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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation OMB No 1545-0052

2012

Department of the Treasury Internal Revenue Service

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

	lendar year 2012, or tax year beginning	, 2012, and ending	<u></u>
	foundation	POLINDA MITON, INC.	A Employer identification number
	Y S CAMPBELL CHARITABLE and street (or P O box number if mail is not delivered		45-5317520 B Telephone number (see the instructions)
	DUNBARTON DR	is successive in the successiv	(843) 679-4900
City or to	wn	State ZIP code	
FLOR	ENCE	SC 29501	C If exemption application is pending, check here
G Che	eck all that apply X Initial return	Initial Return of a former public charity	D 1 Foreign organizations, check here
	Final return	Amended return	
	Address change	Name change	2 Foreign organizations meeting the 85% test, check here and attach computation
н с		501(c)(3) exempt private foundation	
	Section 4947(a)(1) nonexempt charita	·	If private foundation status was terminated under section 507(b)(1)(A), check here
	air market value of all assets at end of year from Part II, column (c), line 16)	Accounting method X Cash Accrual	· · · · · · · · · · · · · · · · · · ·
▶ \$. ' ' ' '	Other (specify) art I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►
	38,800. (/ 		, , , , , , , , , , , , , , , , , , , ,
- Series	Expenses (The total of amounts i	(a) Revenue and expenses per books (b) Net investment income	nt (c) Adjusted net (d) Disbursements for charitable
	columns (b), (c), and (d) may not ne	es-	purposes
	sarily equal the amounts in column ((see instructions).)	'	(cash basis only)
	1 Contributions, gifts, grants, etc, received (at	sch) 50,000.	
	2 Ck If the foundn is not req to att S		
	3 Interest on savings and temporar		
	cash investments 4 Dividends and interest from securities		
	5a Gross rents		
	b Net rental income	7	
R	or (loss) 6 a Net gain/(loss) from sale of assets not on Iii		
E	b Gross sales price for all	*	
¥	assets on line 6a 7 Capital gain net income (from Part IV, line a		
E N	8 Net short-term capital gain	7	
U E	9 Income modifications	* * * *	
E	10a Gross sales less returns and allowances		
	h Less Cost of	20000000 .30	
	goods sold		
	c Gross profit/(loss) (att sch) 11 Other income (attach schedule)		
	Treatment (attach schedule)		
	12 Total. Add lines 1 through 11	50,000.	
-	13 Compensation of officers, directors, trustees		****
	14 Other employee salaries and wages		
	15 Pension plans, employee benefits	I RECEIVED I	
A	16a Legal fees (attach schedule)		
M M	b Accounting fees (attach sch)	18 18 18	
Ņ	c Other prof fees (attach sch)	JUN 0 3 2013 S	
PS	17 Interest		
O PERA	18 Taxes (attach schedule)(see instrs) 19 Depreciation (attach	│ 	
ŢŢ	sch) and depletion		
N V	20 Occupancy		
	21 Travel, conferences, and meeting		
A E N X D P	22 Printing and publications23 Other expenses (attach schedule)		
	23 Other expenses (attach schedule		
E N S E S	24 Total operating and administrati		
E S	expenses. Add lines 13 through 2	3	
	25 Contributions, gifts, grants paid		11,200.
	26 Total expenses and disburseme Add lines 24 and 25	ts.	
	Add lines 24 and 25 27 Subtract line 26 from line 12:	11,200.	11,200.
		Product and Control of the control o	
	a Excess of revenue over expense and disbursements		
	b Net investment income (if negative, enter		
	C Adjusted net income (if negative, enter 0-		

Form	990-1	PF (2012) BETTY S CAMPBELL CHARITABLE FOUNDA		45-53	
Parl	an i	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		f year
		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	0.	38,800.	38,800.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts		·	
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less allowance for doubtful accounts ▶			
A S S E T	8	Inventories for sale or use			
E	9	Prepaid expenses and deferred charges			
Ś	10 a	Investments – US and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule)			
	c	: Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis	**************************************		
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ▶	<u> </u>		<u> </u>
		Less accumulated depreciation (attach schedule)			
		Other assets (describe			
	16	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	0.	38,800.	38,800.
	17	Accounts payable and accrued expenses	0.	30,000.	30,000.
Ţ		Grants payable			1
A B		Deferred revenue			
ļ	20	Loans from officers, directors, trustees, & other disqualified persons			1
ī	21	Mortgages and other notes payable (attach schedule)			
Ţ		Other liabilities (describe ►)			
Ė		·			- 1
<u> </u>	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			
E U T N	25	Temporarily restricted			
D	26	· · · · · · · · · · · · · · · · · · ·] ' '
A S B S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds			
SŅ	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds		38,800.	-
RS	30	Total net assets or fund balances (see instructions)		38,800.]
	31	Total liabilities and net assets/fund balances (see instructions)	0.	38,800.	
Par	t III-	Analysis of Changes in Net Assets or Fund Balance	es		
1	Total end-	I net assets or fund balances at beginning of year — Part II, colum of-year figure reported on prior year's return)	nn (a), line 30 (must agr	ee with	
2		r amount from Part I, line 27a		2	38,800.
3		increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		4	38,800.
5		ases not included in line 2 (itemize)		5	
_ 6	Tota	net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column (b), lin	e 30 6	38,800.

(a) List and describ	be the kind(s) of property sold (e g , reuse; or common stock, 200 shares MLC	al estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a			D — Donation	<u> </u>	
b			_	 	
c					
d					
e				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
a		· · · · · · · · · · · · · · · · · · ·	_		
b					
<u> </u>					
<u>d</u>					_
Complete only for assets sho	l owing gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Col	umn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	(1)	gain minus column (k lan -0-) or Losses (fi	(), but not less
а					
b					
c			_		
d					
e				-	· · ·
2 Capital gain net income or (r	net capital loss) — If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	2		
3 Net short-term capital gain o	r (loss) as defined in sections 1222(5)	 '	-		_
	• •	_			
in Part 1, line 8	ine 8, column (c) (see instructions) If	(loss), enter -u-	3		
Part V Qualification Und	ler Section 4940(e) for Reduce	d Tax on Net Investm	ent Income		
If 'Yes,' the foundation does not qu	ection 4942 tax on the distributable amualify under section 4940(e) Do not co	mplete this part	<u> </u>	Yes	No
1 Enter the appropriate amoun	nt in each column for each year, see th	e instructions before making	any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets (col	(d) Distributio umn (b) divided	
2011					
2010					
2009				·	
2008					
2007				T	_
2 Total of line 1, column (d)			2		
3 Average distribution ratio for number of years the foundat	the 5-year base period – divide the to ion has been in existence if less than §	tal on line 2 by 5, or by the 5 years	3		
4 Enter the net value of nonch	arıtable-use assets for 2012 from Part	X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment	income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distributions	s from Part XII, line 4		8		
If line 8 is equal to or greate Part VI instructions.	er than line 7, check the box in Part VI,	line 1b, and complete that	part using a 19	% tax rate See t	he

			/520		Page 4
	t VI : Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ictions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.		<u> </u>		
_	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1	<u> </u>		
	check here ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
	foundations only Others enter -0-)	2			
3	Add lines 1 and 2	_3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0.
6	Credits/Payments:		,		
а	2012 estimated tax pmts and 2011 overpayment credited to 2012				. ~ `
b	Exempt foreign organizations — tax withheld at source 6b	<i>.</i> ~	100 3	, jeg	
c	Tax paid with application for extension of time to file (Form 8868)	٠,	1. 1. 1. 1.		7
d	Backup withholding erroneously withheld 6 d	<u> </u>	5.76.1		مرار . مرار
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			0.
11	Enter the amount of line 10 to be Credited to 2013 estimated tax	11			
Par	t VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		[# t	Yes	No
	participate or intervene in any political campaign?		1 a	1	Х
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		16	,	x
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials public or distributed by the foundation in connection with the activities	shed			1.4
c	Did the foundation file Form 1120-POL for this year?		1 c	: ********	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		***	1. 3	
	(1) On the foundation \$ (2) On foundation managers			i en	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers		1.72		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	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 instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	,	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If 'Yes,' attach the statement required by General Instruction T.		23	130	, ,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			15.	Š
	By language in the governing instrument, or		<i>j </i>		
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that cont with the state law remain in the governing instrument? 	flict			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	X	+
	Enter the states to which the foundation reports or with which it is registered (see instructions)		2.8	X	3 .04973.00
Ų a	_	_	- 53		
	SC - South Carolina		- 4	- **	
	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation		8 5		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4	942(j)	(5)		لكنا
	for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete it	art X	KIV 9	 	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nar	nes			
DAA	and addresses		10	<u> </u>	(00:5:
BAA			Form 99	1U-PF	(2012)

b If 'Yes,' did it have excess business holdings in 2012 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 2012)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2012?

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Part VII-B Statements Regarding Activiti		4720 May Be Requ	uired (continued)	
5 a During the year did the foundation pay or incur	-			7
(1) Carry on propaganda, or otherwise attempt	to influence legislation	(section 4945(e))?	Yes	No
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registrat	c election (see section 4 aon drive?	955); or to carry	Yes X	No
(3) Provide a grant to an individual for travel, s	study, or other similar pi	urposes?	Yes X	No
(4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section	an a charitable, etc, orga 4940(d)(2)? (see instruc	anization described tions)	Yes]No
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	s, charitable, scientific, of cruelty to children or	literary, or r animals?	Yes X]No
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	ne transactions fail to qua a current notice regardi	ualify under the exception ng disaster assistance	ons	5 b
Organizations relying on a current notice regar	ding disaster assistance	check here	•	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ne foundation claim exeribility for the grant?	mption from the	Yes	No
If 'Yes,' attach the statement required by Regu	lations section 53 4945-	5(d).		
6 a Did the foundation, during the year, receive and on a personal benefit contract?	y funds, directly or indire	ectly, to pay premiums	☐Yes 🏻 🗀	No No
b Did the foundation, during the year, pay premit	ums, directly or indirectly	y, on a personal benefit	contract?	6b X
If 'Yes' to 6b, file Form 8870.				J.,
7a At any time during the tax year, was the found				No Lasta
b If 'Yes,' did the foundation receive any proceed Part VIII Information About Officers, D				7b Employees
and Contractors	irectors, Trustees,	rounuation manaç	gers, nighty ratu	Employees,
1 List all officers, directors, trustees, foundation	n managers and their co	omneneation (see instri	ictions)	
List an officers, directors, trustees, foundation	(b) Title, and average	(c)Compensation	(d)Contributions to	(e)Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
PAIGE C WRIGHT				
2516 MOSSWOOD DR	DIRECTOR			
FLORENCE SC 29501	1.00	0.	0	. 0.
WILLIAM P CAMPBELL III P O BOX 1206	DIRECTOR			
LAKE CITY SC 29560	1.00	0.	0	0.
			<u> </u>	
2 Compensation of five highest-paid employee			structions). If none, er	iter 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	•			
	-			
	-			
	"			
]			
	-			
	-			
Total number of other employees paid over \$50,000		I		None
BAA		2/25/12		Form 990-PF (2012)

Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	ndation Managers, Highly Paid E	
3 Five highest-paid independent contractors for professional services (see i	nstructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		I I
	 	
	[
	!	
	1	
Total number of others receiving over \$50,000 for professional services	<u> </u>	None
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ical information such as the number of	Expenses
1		
2		
3		
4		
"		
Part IX-B Summary of Program-Related Investments (see insti	ructions)	
Describe the two largest program-related investments made by the foundation du	iring the tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	<u> </u>	
RAA		Form 990-PF (2012)

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orr		45-531752	
Pa	rt X ' Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)	Foreign four	ndations,
	<u> </u>	***	
'	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. A Average monthly fair market value of securities	1 a	
	Average of monthly cash balances	1 b	44,400.
	Fair market value of all other assets (see instructions)	1 c	<u> </u>
	d Total (add lines 1a, b, and c)	1 d	44,400.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)	Section 2	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	44,400.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3		
	(for greater amount, see instructions)	4	666.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	43,734.
6		6	2,187.
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope and certain foreign organizations check here ► and do not complete this part.	rating found)	dations
1	Minimum investment return from Part X, line 6	1	2,187.
2	a Tax on investment income for 2012 from Part VI, line 5	0.	•
	b Income tax for 2012 (This does not include the tax from Part VI)		
	C Add lines 2a and 2b	2 c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,187.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,187.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	<u>2,187.</u>
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes	1 2.5,3 2.7.4	
·	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	11,200.
	b Program-related investments – total from Part IX-B	1 b	
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 a Suitability test (prior IRS approval required)	3 a	
	b Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	11,200.
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 (see instructions)	5	0.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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6 Adjusted qualifying distributions. Subtract line 5 from line 4

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6

0.

11,200.

Part XIII Undistributed Income (see instructions)

			(a Corp) ous	Years pri	b) or to 20	11		(c) 2011		2	(d) 2012
1	Distributable amount for line 7	2012 from Part XI,										2,187.
2	Undistributed income, if any, as	s of the end of 2012				-						2,1011
	Enter amount for 2011 or	l l					ľ					
	Total for prior years 20	·								-		
	Excess distributions carryover,	+										
	From 2007	,,,					į					
	From 2008											
	From 2009			İ			ļ					
	From 2010											
	From 2011						- [
	Total of lines 3a through	Δ					İ					
	Qualifying distributions for											
•	XII, line 4 > \$									1		
_	Applied to 2011, but not	11,200.					1					
а	Applied to 2011, but not	more than time 2a		• •	-79a	2-					-	
b	Applied to undistributed (Election required – see	income of prior years instructions)	v									•
С	Treated as distributions (Election required — see				**	<i>}</i> ,				, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***
d	Applied to 2012 distribut	able amount				_			~			
е	Remaining amount distri	buted out of corpus	•	11,200.	Ý,	η ¹		~ ~	, "%		\$\$ 1.00 m	- M.
5	Excess distributions carryover a	applied to 2012		,						**		
	(If an amount appears in	column (d), the	^ •			,						ĩ
	same amount must be s	hown in column (a))				· A			«»	×.4×	,	
_						.b.,			~y /		-480	
6	Enter the net total of each indicated below:	ch column as	().	*, ·		*		4	Ž.	*	, ,	
а	Corpus Add lines 3f, 4c, and 4	e Subtract line 5	**	11,200.		, in	*		are the s	75th _ 1		** .
	•			11,200.				, ,	5%	# # ·		
b	Prior years' undistributed line 4b from line 2b	d income Subtract					0.			41	v.	4
c	Enter the amount of prio	r vears' undistribut-		<u>; </u>			<u> </u>	, ,	, <u></u>	(100 m) 1	, , ,	\$ X.00
	ed income for which a ne	otice of deficiency	\$					A T	7 "		~	
	has been issued, or on v 4942(a) tax has been pro	which the section eviously assessed		(And					•			,
				\$78807 % \$73.7° m				*	- ş.r	; _j ,		** ,
d	l Subtract line 6c from line amount – see instructioi		*				0.			7	787.	•
			Ť			No. o	٠.		·	_		
е	Undistributed income for 2011. line 2a Taxable amount — see		i ,	ź	To pay	100 mg				0.		
	ille Za Taxable allibulit — Sec	, mad dedona		3						<u> </u>		
f	Undistributed income for			:	*							
	4d and 5 from line 1. The distributed in 2013	is amount must be	^ ,	`W	Ř	*		right.	1 .	•		2 107
7	Amounts treated as distr	ributions out of				··			Σ			2,187.
,	corpus to satisfy require										:	
	by section 170(b)(1)(F)	or 4942(g)(3)			** fa					F		25.
	(see instructions)											
8	Excess distributions carr applied on line 5 or line	ryover from 2007 not										
	applied of file 5 of file	/ (see instructions)	-	0.							***	*
9	Excess distributions ca Subtract lines 7 and 8 fr	rryover to 2013.		11 000								
10		on me oa	ļ	11,200.	<u> </u>			ļ				
	Analysis of line 9	•	1	*						*		·Wa
	Excess from 2008	0.	1									
	Excess from 2009											
	Excess from 2010	0.	-						:			
	Excess from 2011	0.	-									
€	Excess from 2012	11,200.	1					l				

Form 990-PF (2012) BETTY S CAMPBELL				45-5317520	Page 10		
Part XIV. Private Operating Foundation	N/A						
1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or							
		rating foundation de		4942(j)(3) or	4942(j)(5)		
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years				
investment return from Part X for each year listed	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total		
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 exempt activities							
Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c							
3 Complete 3a, b, or c for the 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 Information assets at any time during the	Complete this) ie year – see ii	s part only if then structions.)	foundation had	d \$5,000 or more	in		
Information Regarding Foundation Manage a List any managers of the foundation who had close of any tax year (but only if they have none	ave contributed mo	ore than 2% of the to than \$5,000) (See s	otal contributions rec section 507(d)(2))	ceived by the foundat	on before the		
b List any managers of the foundation who capartnership or other entity) of which the	wn 10% or more o	f the stock of a corp	oration (or an equal	ly large portion of the	ownership of		
none	iodilidation has a 10	on greater interes	3t.				
2 Information Regarding Contribution, Gran	4 Ci6 1 C-1	lauskin -4- D			18.00		
Check here X if the foundation only nequests for funds. If the foundation makes complete items 2a, b, c, and d	nakes contributions gifts, grants, etc (to preselected char (see instructions) to	itable organizations individuals or organ	ızatıons under other o	unsolicited conditions,		
a The name, address, and telephone numbe	r or e-mail of the p	erson to whom appl	ications should be a	ddressed [.]			
PAIGE WRIGHT							
180 DUNBARTON DR							
FLORENCE	SC 2950	<u>'</u>	43) 679-4900		 .		
b The form in which applications should be s	scomilled and infor	mation and material	s triey should includ	ਦ ੇ			
c Any submission deadlines							
d Any restrictions or limitations on awards, s	such as by geograp	hical areas, charitat	ole fields, kinds of in	istitutions, or other fa	ctors.		

3 Grants and Contributions Paid Durin	g the Yea	r or Approved for Futu	re Payment		
Recipient		If recipient is an individual, show any relationship to any foundation manager or	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or busines	ss)	substantial contributor	recipient		
a Paid during the year					
CALVARY BAPTIST CHURCH				OPERATION OF	
915 CHEROKEE RD		•		THE CHURCH	
FLORENCE SC	29501		501 (c) 3		5,000.
THE SALVATION ARMY				OPERATION OF CHARITY	
2210 HOFFMEYER RD					
FLORENCE SC	29501		501 (c) 3		1,000.
WOUNDED WARRIOR PROJECT				ASSIST VETERANS	
4899 BELFORT RD					
JACKSONVILLE FL	32256		501 (c) 3		100.
VETERANS OF FOREIGN WARS				ASSIST VFW	
236 S GREER RD				OPPERATIONS	
FLORENCE SC	29501		501 (c) 4		100.
MERCY MEDICINE CLINIC				TO SUPPORT MEDICAL	
500 S COIT ST				TREATMENT FOR	
	29501		501 (c) 3		3,000.
MANNA HOUSE				TO PROVIDE	•
450 JARROTT ST				FOOD TO THE NEEDY	
	29501		501 (c) 3		1,000.
THE VETERANS HONOR GUARD			(1, 0	TO SUPPORT	-,
236 S GREER RD				THE OPERATINS OF	
	29501		501 (c) 3	VETERANS	1,000.
I HORBITOL	23001				_,
			ļ		
Total		<u> </u>	1	► 3a	11,200.
b Approved for future payment					,
.,					
•					
]			
			}		
					1
		<u> </u>	<u> </u>		
Total		TELAGEO		<u>▶</u> 3b	Form 990 PF (2012)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelated business income		Evaluded by	section 512, 513, or 514		
-		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)	
_	ram service revenue			code			
a							
b							
·.—							
d				-			
e							
T =							
-	and contracts from government agencies				-		
	bership dues and assessments						
	t on savings and temporary cash investments						
	ends and interest from securities						
	ental income or (loss) from real estate			<u> </u>			
	financed property						
	lebt-financed property						
	ntal income or (loss) from personal property						
	r investment income			+			
	r (loss) from sales of assets other than inventory			 -			
	ncome or (loss) from special events			 			
	s profit or (loss) from sales of inventory			, , ,			
	rrevenue					*	
.a				+			
ь							
ć				-			
d				-			
е	48.48	-		1			
12 Subtotal. Add columns (b), (d), and (e)							
		***		22 12			
13 Total	. Add line 12, columns (b), (d), and (e)	·			13		
13 Total		·			13		
13 Total (See works	. Add line 12, columns (b), (d), and (e)	ns)	ishment of Exemp		•		
13 Total (See works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns) Accompl		ot Purpos	es	u to the	
13 Total (See works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	ns) Accompl		ot Purpos	es	y to the structions)	
13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns) Accompl		ot Purpos	es	y to the structions)	
13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns) Accompl		ot Purpos	es	y to the structions)	
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13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns) Accompl		ot Purpos	es	y to the structions)	
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13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns) Accompl		ot Purpos	es	y to the structions)	
13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns) Accompl		ot Purpos	es	y to the structions)	
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13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns) Accompl		ot Purpos	es	y to the structions)	
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13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns) Accompl		ot Purpos	es	y to the structions)	
13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns) Accompl		ot Purpos	es	y to the structions)	
13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns) Accompl		ot Purpos	es	y to the structions)	
13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns) Accompl		ot Purpos	es	y to the structions)	

Form 990-PF (2012) BETTY S CAMPBELL CHARITABLE FOUNDATION INC 45-5317520 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	Exempt Organ	lizations								
describe	organization direct) of the Code (oth					7,		Yes	No
-	to political organiz		a aanaharitahi		umation of			٠, ١	· 1	
(1) Cas	rs from the reportir	ig louridation to a	a nonchantabi	e exempt organ	iization or			1 2 (1)		
(2) Oth	1 a (1) 1 a (2)		<u>X</u>							
	ansactions							1 a (2)		
	es of assets to a no	ancharitable ever	nnt organizati	on				1 b (1)		
	chases of assets fr		-					1 b (2)		<u>X</u>
	ital of facilities, equ		•	garnzation				1 b (3)		
	mbursement arrand	•	assets							X
	ns or loan guarante	•						1 b (4) 1 b (5)		<u>X</u>
	formance of service		n or fundraisir	na solicitations				1 b (6)		X
	of facilities, equip		•	•	OVERS			1 c		<u>X</u>
o onamig	or racinties, equip	mont, maning not	13, 011101 43301	s, or paid cripi	Oyces					
the good any tran	nswer to any of the ds, other assets, or nsaction or sharing	r services given b	by the reporting	ig foundation If	the founda	ation received les	s than fair market	t value in	of	
(a) Line no	(b) Amount involved	(c) Name o	of noncharitable e	xempt organization	(d) Description of tran	sfers, transactions, an	id sharing arran	gements	<u> </u>
							<u> </u>			
	 									
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		-			- 					
										
-										
				<u> </u>			· · · · · · · · · · · · · · · · · · ·	<u>-</u>		
-										
			-							
										
			·							
										
								 		
										
describe	oundation directly o ed in section 501(c complete the follow) of the Code (otl	ited with, or re her than section	elated to, one or on 501(c)(3)) or	more tax- in section	exempt organiza 527?	tions	Yes	X	No
(a) Name of organiza	ation	(b) Ty	pe of organiza	tion	(c) Description of re	alationship		
							••			
						<u></u>				
			<u> </u>							
Under correct	penalties of perjury, I de i, and complete Declarat	clare that I have exam tion of preparer (other	nned this return, in than taxpayer) is	ncluding accompany based on all informa	ing schedules ition of which i	and statements, and to preparer has any know	o the best of my knowle viedge	edge and belief,	it is true	•
Sign	/ •	1				•	_	May the	RS disci	uss
Here /	Maide C	uspial -	/	05/15/1	,)	DIRECTOR		this retur preparer	shown b	elow
1	ature of officer or trustee	of acgi	1	Date		Title		(see inst	ructions) Yes	No
	Print/Type preparer's	name (Prepare	e is rignature	1	Date	Check If	PTIN	163	
Paid	Alan Floyd	CPA		Man -	Vocand	05/02/13	self-employed	P00166	5690	
	Firm's name	DUNCAN ANI	D FLOYD,	CPAs PA	wy C	103/02/13		0540319	1030	
Preparer Use Only	Firm's address	308 SOUTH		STREET	- // 	·	3/-	0040019		
OSE Office		FLORENCE	-108011111	~111111	SC 2	9501-4723	Phone no (84	3) 662-	በፈባፍ	
BAA				-	<u> </u>	2001 4123	1	Form 99		
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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

2012

Employer identification number Name of the organization BETTY S CAMPBELL CHARITABLE FOUNDATION INC 45-5317520 Organization type (check one): Section: Filers of: 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 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** K 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 ► Ś 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 I, 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) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2012) or 990-PF.

	B (Form 990, 990-EZ, or 990-PF) (2012)	Page	1 of 1 of Part 1
Name of org BETTY	S CAMPBELL CHARITABLE FOUNDATION INC	' '	317520
Part 1	Contributors (see instructions) Use duplicate copies of Part I if additional space is nee	eded	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM P CAMPBELL 1216 WISTERIA DR FLORENCE SC 29501	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(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) Number	(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) Number	(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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution)
(a) Number	(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)