SENIOR MEAL SERVICES, Grantee: BERKELEY SENIORS 103 GULLEDGE STR MONCKS CORNER SC 29461, Cash Grant: 8,300, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH CHARITY, Grantee: CAROLINA YOUTH DEV CTR 5055 LACKAWANNA BLVD NORTH CHARLESTON SC 29405, Cash Grant: 7,500, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: HOMELESS SHELTER, Grantee: CRISIS MINISTRIES 573 MEETING STR CHARLESTON SC 29403, Cash Grant: 4,300, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: CHILDRENS SERVICES, Grantee: DEE NORTON-I BELIEVE AWARENESS 1061 KING STR CHARLESTON SC 29403, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: CHILDRENS SERVICES, Grantee: DEE NORTON-PROTECTION CLARIFICATION 1061 KING STR CHARLESTON SC 29403, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: COMMUNITY OUTREACH, Grantee: DORCHESTER HABITAT FOR HUMANITY PO BOX 1685 SUMMERVILLE SC 29484, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: COMMUNITY OUTREACH, Grantee: DORCHESTER OUTREACH MINISTRIES 107 ELKS LODGE LANE SUMMERVILLE SC 29483, Cash Grant: 3,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH CHARITY, Grantee: DORCHESTER CHILDRENS CTR 303 EAST RICHARDSON SUMMERVILLE SC 29483, Cash Grant: 7,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: SENIOR MEAL SERVICES, Grantee: DORCHESTER SENIORS 312 N LAUREL STR SUMMERVILLE SC 29483, Cash Grant: 7,800, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: COMMUNITY OUTREACH, Grantee: EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE ROAD MT PLEASANT SC 29466, Cash Grant: 4,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: FAMILY SERVICES, Grantee: FAMILY

Name of the organization	Employer Identification number
ROBERT BOSCH FAIR SHARE FUND	57-0620740

SERVICES, INC 4925 LACROSS RD, STE 215 NORTH CHARLESTON SC 29406, Cash Grant: 5,000,

Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: TEEN PREGNANCY SERVICES, Grantee:

FLORENCE CRITTENDON HOME 19 ST MARGARET STR CHARLESTON SC 29403, Cash Grant: 8,000,

Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: FOOD BANK, Grantee: LOWCOUNTRY FOOD BANK

1635 COSGROVE AVE CHARLESTON SC 29405, Cash Grant: 8,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: FAMILY SERVICES, Grantee: LOWCOUNTRY

CRISIS PREG CTR 7481 NORTHSIDE DR, STE B&C NORTH CHARLESTON SC 29420, Cash Grant: 6,750,

Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid. Activity: EMERGENCY SERVICES, Grantee: MY SISTERS

HOUSE PO BOX 71171 NORTH CHARLESTON SC 29415, Cash Grant: 7,500, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: FOSTER CHILD SUPPORT, Grantee: OUTREACH

FOR KIDS PO BOX 39 CHARLESTON SC 29402, Cash Grant: 5,500, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: FAMILY SERVICES, Grantee: PARENTS

ANONYMOUS OF SC 1285 AVENUE G NORTH CHARLESTON SC 29405, Cash Grant: 4,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: COMMUNITY OUTREACH, Grantee: RURAL

MISSION PO BOX 235 JOHNS ISL SC 29457, Cash Grant: 4,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: EMERGENCY SERVICES, Grantee: SALVATION

ARMY-DORCHESTER PO DRAWER 22587 CHARLESTON SC 29413, Cash Grant: 300, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: FAMILIES IN TRANSITION, Grantee:

TRICOUNTY FAMILY MINISTRIES 3349 RIVERS AVE NORTH CHARLESTON SC 29405, Cash Grant: 7,175,

Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: ADULT LITERACY, Grantee: TRIDENT LITERACY

ASSOC 5416B RIVERS AVE NORTH CHARLESTON SC 29406, Cash Grant: 6,250, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH SERVICES, Grantee: SUMMERVILLE

MIRACLE LEAGUE PO BOX 100 SUMMERVILLE SC 29483, Cash Grant: 500, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: CANCER RESEARCH, Grantee: SUSAN G KOMEN

Name of the organization	Employer identification number
ROBERT BOSCH FAIR SHARE FUND	57-0620740

FOR THE CURE 9300 Medical Plaza Dr, Ste F North Charleston SC 29406, Cash Grant: 1,000,

Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: ALZHEIMERS SUPPORT, Grantee: ALZHEIMERS

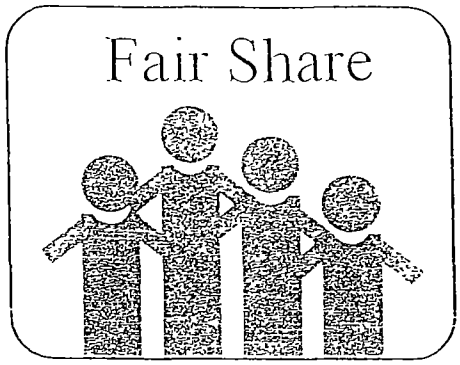
ASSOC-LOWCOUNTRY 2090 EXECUTIVE HALL RD CHARLESTON SC 29407, Cash Grant: 1,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: CANCER RESEARCH, Grantee: LEUKEMIA &

LYMPHOMA 300 WEST COLEMAN BLVD #206 MT PLEASANT SC 29464, Cash Grant: 1,000, Relationship:

Robert Bosch Fair Share Fund - Form 990EZ-EI#57-0620740
Part III - Statement 1

Board Approved Mission Statement (revised 2007)



The Fair Share Board feels that the breakdown of the nuclear family is the primary social problem of our day and is at the root of numerous other social ills The Fair Share organization seeks primarily,

- *to support and promote a positive family environment and,*
- *to support victims of crisis situations resulting from the breakdown of the family*

Secondly, the Fair Share board seeks to assist certain needy populations such as

- *seniors,*
- *disabled or*
- *indigent.*

The Robert Bosch Fair Share organization seeks to meet these needs in the Charleston tri-county area by funding at-risk populations through grants to social, health and human service agencies which fit well with this Mission.

Finally, the Fair Share Board seeks to promote and engage the associates of Robert Bosch in community involvement activities through organization and funding of various promotional events in cooperation with and for the benefit of local charitable agencies

Robert Bosch Fair Share Fund
#57-0620740
STATEMENT 1
Attachment to Form 990, Part 1, line 10 - Part III, line 28
Schedule A, Part 1, line 11h
12/31/11

Assoc Invlmnt - S'ville Miracle League	500
Assoc Invlmnt - Susan G Komen Walk for the Cure	1,000
Assoc Invlmnt - Alzheimer's Assoc	1,000
Assoc Invlmnt - Leukemia & Lymphoma Society	1,000
Berkeley Citizens	6,000
Berkeley Seniors	8,300
Carolina Youth Dev Ctr	7,500
Crisis Ministries	4,300
Dee Norton - I Believe Awareness	3,000
Dee Norton - Protection	3,000
Dorchester Habitat for Humanity	3,000
Dorchester Outreach Ministries	3,000
Dorchester Children's Center	7,000
Dorchester Seniors	7,800
East Cooper Community Outreach	4,000
Family Services, Inc	5,000
Florence Crittendon Home	8,000
Food Bank	7,500
Lowcountry Food Bank	500
Lowcountry Crisis Pregnancy Ctr	6,750
My Sister's House	7,500
Outreach for Kids	5,500
Parents Anonymous of SC	4,000
Rural Mission, Inc	4,000
Salvation Army	300
Tricounty Family Ministries	7,175
Tricounty Literacy Association	6,250
Total Cash Grants	$ 122,875
Total Grants	$ 122,875

All grants paid are to charitable organizations located in Berkeley, Charleston, and Dorchester counties of South Carolina. These organizations are qualified under Section 170(b)(1)(A)(vi), which is defined as an organization that normally receives a substantial part of its support from a governmental unit or from the general public.