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Form **990-PF**Department of the Treasury

Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For calendar year 2011 or tax year beginning and ending A Employer identification number Name of foundation 58-6346237 BETSY M. CAMPBELL FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 864-233-0808 104 BROADUS AVENUE City or town, state, and ZIP code C If exemption application is pending, check here 29601 GREENVILLE, G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, 2. check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 6,480,737. (Part I, column (d) must be on cash basis.) ▶\$ **Analysis of Revenue and Expenses** Part I (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books ıncome 21,283 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 16. 16. STATEMENT 214.273. 214,273. STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 38,795 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 166,559. b assets on line 6a 38,795. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances φ NOV **1 9** 2012 Ш b Less Cost of goods sold <u>T</u> c Gross profit or (loss) 11 Other income 253,084 274,367 Total. Add lines 1 through 11 24,698. 49,396. 24,698 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 2,745. 2,745 5,490 **b** Accounting fees STMT 3 88,066. 88,066. STMT c Other professional fees 17 Interest 3,000 0 0. STMT 5 Taxes 18 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings Printing and publications 22 3,214 3,214 0. STMT 6 23 Other expenses 24 Total operating and administrative 118,723 27,443. 149,166 expenses. Add lines 13 through 23 22<u>1,283.</u> 221,283 Contributions, gifts, grants paid Total expenses and disbursements. 118,723 <u>248,726.</u> 370,449 Add lines 24 and 25 Subtract line 26 from line 12: -96,082 & Excess of revenue over expenses and disbursements 134,361 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

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FOI	m 99	U-PF (2011) BETSY M. CAMPBELL FOUNDA			346237 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
		Column should be for the or year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	252,152.	156,206.	156,206.
	3	Accounts receivable ▶			
		Less; allowance for doubtful accounts ▶			
Ì	4	Pledges receivable ▶			
		Less; allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	_	Prepaid expenses and deferred charges			2,184.
As		Investments - U.S. and state government obligations STMT 7	522,776.	547,608.	788,244.
		Investments - corporate stock STMT 8	4,413,034.	4,392,276.	5,372,153.
		Investments - corporate bonds	4,415,054.	4,332,270.	3/3/2/2330
	"	Investments - land, buildings, and equipment basis			
	40	Less accumulated depreciation			
	l	Investments - mortgage loans	171,629.	167,419.	161,950.
	13	Investments - other STMT 9	1/1,029.	107,419.	101,950.
	14	Land, buildings, and equipment; basis	ļ		
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	İ			- 060 - 500	C 400 F0F
		Total assets (to be completed by all filers)	5,359,591.	5,263,509.	6,480,737.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
	22	Other liabilities (describe 🕨)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted	5,359,591.	5,263,509.	
au	25	Temporarily restricted		-	
Bal	26	Permanently restricted			
Б		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		and complete lines 27 through 31.			
ŏ	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
et	30	Total net assets or fund balances	5,359,591.	5,263,509.	
Z	"	Total not about of fund buildings	3,003,002.		
	31	Total liabilities and net assets/fund balances	5,359,591.	5,263,509.	
_				3/203/303.1	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	5,359,591.
0		r amount from Part I, line 27a		2	-96,082.
		r increases not included in line 2 (itemize)		3	-30,002.
3		lines 1, 2, and 3	<u> </u>	4	5,263,509.
4				5	<u>3,203,309.</u> 0.
-		reases not included in line 2 (itemize)	olumn (h) line 20	6	5,263,509.
6	I Ota	inet assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	[6]	5,203,303.

	Calcillal year (Or lax year beginning iii)	,, q, g =		,,,	on (b) divided by con (e))
	2010	424,430.	6,101,044.		.069567
	2009	348,003.	5,757,753.		.060441
	2008	410,480.	7,214,812.		.056894
	2007	415,172.	8,505,048.		.04881
	2006	368,538.	8,280,334.		.044508
	Total of line 1, column (d)			2	.280225
3	Average distribution ratio for the 5-year bathe foundation has been in existence if les		or by the number of years	3	.056045
4	Enter the net value of noncharitable-use as	ssets for 2011 from Part X, line 5	!	4	6,406,179
5	Multiply line 4 by line 3			5	359,034
6	Enter 1% of net investment income (1% o	f Part I, line 27b)		6	1,344
7	Add lines 5 and 6			7	360,378
8	Enter qualifying distributions from Part Xi	I, line 4		8	248,726

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

3

See the Part VI instructions.

	1 990-PF (2011) BETSY M. CAMPBELL FOUNDATION				<u>58-</u>	6346	237		age 4
	ert VI Excise Tax Based on Investment Income (Section 494				<u>4948</u>	- see i	nstru	ctior	<u> 15)</u>
	Exempt operating foundations described in section 4940(d)(2), check here and e								
	Date of ruling or determination letter: (attach copy of letter if new								
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ 📖	aı	nd enter 1%	1			<u>2,6</u>	<u>87.</u>
	of Part I, line 27b								
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49								_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers er	ente	г -0-)	2	ļ			<u>0.</u>
	Add lines 1 and 2				3	_		2,6	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others e	ente	er -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5	ļ	_	2,6	<u>87.</u>
	Credits/Payments:	1.	ı	0 104					
	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	_	2,184	•				
	Exempt foreign organizations - tax withheld at source	6b	-	2 200	┨				
	Tax paid with application for extension of time to file (Form 8868)	6c	\neg	3,300	4				
	Backup withholding erroneously withheld	6d		-	┧ "			5,4	QΛ
	Total credits and payments. Add lines 6a through 6d				8	-		5,4	04.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta Tax due . If the total of lines 5 and 8 is more than line 7, enter amount owed	acneu		_	9	 			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10			2 7	97.
	Enter the amount of line 10 to be: Credited to 2012 estimated tax			2,797. Refunded	11	-		4,1	0.
	art VII-A Statements Regarding Activities			1, 121 Telulided				-	
	During the tax year, did the foundation attempt to influence any national, state, or local legi-	slation (or	did it participate or interver	e in			Yes	No
	any political campaign?		•				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (se	ee ı	nstructions for definition)?			1b	_	X
·	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities at								
	distributed by the foundation in connection with the activities	•		•					
C	Did the foundation file Form 1120-POL for this year?						10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during th	e year:							
	(1) On the foundation. > \$ 0. (2) On foundation manager			0	<u>•</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	liture ta	ax I	mposed on foundation					
	managers. ► \$0.								
2	Has the foundation engaged in any activities that have not previously been reported to the	IRS?					2		<u>X</u>
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	ınstrun	mer	it, articles of incorporation	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	ges					3		X
	f a Did the foundation have unrelated business gross income of \$1,000 or more during the ye	ar?			_	- /-	4a		X_
	o If "Yes," has it filed a tax return on Form 990-T for this year?	_			1	A\N	4b		77
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year	7					5		X
_	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied (eitner:							
	By language in the governing instrument, or		a t . a	as that conflict with the at-	to love				
	By state legislation that effectively amends the governing instrument so that no mandato	ry airea	CUC	ins that conflict with the sta	ile iaw		6	x	
-	remain in the governing instrument?						7	X	
1	Did the foundation have at least \$5,000 in assets at any time during the year?						-	A	
0.	If "Yes," complete Part II, col. (c), and Part XV. a Enter the states to which the foundation reports or with which it is registered (see instruction).	one\							
oa	SC	onoj 🕨	-					[
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorne	av G	General (or designate)					
U	of each state as required by General Instruction G? If "No," attach explanation		., .	isnorar (or assignato)			8b	Х	
Q	Is the foundation claiming status as a private operating foundation within the meaning of s	ection 4	494	12(1)(3) or 4942(1)(5) for ca	llendar			<u> </u>	
J	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"						9		Х
10							10		Х
						Foi	m 99 0)-PF	(2011)

	n 990-PF (2011) BETSY M. CAMPBELL FOUNDATION 58-6 art VII-A Statements Regarding Activities (continued)	346237		Page 5
				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			77
10	section 512(b)(13)? If "Yes," attach schedule (see instructions)	0 11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges if "Yes," attach statement (see instructions)			v
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12	Х	<u> </u>
13	Website address ► N/A	13	Δ	
14	The books are in care of ► WILLIAM W. BROWN Telephone no. ►864	-233-0	ឧกឧ	
•		≥ 29601	000	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	23001		\Box
	and enter the amount of tax-exempt interest received or accrued during the year	พ	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
	country >			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	a During the year did the foundation (either directly or indirectly);			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	. 1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	.		
	for the benefit or use of a disqualified person)?	No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	NO		
D	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	46		v
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			
G	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	16		
2	defined in section 4942(j)(3) or 4942(j)(5)):			
a	a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
•	before 2011? Yes X	No		
	If "Yes," list the years >			
b	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	/A 2b		
C	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
За	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	No		
b	b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2011.)	/A <u>3b</u>	ļ	
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
b	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		<u> </u>
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orm 990-PF (2011) BETSY M. CAMPBELL FOUNDA	TION		<u>58-63462:</u>	37 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	C Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		
any voter registration drive?		☐ Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	?	☐ Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i			
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h	,			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?		//A □ Ye	s No	
If "Yes," attach the statement required by Regulations section 53.4945		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •			
a personal benefit contract?	ay premiums on	v	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	oroonal hanafit aantraat?	Te		Sb X
If "Yes" to 6b, file Form 8870.	ersonal benefit contract?		<u> </u>	, <u>u</u>
•	haltas tuananatianO		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		nagara Highl		<u>'b </u>
Part VIII Information About Officers, Directors, Trustone Paid Employees, and Contractors	es, roundation wa	magers, nigniy	,	
List all officers, directors, trustees, foundation managers and their	compensation	·		
Elst all officers, an estors, a disters, roundation managers and then	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, other
	to position	`enter'-0-)'	compensation	allowances
· · · · · · · · · · · · · · · · · · ·	TRUSTEE			
104 BROADUS AVENUE	0 00	40 206		•
GREENVILLE, SC 29601	2.00	49,396.	0.	0.
			i	
· · · · · · · · · · · · · · · · · · ·				
		}		
		<u> </u>		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(-) Evenence
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(-,	compensation	allowances
NONE				
				,
·				_
	· · - - · · · · · · · · · · · · · · ·			
				1
Total number of other employees paid over \$50,000				0
			Form 9	990-PF (2011)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
FAMILY LEGACY, INC.		
PO BOX 2545, GREENVILLE, SC 29602	ADVISOR	88,066.
	_	
		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>
	atical information augh as the	T
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Expenses
1 N/A		
]
2		4
		┪
3	·	
3		1
4		
		4
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 N/A		
2		4
		-
All other program-related investments. See instructions.	····	-
3		
	-	<u> </u>
Total. Add lines 1 through 3	_	<u>0.</u>
		Form 990-PF (2011)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	6,339,921.
b	Average of monthly cash balances	1b	6,339,921. 163,814.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	6,503,735.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,503,735.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	97,556.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,406,179.
6	Minimum investment return. Enter 5% of line 5	6	320,309.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here ightharpoonup and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	_1	320,309.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,687.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	317,622.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	317,622.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	317,622.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		040 506
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	248,726.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1 1	
а	Suitability test (prior IRS approval required)	3a	<u> </u>
b	Cash distribution test (attach the required schedule)	3b	0.40 506
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	248,726.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	248,726.
	Mate. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	auglifiae fo	r the cection

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4940(e) reduction of tax in those years.

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				· · · · · · · · · · · · · · · · · · ·
line 7				317,622.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			132,693.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from Part XII, line 4: ▶\$ 248,726.				
a Applied to 2010, but not more than line 2a			132,693.	
b Applied to undistributed income of prior			132/0301	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<u> </u>		
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				116,033.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				<u>201,589.</u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	<u> </u>			
8 Excess distributions carryover from 2006	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	^			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				Form 990-PF (2011)

Port VIV Drivete Country F	CAMPBELL	FOUNDATION	U.A		346237 Page 10
Part XIV Private Operating Fo			II-A, question 9)	N/A	
1 a If the foundation has received a ruling of			·		
foundation, and the ruling is effective for		=	▶ ∟		
b Check box to indicate whether the found		ing foundation described			4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0040	Prior 3 years		(.) 7.4.1
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					İ
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the			1		
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the founda	ation had \$5,000 or n	nore in assets
at any time during t	he year-see inst	tructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ntributions received	by the foundation before the o	lose of any tax
year (but only if they have contributed in	nore than \$5,000). (See	section 507(d)(2).)			
NONE					
 b List any managers of the foundation wh other entity) of which the foundation ha 			ı (or an equally large	e portion of the ownership of a	partnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loar	n, Scholarship, etc F	Programs:		
Check here X if the foundation of			-	does not accept unsolicited re	quests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to ind	ividuals or organizations	under other conditi	ons, complete items 2a, b, c, a	ınd d.
a The name, address, and telephone num	ber of the person to whi	om applications should b	e addressed:		
b The form in which applications should be	e submitted and inform	ation and materials they	should include:		
c Any submission deadlines:					·
A Annuar Annuar and a state of the state of		and annual at the state of the	a lundo afracas s	no as ather factors	
d Any restrictions or limitations on award	s, such as by geographi	cai areas, charitable field	s, KINOS OT INSTITUTIO	ns, or other factors:	

Total

Part XVI-A	Analysis	of Income	-Producing	Activities
I WILLY I-A	Allulysis		-i ioaaciiig	MOUNTINGS

nter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
- · · · · · · · · · · · · · · · · · · ·	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
	_				
	1 1				- .
	1				
<u> </u>					
f	-				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	16.	
4 Dividends and interest from securities			14	214,273.	
5 Net rental income or (loss) from real estate:		-			
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	38,795.	
9 Net income or (loss) from special events					• • • • • • • • • • • • • • • • • • • •
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d					
6					
2 Subtotal. Add columns (b), (d), and (e)			0.	253,084.	
3 Total. Add line 12, columns (b), (d), and (e)		:		13	253,084
See worksheet in line 13 instructions to verify calculations.	١				

Part XVI-B	Relationship of	Activities to the	Accomplishment of	Exempt Purposes
------------	-----------------	-------------------	-------------------	-----------------

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					
_						

123621 12-02-11

Part 2	XVII	Information Re Exempt Organ		sfers To a	nd Transactions a	and Relationsh	nips With Nor	ncharitable	<u> </u>	.90 .0
1 Did	the ora			of the following	with any other organization	on described in section	on 501(c) of		Yes	No
					7, relating to political organ					
		rom the reporting founda								
(1)	Cash							1a(1)		X
(2)	Other	assets						1a(2)		X
b Oth	er trans	actions:							1	
(1)	Sales	of assets to a noncharital	ble exempt organizat	tion				1b(1)		X
(2)	Purcha	ases of assets from a noi	ncharitable exempt o	organization				1b(2)		X
(3)	Rental	of facilities, equipment,	or other assets					1b(3)		X
(4)	Reimb	ursement arrangements						1b(4)		X
(5)	Loans	or loan guarantees						1b(5)		X
(6)	Perfor	mance of services or me	mbership or fundrais	sıng solıcıtatıcı	ns			1b(6)		X
c Sha	aring of	facilities, equipment, ma	iling lists, other asse	ets, or paid emp	oloyees			1c		X
d if th	ne answ	er to any of the above is	"Yes," complete the f	following sche	dule. Column (b) should al	ways show the fair m	arket value of the g	oods, other as:	sets,	
or s	services	given by the reporting fo	oundation. If the four	ndation receive	d less than fair market valu	ue in any transaction	or sharing arrangei	ment, show in		
col		the value of the goods,	other assets, or serv	rices received.						
(a) Line n	0 (b) Amount involved	(c) Name of	f noncharitable	exempt organization	(d) Description	of transfers, transactio	ns, and sharing ar	rangeme	ents
				N/A						
				· · · · · · · · · · · · · · · · · · ·						
					- · · · · - · - · - · - · - · - · · - · · - · · - · · - · · - · · - ·					
							·			
	_									
			<u> </u>							
			<u> </u>							
2a ist	he foun	dation directly or indirect	tly affiliated with, or i	related to, one	or more tax-exempt organ	ızatıons described				_
		501(c) of the Code (other)(3)) or in sect	ion 527?			Yes	LX	No
b If"	Yes," co	mplete the following sch		· · · · · · · · · · · · · · · · · · ·				laka arabaa		
		(a) Name of org	janization		(b) Type of organization		c) Description of re	lationship		
		N/A					 			
		<u></u>								
	Under	penalties of person, I declare	that I have examined the	ie return, includin	g accompanying schedules and	etatements and to the	hest of my knowledge			
Sian					n taxpayer) is based on all inform			May the IRS return with the	ne prepai	rer
Sign Here	N	MILILIA	16-	-	14/11/11	MDIICME	ın	shown below	v (see ins	str)?
	Son Son	ature of officer or trustee			17/3/10	TRUSTE Title	<u> </u>	_ LAJ Yes	<u> </u>	_l No l
	וועיקי ן	àturé of officer or trustee Print/Type preparer's na		Preparer's si	Date *	Date	Check If	PTIN		
		i iniviyes proparer 8 Hz	11116	/ / /	n \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	self- employed			
Paid		ANCETA T	בתה עדה	المده بدلم ال	r Yarle CPA	11/12/12	San Simpleyou	DUUUG	lann	1
Prepare	arer	ANGELA L.				1	Fırm's EIN ▶ 5	P00084		·
Use (Firm's name ► WEB	12 LEKKOGEK	RS LLP			FIIII S EIN P 3	,-01103	, O T	
- July 1	~ y	Firm's address > 1 4	11 SECONT	QOOJ (ROAD					

Phone no.

843-665-5900

Form **990-PF** (2011)

FLORENCE, SC 29505

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number Name of the organization 58-6346237 BETSY M. CAMPBELL FOUNDATION Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ▶ \$ religious, charitable, etc., contributions of \$5,000 or more during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part II, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

BETSY M. CAMPBELL FOUNDATION

58-6346237

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	BETSY M CAMPBELL IRREVOCABLE TRUST 104 BROADUS AVENUE GREENVILLE, SC 29601	_ \$ <u>21,283.</u> _	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person Payroli Noncash (Complete Part II if there is a noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		Sehadula B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution)				

Name of organization

Employer identification number

BETSY M. CAMPBELL FOUNDATION

58-6346237

(b) Description of noncash property given	(c)	
	FMV (or estimate) (see instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given \$ (c) FMV (or estimate) (see instructions) \$ (d) Description of noncash property given \$ (e) FMV (or estimate) (see instructions) \$ (f) FMV (or estimate) (see instructions) \$ (h) Description of noncash property given \$ (f) FMV (or estimate) (see instructions)

lame of orga	nization			Employer identification number
BETSY	M. CAMPBELL FOUNDATION			58-6346237
Part III	Exclusively religious, charitable, etc., individence of the year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	fual contributions to section 501(c following line entry. For organization contributions of \$1,000 or less for space is needed.)(7), (8), or (10) organizations completing Part III, entended the year. (Enter this information of	tions that total more than \$1,000 for the er nce \$ \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of gif	<u> </u>	
	Transferee's name, address, and			ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, and	1 ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of gif	tt	
_	Transferee's name, address, and	d ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(a) Transfer of gi	4	
	Transferee's name, address, and	(e) Transfer of git		transferor to transferee

BETSY M'. CAMPBELI	L FOUNDATION	58-634	6237 P	AGE 1	OF 1
Part IV Capital Gains and Los	ses for Tax on Investment Income				
(a) List and 2-story bri	describe the kind(s) of property sold ick warehouse; or common stock, 20	l, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 500 SHS CHEVROI	N CORP NEW		P	07/28/97	11/28/11
		INDXFIDELITY ADV	CL P		11/28/11
		DXFIDELITY ADV CL			11/28/11
d MCI SETTLEMENT	PROCEEDS		P		
e CAPITAL GAINS I	DIVIDENDS				
f					
g					
h					
1					
<u>k</u>					
<u> </u>			_		
<u>m</u>					
<u>n</u>			-		
0	(f) Depreciation allowed	(g) Cost or other basis	/h) Gain or (loss)	<u> </u>
(e) Gross sales price	(or allowable)	plus expense of sale	(e) p	olus (f) minus (g)	
a 47,692.		19,814.			27,878.
b 110,020.		103,738.			6,282.
c 4,285.		4,212.			73.
d 125.					125.
e 4,437.					4,437.
f					- ,
g					
h					
<u> </u>					
1					
k					
m			 -		-
n			-		
0					-
	ng gain in column (h) and owned by t	the foundation on 12/31/69	(I) Lo	sses (from col. (h)	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	of col. (h) gain ove not less than "-0-")	r col. (k),
a					27,878.
b					6,282.
C					73.
d					125.
e					4,437.
f			·		 .
9					
h					
<u> </u>					
1,					
<u>k</u>					
m					
n				· · · · · · · · · · · · · · · · · · ·	
0					
		0.1117			
2 Capital gain net income or (net ca	apital loss) { if gain, also enter If (loss), enter "-0	in Part I, line /)-" in Part I, line 7	2		38,795.

If (loss), enter "-0-" in Part I, line 8

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
FIDELITY INVESTMENTS			•	16.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	,	16.
FORM 990-PF DIVIDEND	S AND INTER	EST FROM SEC	URITIES	STATEMENT 2
SOURCE	GROSS	CA AMOUNT	APITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
FIDELITY INVESTMENTS - DIVIDE INCOME FIDELITY INVESTMENTS - US TRE		184,034.	4,437.	179,597.
OBLIGATIONS OID ON US TREAS OBLIGATIONS		9,844. 0. 24,832. 0.		9,844. 24,832.
TOTAL TO FM 990-PF, PART I, L	N 4	218,710.	4,437.	214,273.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ACCOUNTING FEES	5,490.	2,745	5.	2,745.
TO FORM 990-PF, PG 1, LN 16B	5,490.	2,745	5.	2,745.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
ADVISOR FEES	88,066.	88,06	5.	0.
TO FORM 990-PF, PG 1, LN 16C	88,066.	88,06		0.

FORM 990-PF	TAX	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
EXCISE TAX	3,000.		0.			0.
TO FORM 990-PF, PG 1, LN 18	3,000.		0.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE: MENT INC		(C) ADJUSTED NET INCOM		
BANK CHARGES & MISC. EXPENSES MEMBERSHIP DUES INSURANCE	326. 695. 2,193.		326. 695. 193.		(0. 0.
TO FORM 990-PF, PG 1, LN 23	3,214.	3,	214.			0.
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBL	GATIONS	STATEMENT	7
DESCRIPTION	U.S GOV'		вос	OK VALUE	FAIR MARKET VALUE	
US TREASURY NOTES	X			547,608.	788,24	4.
TOTAL U.S. GOVERNMENT OBLIGA	TIONS	-		547,608.	788,24	4.
TOTAL STATE AND MUNICIPAL GO	VERNMENT OBL	IGATIONS		-		
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	-		547,608.	788,24	4.

FORM 990-PF	CORPORATE STOCK		STATEMENT 8	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
COMMON STOCK MUTUAL FUNDS		3,973,070.	4,945,026. 427,127.	
TOTAL TO FORM 990-PF, PAR	II, LINE 10B	4,392,276.	5,372,153.	
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 9	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
INVESTMENT IN REITS	COST	167,419.	161,950.	
TOTAL TO FORM 990-PF, PAR	' II, LINE 13	167,419.	161,950.	

	HYTENSIAN (complete only Part II and check the	s hox			X
If you are filing for an Additional (Not Automatic) 3-Month ote. Only complete Part II if you have already been granted a				8868		
If you are filing for an Automatic 3-Month Extension, comp						
Part II Additional (Not Automatic) 3-Month			nal (no c	opies n	eeded).	
		Enter filer's	identifyii	na numbe	r, see ins	tructions
ype or Name of exempt organization or other filer, see inst	tructions					er (EIN) or
int						
by the BETSY M. CAMPBELL FOUNDATION X 58-6346237					<u> 7 </u>	
Number, street, and room or suite no. If a P.O box	, see instruc	tions	Social se	curity nur	nber (SSN)
turn See 104 BROADUS AVENUE						
City, town or post office, state, and ZIP code. For a	a foreign add	ress, see instructions.				
GREENVILLE, SC 29601						
the Datum and families and an Abra Abra and the A	<i>(</i> (1)	Annual III de la constitución de la constitución de la constitución de la constitución de la constitución de l				0 4
nter the Return code for the return that this application is for ((ille a separa	te application for each return)	-			0 4
pplication	Return	Application				Return
For	Code	Is For				Code
orm 990	01		• (1
orm 990-BL	02	Form 1041-A	_			08
orm 990-EZ	01	Form 4720				09
orm 990-PF	04	Form 5227				10
orm 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
orm 990-T (trust other than above)	06_	Form 8870	-			12
TOP! Do not complete Part II if you were not already grant		<u>natic 3-month extension on a prev</u>	iously file	ed Form 8	1868.	
WILLIAM W. BR		ODDENTILLE CO. 2	0.601			
The books are in the care of ► 104 BROADUS ATTEMPTOR No. ► 864-233-0808	A PINOF		9001			
If the organization does not have an office or place of busing	eee in the Lir	FAX No.				
If this is for a Group Return, enter the organization's four dig			f this is fo	r the whol	le aroun d	heck this
		ch a list with the names and EINs o				
		BER 15, 2012				_:=::
For calendar year 2011, or other tax year beginning		, and endin	9			
If the tax year entered in line 5 is for less than 12 months	, check reas	on· Initial return	Final r	eturn		
Change in accounting period						
State in detail why you need the extension			, .		· · · · · · · ·	
ADDITIONAL TIME IS NEEDED TO		R INFORMATION NECE	SSARY	TO F	ILE A	<u> </u>
COMPLETE AND ACCURATE RETURN	•					
15 the analysis of factors 200 DL 200 DE 200 T 470	0 0000					
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.	u, or 6069, e	nter the tentative tax, less any	8a	\$	5	,484.
b If this application is for Form 990-PF, 990-T, 4720, or 606	9 enter any	refundable credits and estimated	- Oa	-		7 =0 = •
tax payments made Include any prior year overpayment	-					
previously with Form 8868	anowou us c	torout and any amount paid	8b	\$	5	,484.
c Balance due. Subtract line 8b from line 8a. Include your	payment wit	h this form, if required, by using		<u> </u>		7
EFTPS (Electronic Federal Tax Payment System) See ins	· -	, , ,	8c	\$		0.
Signature and Verific	ation mus	at be completed for Part II	only.			
nder penalties of perjury, I declare that I have examined this form, incl is true, correct, and complete, and that I am authorized the grepare this						

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	ert I and check this box			$\triangleright \mathbf{x}$
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not c	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868	
	c filing (e-file). You can electronically file Form 8868 if			· -		corporation
	o file Form 990-T), or an additional (not automatic) 3-mo					•
•	file any of the forms listed in Part I or Part II with the ex-					
	Benefit Contracts, which must be sent to the IRS in pag					
	.irs.gov/efile and click on e-file for Charities & Nonprofits		,		ŭ	·
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mc	onth extension - check this box and	complete		
Part I only	/					
	corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to reques	t an exter	ision of time	
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification	number (EIN) or
print						
	BETSY M. CAMPBELL FOUNDATION	NC		X	58-634	6237
File by the due date for	Number, street, and room or suite no If a P O box, s	ee instruc	tions.	Social se	curity number	(SSN)
filing your return See	104 BROADUS AVENUE					
nstructions	City, town or post office, state, and ZIP code For a fo	oreign add	Iress, see instructions			_
	GREENVILLE, SC 29601					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
						
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990	·BL	02	Form 1041-A			08
Form 990	-EZ	01	Form 4720			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		- 	11
Form 990	-T (trust other than above)	06	Form 8870			12
	WILLIAM W. BROW					
	ooks are in the care of 104 BROADUS AV	ENUE		9601		
	one No ► 864-233-0808		FAX No. ►			, —
	organization does not have an office or place of business		·			
	s for a Group Return, enter the organization's four digit	.			r the whole gro	• •
oox <u>►</u> L	. If it is for part of the group, check this box				ers the extens	on is for
1 1 re	quest an automatic 3-month (6 months for a corporation					
		t organiza	tion return for the organization name	ed above.	ine extension	
-	or the organization's return for: $\overline{\mathbf{X}}$ calendar year 2011 or					
		0.0	d andina			
	tax year beginning	, an	d ending		-	
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	'n	
	Change in accounting period			i iiidi rota.		
	_ enange in accessing period					
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax. less anv			
	refundable credits. See instructions	, •		За	\$	5,484.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		<u> </u>	
	mated tax payments made Include any prior year overp			3b	\$	2,184.
	ance due. Subtract line 3b from line 3a. Include your pa				1	
	using EFTPS (Electronic Federal Tax Payment System)	-		3с	s	3,300.
	If you are going to make an electronic fund withdrawal v				EO for paymen	
	or Privacy Act and Paperwork Reduction Act Notice,					68 (Rev 1-2012)

Efiled 5/7/12