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Form **990-PF**

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

Department of the Treasury Internal Revenue Service

	calendar year 2012 or tax year beginning OCT	31, 2012	, and ending	DEC 31, 2012	
Na	me 🗓 (oundation			A Employer identification	number
	EBSTERROGERS FOUNDATION			46-1511513	
	mber and street (or P O box number if mail is not delivered to street a	iddress)	Room/suite	B Telephone number	0.0
	411 SECOND LOOP ROAD			843-665-59	. []
	y or town, state, and ZIP code LORENCE, SC 29505			C If exemption application is p	ending, check here
	Check all that apply: X Initial return	Initial satura of a fe	armor nublic charity	D. 4. Farana araanizations	abadi bara
u (Final return	Amended return	ormer public charity	D 1. Foreign organizations	s, check here
	X Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
H (Check type of organization: X Section 501(c)(3) exe			1	
		Other taxable private founda	ation	E If private foundation sta under section 507(b)(1)	
l Fa	air market value of all assets at end of year J Accountin		Accrual	F If the foundation is in a	• •
		er (specify)		under section 507(b)(1)	
		nn (d) must be on cash i	basis.)	,	(- <i>n</i>
Pa	art Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	10,000.		N/A	
	2 Check In the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
ē	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			 	
Revenue	D assets on line 8a		0.		
Š	7 Capital gain net income (from Part IV, line 2)		<u> </u>		
)	8 Net short-term capital gain 9 Income modifications				
	Gross sales less returns				
	b Less Cost of goods sold				
	c Gross profit or (loss)	••			
	11 Other income	•			
	12 Total Add lines 1 through 11	10,000.	0.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
s	15 Pension plans, employee benefits				
À	16a Legal fees		3		
Expense	b Accounting fees			1 100	,
ă			<u> </u>		.r `:
Administrative	17 Interest			2 NOV 25 10	14
stra	18 Taxes			C 186 4 7 8 16	
Ë	19 Depreciation and depletion				- 1
퉏	20 Occupancy			,	
and A	21 Travel, conferences, and meetings 22 Printing and publications				
g	I				
ţį	24 Total operating and administrative				
Operating	expenses. Add lines 13 through 23	0.	0.		0.
ŏ	25 Contributions, gifts, grants paid	10,000.			10,000.
	26 Total expenses and disbursements.		·		
	Add lines 24 and 25	10,000.	0.		10,000.
	27 Subtract line 26 from line 12:				
	Excess of revenue over expenses and disbursements	0.			
	b Net investment income (if negative, enter -0-)		0.		
	C Adjusted net income (if negative, enter -0-)			N/A	

WEBSTERROGERS FOUNDATION

46-1511513

Page 2

(8) List and describe the I	osses for Tax on In tind(s) of property sold (e.g. tor common stock, 200 shs	., real estate,	t Income	P	How acquire - Purchase - Donation		c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a									
<u>b</u>	NONE				↓		_		
<u>c</u>					-				
<u>d</u>					-				
<u>e</u>		D	4.00	- A A	٠.,			410 4	
(e) Gross sale	es price (T)	Or allowable)		st or other basis expense of sale				(h) Gain or (loss) (e) plus (f) minus (g)
<u>a</u>									
<u>b</u>			<u></u>	· 					
<u>c</u>									
e									 _
	r assets showing gain ir	column (h) and owned by	the foundation	on 12/31/69			(IV 6	Sains (Col. (h) gain	minus
(i) F.M.V. as of		(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (1)			col. (k), but not less than Losses (from col. (า -0-) or
							_		
b						<u>. </u>			· · · · · ·
C									····
d		<u> </u>							
e									
2 Capital gain net in	come or (net capital loss	$\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases}$	ın Part I, line	7	}	2			
		•		•					
	ın Part I, line 8, column	fined in sections 1222(5) an (c).	iu (o).		}	,			
Part V Qual	ification Under	Section 4940(e) for	Reduced	Tax on Net	t Inv	estment	Inco	me	
If section 4940(d)(2) Was the foundation li	applies, leave this part be able for the section 494 and does not qualify unde	2 tax on the distributable am	nount of any y	ear in the base pe art.	riod?		_		N/A Yes No
		ımn for each year; see the ıı	nstructions be	fore making any e					(d)
Base pe Calendar year (or t	(a) Priod years ax year beginning in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) oncha	ritable-use assets (col. (b) divided by col. (c))			
20	011						_	ļ	
	010								
	009							 	········
	008							ļ	
20	007	<u> </u>		L					
2 Total of line 1, col	lumn (d)							2	
		ase period - divide the total (on line 2 by 5.	or by the number	r of ve	ars			·· ····
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years						3			
4 Enter the net value of noncharitable-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 from Part XII, line 4									
See the Part VI in:	o or greater than line 7, o	heck the box in Part VI, line	io, and comp	nete that part usir	ig a 1	% tax rate.		 +	000 DF (00.10)

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Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see	instru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1_	<u> </u>			0.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). \supset					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
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				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
a	2012 estimated tax payments and 2011 overpayment credited to 2012 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	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				
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax	d ▶ 11				
Pa	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or into	ervene in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definiti	on)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pu	blished or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ \$ \$	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u> </u>				
	managers. ▶ \$ 0 .					
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 incorpora	ition, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	4b		
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.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with th	e state law				
	remain in the governing instrument?			6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	L
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	SC					
b	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 General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	or calendar				
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		_X_
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	STMI		10_	X	
			For	m 990	-PF (2012)

orm 990-PF (2012) WEBSTERROGERS FOUNDATION			<u>46-15115</u>	<u>13</u>	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	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	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,			į
any voter registration drive?		Ye	es 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	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for			
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	der the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru		· ·	N/A	5b	ŀ
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 fi		ined	_	- 1	
expenditure responsibility for the grant?		I/A 🔲 Ye	es 🔲 No	-	
If "Yes," attach the statement required by Regulations section 53.494		.,		İ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
a personal benefit contract?	puy promisino on		s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		1	6Ь	X
If "Yes" to 6b, file Form 8870.	or contain bonomic continuor.				+
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v ₄	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		\·	[7b	
Information About Officers Directors Trust		nagers, Highly			
Part VIII Paid Employees, and Contractors			•		
List all officers, directors, trustees, foundation managers and their	compensation.	··			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	kpense nt, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accour allow	nt, other vances
	to position	United 67	compensation		
SEE STATEMENT 2		0.	0.		0.
					<u>·</u>
		<u> </u>			
· · · · · · · · · · · · · · · · · · ·					
•					
Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "			
	(b) Title, and average	THE INDIVE.	(d) Contributions to	(e) E)	coense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accour	opense nt, other vances
NONE	devoted to position		compensation	allow	ances
NONE					
· · · · · · · · · · · · · · · · · · ·					
			<u> </u>		
otal number of other employees paid over \$50,000				000 ==	0
			Form	990-PF	(2012)

Total, Add lines 1 through 3

0.

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·		1a	0.
b		1b	
C		1c	
d		1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
F	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	0.
2a	<u> </u>		
b		1	
C		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
느	Part XII Qualifying Distributions (see instructions)	1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		10 000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	10,000.
	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:	,	
8		3a 3b	
	Cash distribution test (attach the required schedule)		10,000.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	10,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		0
	Income. Enter 1% of Part I, line 27b	6	10,000.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	quannes ioi tii	6 2600001

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,		· · · · · · · · · · · · · · · · · · ·	•	
line 7				0.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ► \$ 10,000.			_	
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				0.
e Remaining amount distributed out of corpus	10,000.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,000.			
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 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	10,000.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012 10,000.				5 000 PF (0240)

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Part XIV Private Operating Fo	oundations (see in		/II-A guestion 9)	N/A	L1513 Page 1
1 a If the foundation has received a ruling or				N/A	
foundation, and the ruling is effective for			'		
b Check box to indicate whether the found	•	~	t in section	4942(j)(3) or 494	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	The real real real real real real real rea	Prior 3 years	1012())(0) 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12()/(0)
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for			(4) = 1 = 1	(4)	
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					
exempt activities					
e Qualifying distributions made directly			 		
for active conduct of exempt activities.					
Subtract line 2d from line 2c				1	
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 Info	rmation (Comple	to this part only	if the foundation	had \$5 000 or ma	ro in acceto
at any time during the			ii tile loulluation	nau \$5,000 or mo	16 111 922612
1 Information Regarding Foundation					-
a List any managers of the foundation who	-	than 2% of the total cor	ntributions received by the	foundation before the close	of any tay
year (but only if they have contributed m			inibations received by the	ioundation before the close	or any tax
NONE					
b List any managers of the foundation who	own 10% or more of the	ne stock of a corporation	(or an equally large portio	n of the ownership of a par	tnership or
other entity) of which the foundation has			i (oi aii oquany large portio	in or the officership of a par	thorship of
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan	Scholarship etc. F	rograms:		
Check here ► X if the foundation or				ot accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc. (
a The name, address, and telephone numb	per or e-mail of the person	on to whom applications	should be addressed:	<u> </u>	
2	or or or unan or uno poron	то том арриониона			
b The form in which applications should be	e submitted and informa	tion and materials they	should include:		· · · · · · · · · · · · · · · · · · ·
<u> </u>					
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as hy geographic	al areas, charitable fields	kinds of institutions or o	ther factors	
e raly restrictions of lithitations on awards,	, sasii as by geograpiilo	ai ai cas, criai nabic licius	o, rango or montunono, UF U	uici idolois.	
223601 12-05-12	 				orm 990-PF (2012)

Part XV Supplementary Informati				
3 Grants and Contributions Paid During th	e Year or Approved for Future If recipient is an individual,	Payment		
Recipient Name and address (home or business)	I show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HARVEST HOPE FOOD BANK PLO. BOX 451	N/A	501(C)(3)	GENERAL SUPPORT	
COLUMBIA, SC 29202				2,25
AMERICAN CANCER SOCIETY 181 E. EVANS STREET	N/A	501(C)(3)	GENERAL SUPPORT	
FLORENCE, SC 29506				1,500
LOW COUNTRY FOOD BANK 2864 AZALEA DR.	N/A	501(C)(3)	GENERAL SUPPORT	
CHARLESTON, SC 29405				3,750
DONORSCHOOSE.ORG 213 W. 35TH, 2ND FLOOR EAST	N/A	501(C)(3)	GENERAL SUPPORT	
NEW YORK, NY 10001				2,500
Total b Approved for future payment		1	<u>▶ 3a</u>	10,00
, , , , , , , , , , , , , , , , , , ,				
NONE				
Total			▶ 3b	

Part XVI-A	Analysis of Income-Producing	Activities
	·	

ter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
•					
	!		†		
		<u>. </u>	+		
d					
			 		
e					
g Fees and contracts from government agencies			1		
Membership dues and assessments			T		
Interest on savings and temporary cash					
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events	[
Gross profit or (loss) from sales of inventory					
Other revenue:					
a			ļ		
b	1 1		4		<u> </u>
C					
d					
e				<u></u>	
Subtotal. Add columns (b), (d), and (e)		0	•		
Total. Add line 12, columns (b), (d), and (e)				13 _	
ee worksheet in line 13 instructions to verify calculation	ns.)				
Part XVI-B Relationship of Activit	ies to the Acco	omplishment of E	xemp	ot Purposes	
ine No. Explain below how each activity for whice the foundation's exempt purposes (other	h income is reported i	n column (e) of Part XVI-	A contri	buted importantly to the acco	mplishment of
the foundation's exempt purposes (office	t than by providing for	Tab for cach parposcoj:			
					·
	· · · · · · · · · · · · · · · · · · ·				
		·		<u></u>	
1					

223821 12-05-12

Part X	VII	Information Re Exempt Organ		ers To a	and Transactions a	nd Relationsh	nips With Nonchar	itable	9	
1 Did 1	he oro			the followin	n with any other organization	described in section	on 501(c) of	T	Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
a Transfers from the reporting foundation to a noncharitable exempt organization of:										ĺ
	Cash	. •			.			1a(1)		Х
٠.		assets						1a(2)		X
		sactions:								
(1)	Sales	of assets to a noncharita	ble exempt organization	1				1b(1)		Х
(2)	Purch	ases of assets from a no	ncharitable exempt orga	anization				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	embership or fundraisin	g solicitatio	ns			1b(6)		X
c Shai	ring of	facilities, equipment, ma	uling lists, other assets,	or paid em	ployees			_1c		X
					dule. Column (b) should alw				sets,	
					ed less than fair market value	in any transaction	or sharing arrangement, sl	iow in		
		the value of the goods,				(4)				
(a) Line no	+ '	(b) Amount involved	(c) Name of no		e exempt organization	(0) Description	of transfers, transactions, and s	narıng ar	rangeme	nts
	+		_	N/A			·····			
	+									
	+									
	+-									
	+									
	+					1				
	+					<u> </u>	.			
	 "									
					· · · · · · · · · · · · · · · · · · ·					
in se	ection	501(c) of the Code (othe	r than section 501(c)(3)	•	or more tax-exempt organization 527?	ations described		Yes	X] No
<u>b</u> If "Y	es," co	mplete the following sch			(h) Tuna of accountant	···	a) December of relationsh			
		(a) Name of org	janization		(b) Type of organization	· · · · · · · · · · · · · · · · · · ·	c) Description of relationsh	ıp		
		N/A			-					
				·· · · -		···· · · · · · · · · · · · · · · · · ·				
Sign Here	and be		mplete Declaration of prepa	rer (other tha	ng accompanying schedules and son taxpayer) is based on all information of the schedules and son taxpayer). If the schedules and son taxpayer is based on all information to taxpayers. If the schedules are schedules and so		has any knowledge retui	the IRS on with the vn below	e prepar	er
	7'9''	Print/Type preparer's na		reparer's s			Check If PTIN			
		SHARON C.		1 A 1	.gaturo	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	self- employed			
Paid		CPA	TOTAL D	Mari	M RIMA (I (IM	04 /14/13	, , ,	106	174	
Prepa	rer	Firm's name ► WEB	STERROGERS	LLP	~ Julia	'// / '``	Firm's EIN ► 57 – 07			
Use C		Shumo F 1121			(
	-	Firm's address ▶ 14	11 SECOND	LOOP	ROAD					
	FLORENCE SC 29505						Phone no 8/13-6	65_	590	Λ

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2012

Employer identification number

WE	BSTERROGERS FOUNDATION	46-1511513						
Organization type (check or	ne):							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (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							
General Rule	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul In filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo							
Special Rules								
509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regular)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contributions	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								
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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) (2012)

Name of organization

Employer identification number

WEBSTERR	OGERS	FOUNDA	TION

46-1511513

TOUL	BRKOGERD I CONDESTION		<u> </u>
Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WEBSTERROGERS, LLP 1411 SECOND LOOP ROAD FLORENCE, SC 29505	\$10,000.	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 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 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 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 Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

(a) No. rom art I	Noncash Property (see instructions). Use duplicate copies of Pa (b) Description of noncash property given	(c) FMV (or estimate)	(d)
(a) No. rom art I		FMV (or estimate)	(4)
(a)		(see instructions)	Date received
(a)		**************************************	
No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization **Employer identification number** WEBSTERROGERS FOUNDATION 46-1511513 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form 886	8 (Rev. 1-2013)	_					Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		•	X
	ly complete Part II if you have already been granted an a				8868.		
	are filing for an Automatic 3-Month Extension, comple						
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies ne	eded).	
			Enter filer's	identifyii	ng numbe	r, see inst	ructions
Type or	pe or Name of exempt organization or other filer, see instructions Employ				nployer identification number (EIN) or		
print							
File by the WEBSTERROGERS FOUNDATION					46-1	<u>51151</u>	3
due date for filing your	I Number, Street, and room or state no it a P O nox-see instructions.			Social se	curity nun	nber (SSN)	
return See	1411 2ND LOOP RD						
instructions	City, town or post office, state, and ZIP code. For a form	oreign add	ress, see instructions.				
	FLORENCE, SC 29505		·				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)				0 4
		1	T				
Applicati	on	Return	Application				Return
ls For		Code	Is For			· · -	Code
	or Form 990-EZ	01					
Form 990		02	Form 1041-A				08
	(individual)	03	Form 4720				09
Form 990			04 Form 5227 05 Form 6069				10
	-T (sec. 401(a) or 408(a) trust)	 					
	-T (trust other than above)	06	Form 8870				12
STOPLD	o not complete Part II if you were not already granted THE FOUNDATION	an auton	natic 3-month extension on a previ	iousiy tile	ea Form 8	808,	
● Tho be	ooks are in the care of > 1411 2ND LOOP I	ו _ חפ	FIODENCE SC 29505				
	one No. ► 843-665-5900	<u>ر – لل</u>	FAX No. ►				
-	organization does not have an office or place of business	e in the Lin					
	is for a Group Return, enter the organization's four digit			f this is fo	 r the whol	e aroun, cl	neck this
box 🛌 [•					
			BER 15, 2013.	un monio	0.0 0.0	tondion io	
	calendar year, or other tax year beginning			DEC	31.	2012	
	ne tax year entered in line 5 is for less than 12 months, c			Final r			
	Change in accounting period						
7 Sta	te in detail why you need the extension						
	DITIONAL TIME IS NEEDED TO	GATHE	R INFORMATION NECES	SSARY	TO F	ILE A	
	MPLETE AND ACCURATE RETURN.						
8a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
nor	refundable credits. See instructions.			8a	\$		0.
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	1			
tax	payments made. Include any prior year overpayment all	lowed as a	credit and any amount paid				
****	eviously with Form 8868.			8b	\$		<u>0.</u>
c Bal	ance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using				
EF	PS (Electronic Federal Tax Payment System). See instr			8c_	\$		0.
	-		st be completed for Part II o				
Under pen	alties of perjury, I declare that I have examined this form, includ	ing accomp	anying schedules and statements, and to	the best o	f my knowl	edge and be	lief,
,	orrect, and complete, and that I am authorized to prepare this fo	""\\	1	_	. 81	1,2/-	112
Signature	► Claron Un johns Title ►	Urt]	Date		10/01	1/2
	/		•		Forn	n 8868 (Re	v. 1·2013)

Form **8868**

(Rev. January 2013)

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

internal Ne	File a sepa	ii ate appi	ication for each return.		L		
• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	art I and check this box			■ X	
	are filing for an Additional (Not Automatic) 3-Month Ext			this form).		-	
•	complete Part II unless you have already been granted a	-	• • • •	-			
	nic filing (e-file). You can electronically file Form 8868 if y					rporation	
	to file Form 990-T), or an additional (not automatic) 3-mor			-		-	
	to file any of the forms listed in Part I or Part II with the exc						
	al Benefit Contracts, which must be sent to the IRS in pap	-					
	w.irs.gov/efile and click on e-file for Charities & Nonprofits		(COO			,	
Part			submit original (no copies ne	eded).			
A corpo	oration required to file Form 990-T and requesting an auton						
Part I o	nly					▶ □	
	r corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time		
Type or print	Name of exempt organization or other filer, see instru-	ctions.		Employe	r identification nu	mber (EIN) or	
P -1016	WEBSTERROGERS FOUNDATION				46-15115	5-1511513	
File by the	N - I	ee instruct	tions.	Social security number (SSI			
filing your	1411 2ND LOOP RD			L			
return Se		reign add	ress, see instructions.			-	
	FLORENCE, SC 29505					<u></u>	
Enter th	ne Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
Applica	ntion	Return	Application	-	_	Return	
Is For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
	90:BE	= =02-	Form_1041-A			08	
	720 (individual)	03	Form 4720			09	
Form 9		04	Form 5227			10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	90-T (trust other than above)	06	Form 8870			12	
	THE FOUNDATION	<u> </u>					
• The	books are in the care of ▶ 1411 2ND LOOP I	RD - 1	FLORENCE, SC 29505				
	phone No. ► 843-665-5900		FAX No. ▶			 -	
	e organization does not have an office or place of business	s in the Ur				D	
	s is for a Group Return, enter the organization's four digit			If this is fo	r the whole group	, check this	
	. If it is for part of the group, check this box						
	request an automatic 3-month (6 months for a corporation						
•			tion return for the organization name		The extension		
	for the organization's return for:	3					
	calendar year or						
		an	d ending <u>DEC 31, 2012</u>	!			
	tax year boginning OCI 317 2012	, ,			 ·		
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: X Initial return	Fınal retur	'n		
_ '' 	Change in accounting period	noon roug			••		
L	Change in accounting period						
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, 0	or 6069 e	nter the tentative tax, less any				
	onrefundable credits. See instructions		and the second s	За	\$	0.	
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and				
	stimated tax payments made. Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa			- 00			
	y using EFTPS (Electronic Federal Tax Payment System). 9			3c	\$	0.	
	n. If you are going to make an electronic fund withdrawal v			·			
	For Private And and Department Reduction Act Notice			22. 2		(Rev. 1-2013)	

	UBSTANTIAL CONTRIB T VII-A, LINE 10	UTORS	STAT	EMENT 1	
NAME OF CONTRIBUTOR	ADDRESS				
WEBSTERROGERS, LLP		1411 SECOND LOOP ROAD FLORENCE, SC 29505			
	IST OF OFFICERS, D ND FOUNDATION MANA		STAT	EMENT 2	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
DEBRA A. TURNER 1411 SECOND LOOP ROAD FLORENCE, SC 29505	PRESIDENT 1.25	0.	0.	0.	
STEPHEN HOLLADAY 1411 SECOND LOOP ROAD FLORENCE, SC 29505	TREASURER 0.00	0.	0.	0.	
TOM FITZSIMMONS 1411 SECOND LOOP ROAD FLORENCE, SC 29505	MEMBER 0.00	0.	0.	0.	
PATRICE SEBASTIAN 1411 SECOND LOOP ROAD FLORENCE, SC 29505	MEMBER 1.25	0.	0.	0.	
SHARON C. NORRIS 1411 SECOND LOOP ROAD FLORENCE, SC 29505	MEMBER 0.60	0.	0.	0.	

0.

0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII