

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public Inspection

Α	For the	2012 calen	dar year, or tax year beginning , 2012, and e	nding		,	
В	Check if a	pplicable	С		D Employ	er Identifi	cation Number
	Addre	ess change	Strom Thurmond Foundation, Inc.		57-0	14426	13
	Name	e change	PO BOX 50214		E Telepho	ne numbe	er
	\vdash	l return	Columbia, SC 29250		(803	3) 43	8-3857
	H	ınated			100.	, 10	
	\vdash				G Gross re	ceints \$	58,072.
	\vdash	nded return	F Name and address of principal officer Lt. Col. John W. Powell, J.	H(a) is this	a group return		
	П Аррис	cation pending	20. 002. 00 10	<u>.</u> . ` ·			
-			Same As C Above X 501(c)(3) 501(c) () ◄ (Insert no.) 4947(a)(1) or 52	If 'No,	l affiliates incli ' attach a list	(see instr	uctions)
-		empt status	<u></u>		exemption nu	►	
J	Websi		tes.google.com/site/stromthurmondfoundation				
K		organization		ormation 197	4 141 5	tate of leg	gal domicile: SC
Pa	rt!	Summar	y				
			be the organization's mission or most significant activities: The pr				
e	<u>e</u>		n granting of monies for undergraduate educ				<u>s ror needy, </u>
Governance	<u> </u>		persons in South Carolina for attendance at	<u>in-state</u>	corred	es,_	
ē	l a ä	iniversi	ties, vocational and technical schools.	f more than	25% of its		
ුල්	2 CI 3 No	umber of w	oting members of the governing body (Part VI, line 1a)	i more trair a	1 0 0 0 0	3	13
್ಗಳ	1 -		dependent voting members of the governing body (Part VI, line 1b).			4	13
Activities						5	1
3 🗏	6 To	otal number	of volunteers (estimate if necessary)			6	0
물			ed business revenue from Part VIII, column (C), line 12			7 a	0.
<u>}</u>	b Ne	et unrelated	business taxable income from Form 990-T, line 34			7 b	0.
9					Prior Year		Current Year
63			and grants (Part VIII, line 1h)		5	00.	
Revenue	9 Pi	rogram sen	vice-revenue (Part-VIII, line 20).				
eVe			ncome (Part VIII Column (A), lines 3, 4, and 7d)		90,7		80,414.
Œ			e (Part VIII, column (A), lines 5,5d, 8c, 9c, 10c, and 11e)		-29,9		-22,342.
			e ஐadd lines 8 through இ (must equal Part VIII, column (A), line 12)		61,2		<u>58,072.</u>
			milar amounts paid (Part IX, dolpm (A), lines 1-3)		57,1	10.	62,000.
	14 Be	enefits paid	o of-for-members-(Part-IX, column (A), line 4)	·· · <u> </u>			
S	15 Sa	alaries, oth	er combensation employee benefits (Part IX, column (A), lines 5-10)		9,8	20.	9,238.
Expenses	16a Pr	rofessional	fundratsing fees (Part IX, column (A), line 11e)				
E E	Б То	otal fundrai	sing expenses (Part IX, column (D), line 25) >		-		· · ·
Щ	Į		ses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,8	2,354.	
		-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		68,7		73,592.
	j	-	avanage Cultinat line 10 from line 10	·	-7,5		-15,520.
8 8					na of Curren		End of Year
eş e	20 To	otal assets	(Part X, line 16)		2,397,4		2,381,964.
88	21 To		es (Part X, line 26)	· · · · · · · · · · · ·	2, 331, 1	0.	2,301,304.
Not Assots Fund Balan	22 Ne		fund balances. Subtract line 21 from line 20		2 207 4		
	rt II	Signatur		····	2,397,4	04.	2,381,964.
				- 4 1 - 1 - 1 - 1	 _		
com	plete Decia	aration of preparation	ectare that I have examined this return, including accompanying schedules and statements, a region of the state of the st	na to the best of r	ny knowleage	and belief	t, it is true, correct, and
						עול	1,2
Sig	ın	Signati	De of officer		ate	77	
He	re	Jos	eph R. McCrorey	Sec	Treasu	rar	
			print name and title	bec.	_II Cast	iter	
		Print/Type p	oreparer's name Preparer's signature Date		Check	ıf P	TIN
Pa	id	Will o	Stevens, CPA Stevens, CPA 5/	10/13	self-employe	-	01208094
	eparer	Firm's name		T0/ T3	зап-етпрюуе	~ <u> E</u>	01200034
Us	e Only				Firm's EIN	- 57	0057410
		3 80011	Columbia, SC 29201		 		0957419
May	the IRS	discuss th	us return with the preparer shown above? (see instructions)		Phone no	(003	799-0555

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

TEEA0113L 12/18/12

Forn	n 990 (2012) Stro	m Thurmond Fou	ndation,	Inc.		57-0	442613	Page 2
Pai	t III Statement	of Program Service	ce Accomp	ishments				
	Check if Sche	dule O contains a resp	onse to any o	question in this Part	III			··· · <u> </u>
1	Briefly describe the	organization's mission:						
	The purpose of	of the corporat	tion is t	o engage in o	granting of	f monies for	undergrad	duate
	educational s	cholarships for	or needv.	worthy perso	ons in Sout	th Carolina f	or attend	dance
	at in-state of	colleges, unive	ersities.	vocational a	and technic	cal schools.		-
	22 22 2022 2	2222227					· -	
	Did the organization u	ndertake any significant	program service	es during the year wh	nich were not liste	d on the prior		
_	Form 990 or 990-EZ1						. Yes	X No
		se new services on Sc						
3	•	cease conducting, or r		nt changes in how i	t conducts, anv	program services? .	. TYes	X No
3	•	se changes on Schedu				. 3	U	2-3
4		ation's program servic		ments for each of its	three largest or	ogram services as	measured by	expenses
7	Section 501(c)(3) and	501(c)(4) organizations	and section 49	47(a)(1) trusts are re	aured to report th	e amount of grants a	nd allocations t	0
	others, the total expe	enses, and revenue, if	any, for each	program service rep	oorted.			
4 :	a (Code:)	(Expenses \$	<u>6</u> 2,000.	including grants of	\$) (Revenue	\$)
	Scholarships	for education	purposes	are granted	for a max	imum_of_four_	years	
								
						_ 		
41	(Code)	(Expenses \$	1,291.	including grants of	\$) (Revenue	\$)
	Costs associa	ated with select				holarships to	recipie	nts
								_ _
							 -	-
								 -
				- 				
		- 			· 			
				-				
								
					- 			
					· -			
				- 		- 		
		·						
4	c (Code:)	(Expenses \$		including grants of	\$) (Revenue	\$	<u> </u>
	·	·					-	
		~						
					· 		·	
40	Other program service	ces. (Describe in Sche						
40	d Other program service (Expenses \$		dule O.)	of \$) (R	evenue \$		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		7 S.S.	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 h		

Form 990 (2012) Strom Thurmond Foundation, Inc. 57-0442613 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. . . . 21 Х X 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. Х 26 Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV ٠,٠٠ instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . X 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . Х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV . . X 280 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M ... Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . $\overline{\mathbf{X}}$ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II X 32 . . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I..... X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1. Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Note. All Form 990 filers are required to complete Schedule O.... BAA

37

Form 990 (2012)

35a

35b

36

37

X

X

Х

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	7-0442613			age :
Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V				. L
		1	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	٥٢			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	1		-
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		-	.	-
(gambling) winnings to prize winners?		1 c	~-	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	-		-	
ments, filed for the calendar year ending with or within the year covered by this return 2a	1			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	Χ	••••
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	·			÷ .
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	<u> </u>	3 b		
	<u> </u>	30		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, financial account in a foreign country (such as a bank account, securities account, or other financial account	a	4 a		Х
b If 'Yes,' enter the name of the foreign country:	′ · · · -	4 a		··
	-		,	. ·
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Account	^	T		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	├	5 a	_	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u> </u>	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T ²	· · · · · · L	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ	nization			
solicit any contributions that were not tax deductible as charitable contributions?		6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			T	
not tax deductible?		6 b	l	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a	and C	4 6		.: , :
services provided to the payor?		7 a	'	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	e 📙			
Form 8282?		7 c	l	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7	-	. 7	. >
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	?	7 e		Ŷ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	🗀	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			\neg	
as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	e a			
Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	s Did the	- [-		
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess busi	ness	`- -·	-	
holdings at any time during the year?	· · · · <u> </u>	8		
9 Sponsoring organizations maintaining donor advised funds.].	- 1	٠	
a Did the organization make any taxable distributions under section 4966?		9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	[9 b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12		- 1		٠.
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10 b		ĺ	.	
11 Section 501(c)(12) organizations. Enter:		.		
a Gross income from members or shareholders				
b Gross income from other sources (Do not net amounts due or paid to other sources			.	•
against amounts due or received from them.)				
12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	i	2 a	- [-	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		+	 -	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		Ì	- [
a Is the organization licensed to issue qualified health plans in more than one state?	,	ادو		
Note. See the instructions for additional information the organization must report on Schedule O.	···· · <u> </u>	3 a		
		- [
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
c Enter the amount of reserves on hand				
14a Did the organization receive any payments for indoor tanning services during the tax year?		_	-+	-v
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	· · · · · <u> 1</u>	4a		Х
25, 100 to the distribution of the post these payments: If two, provide an explanation in Schedule Q	<u> 1</u>	4 b		

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . . . 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders?.... 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 762 a The governing body? 8 a b Each committee with authority to act on behalf of the governing body? 8 b X 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes.' describe in 120 13 Did the organization have a written whistleblower policy?....... X 13 Did the organization have a written document retention and destruction policy? . X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . See . Schedule . O Х 15 a b Other officers of key employees of the organization See Schedule.0 X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?...... 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed _SC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 3220 Kline Street Columbia SC 29205 (803) 254-8304

Form 990 (20	-, -, -, -, -, -, -, -, -, -, -, -, -, -	57-0442613 Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hi Independent Contractors	ghest Compensated Employees, and
	Check if Schedule O contains a response to any question in this Part VII	

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

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

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

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title	(B) Average hours per week (list	one bo	er an	less p d a di	erso	k more t n is bot or/truste	h an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Ted B. Freeman	1							_		_
Member	0	Х						0.	0.	0.
(2) Dr. Susan Winsor Member	1	X						0.	0.	0.
(3) Dr. Sandra Jordan	_1_									
Member	0	X						0.	0.	0.
(4) Robert S. Barkley Member	1	x						0.	0.	0.
(5) Gina G. Jones	1			\neg	-					
Member	0	Х		ļ				0.	0.	0.
(6) Paul Thurmond	1									
Member	0	_ X						0.	0.	0.
	1									
Member	0	X						0.	0.	0.
_(8)_Scott_Verzyl	1									
Member	0	X	Щ				L	0.	0.	0.
(9) Robert R. Smith, II Member	1	Х						0.	0.	0.
(10) Dr. J. William Thurmond Vice President	- 1 -			Х				0.		
(11) Joseph R. McCrorey	1		\vdash	^					0.	0.
Sec. Treasurer	0			х				0.	0.	0.
(12) Betty Boatwright	1									
Vice President	0			Х				0.	0.	0.
(13) Lt. Col. John W. Powell President	1			x				0.	0.	0.
(14)										

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (A) Total revenue Related or Unrelated Revenue exempt excluded from tax business function revenue under sections revenue 512, 513, or 514 CONTRIBUTIONS, GIFTS, GRANTS 1 a Federated campaigns . . . **b** Membership dues. . . . 1 b c Fundraising events 1 c d Related organizations..... 1 d e Government grants (contributions). 1 e f All other contributions, gifts, grants, and similar amounts not included above. g Noncash contributions included in lns 1a-1f: h Total. Add lines 1a-1f ... PROGRAM SERVICE REVENUE Business Code f All other program service revenue ... g Total. Add lines 2a-2f.... Investment income (including dividends, interest and other similar amounts). 80,414 80,414 Income from investment of tax-exempt bond proceeds Royalties..... (ı) Real (ii) Personal 6 a Gross rents . . b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses . c Gain or (loss). d Net gain or (loss) ... 8a Gross income from fundraising events OTHER REVENUE (not including \$ of contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19. b Less: direct expenses b c Net income or (loss) from gaming activities...... 10a Gross sales of inventory, less returns and allowances. a **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory... Miscellaneous Revenue 11a Unrealized Loss on Invest -22,342-22.342d All other revenue. e Total. Add lines 11a-11d -22,342 Total revenue. See instructions... 58.072 80,414 0 -22,342

Part IX Statement of Functional Expens	ses			
Section 501(c)(3) and 501(c)(4) organizations must com	plete all columns All o	ther organizations must c	omplete column (A).	
Check if Schedule O contains a r	esponse to any questi	on in this Part IX	<u></u> . <u> </u>	<u>.</u> <u>.</u> . <u>.</u> . <u>.</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments				•

	not include amounts reported on lines 60, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments		СХРОПОСО		
	and organizations in the United States. See Part IV, line 21			<u> </u>	- İ
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	62,000.	62,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors, trustees, and key employees	300.	300.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages	8,400.		8,400.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	538.		538.	
11	Fees for services (non-employees):				
á	Management				
ŀ	Legal				
(Accounting.	800.		800.	
(Lobbying				
•	Professional fundraising services. See Part IV, line 17 .				
1	Investment management fees.				
_	Other. (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch O) Advertising and promotion				
13	Office expenses	184.	104		
14	Information technology	104,	184.		
15	Royalties	<u> </u>			
16	A				
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		,		
ā	Student Awards	807.	807.		
	Miscellaneous	300.		300.	
C	Postage and Shipping	263.		263.	
C					
	1	72.500			
	Total functional expenses. Add lines 1 through 24e	73,592.	63,291.	10,301.	<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

Balance Sheet

Part X Check if Schedule O contains a response to any question in this Part X (B) End of year Beginning of year 1 84,259. Cash - non-interest-bearing 77,438 Savings and temporary cash investments . . . 2 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net. Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L... 6 7 8 Inventories for sale or use . 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a 576 10 b 10 c **b** Less: accumulated depreciation Investments - publicly traded securities. 11 12 Investments - other securities. See Part IV, line 11... 12 Investments - program-related. See Part IV, line 11. 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11. . . . 15 2,320,046 2,297,705. 2,397,484. Total assets. Add lines 1 through 15 (must equal line 34) 16 2,381,964. 17 Accounts payable and accrued expenses.... 17 18 Grants payable . . 18 19 Deferred revenue. ... 19 20 20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L...... 22 Secured mortgages and notes payable to unrelated third parties . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 2,397,484 27 2,381,964 28 Temporarily restricted net assets ... 28 Permanently restricted net assets 29 P Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund ... 31 BALANCES 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances . . 2,397,484. 33 <u>2,381,964.</u> 34 2,397,484 2,381,964. BAA

TEEA0111L 01/03/13

form 990 (2012) Strom Thurmond Foundation, Inc.	57-	0442	61d	Pa	age 12
Part XI Reconciliation of Net Assets			-		
Check if Schedule O contains a response to any question in this Part XI					$\cdot \square$
1 Total revenue (must equal Part VIII, column (A), line 12)		1		58,0	72.
2 Totał expenses (must equal Part IX, column (A), line 25)		2		73,5	
3 Revenue less expenses. Subtract line 2 from line 1		3	_	15,5	-
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4		97,4	
5 Net unrealized gains (losses) on investments		5			
6 Donated services and use of facilities		6			
7 Investment expenses		7			
8 Prior period adjustments		8			
9 Other changes in net assets or fund balances (explain in Schedule O)		9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		10	2 3	81,9	
Part XII Financial Statements and Reporting	_ <u>-</u>			01, 2	/04.
Check if Schedule O contains a response to any question in this Part XII					
Greek in Ochediae O contains a response to any question in this Fart XII	• • • • • • • • • • • • • • • • • • • •		·····	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				162	NO
			- ,	· .	- 1
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		$\tilde{\mathbf{X}}$
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled o separate basis, consolidated basis, or both:	r reviewe	d on a	.,		٠,
Separate basis Consolidated basis Both consolidated and separate basis			-	- 5.4	
b Were the organization's financial statements audited by an independent accountant?			. 2b		Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on basis, consolidated basis, or both:	a separa	te	7/ 6	, ,	N 4 8
Separate basis Consolidated basis Both consolidated and separate basis			1-		- '
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the ends		1.5.		
review, or compilation of its financial statements and selection of an independent accountant?			. 2c		
If the organization changed either its oversight process or selection process during the tax year, explin Schedule O.	ain			- 1	•.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single				,
	••••		. <u>3 a</u>		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the req or audits, explain why in Schedule O and describe any steps taken to undergo such audits	uired audi	t	. 3b		ı
BAA			Form	990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	n Thurmond Four			_					442613		
Part I			(All organizations					See I	nstructi	ons.	
The org	anization is not a priva	te foundation because	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)				
1 [A church, conventior	of churches or assoc	ciation of churches des	cribed in	section	n 170(b)	(1)(A)(i)				
2	A school described II	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)							
3	A hospital or a coope	erative hospital servic	e organization describe	ed in sec	tion 17	0(b)(1)(<i>A</i>	\)(iii).				
4		·	in conjunction with a h					O(b)(1)(A	A)(iii). Er	iter the hos	spital's
L.	name, city, and state	•	•						• • •		,
5 [ted for the benefit of a	college or university own	ed or op	erated by	y a gove	nmenta	unit des	scribed in	section	
6			vernmental unit descr	ibed in s	ection 1	70(b)(1)	(A)(v).				
7 [An organization that n in section 170(b)(1)(a	ormally receives a subs A)(vi). (Complete Par	stantial part of its suppor t II.)	t from a	governm	ental un	t or fron	n the ger	neral publ	ic described	i
8 [A community trust de	escribed in section 17	0(b)(1)(A)(vi). (Comple	te Part I	1.)						
9 [An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10		•	xclusively to test for pi		_		• -				
11 [2	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.										
	a ☐ Type I b ☐ Type II c ☒ Type III — Functionally integrated d ☐ Type III — Non-functionally integrated										
e	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).										
f											
g											
•	J,	,	, , , , , ,						F	-	Yes No
	(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or oported organization?	togethe	with pe	ersons d	escribe		and (III)	11 g (i)	X
	(ii) A family memb	er of a person describ	ed in (i) above?							11 g (ii)	Х
	• •	•	described in (i) or (ii) a							<u> </u>	
h			e supported organization		•		• •		• • • •	11 g (iii)	X
	(i) Name of supported	(ii) EIN		- ` -	n the	60 Dele		4.51	- 11	(vii) Amoun	l of manatanı
	organization	(ii) Lii4	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	Is the zation in (i) listed in overning ment? (v) Did you in the organiza column (i) o support		zation in	zation in organization in column (i)		(vii) Amount of monetary support	
				Yes	No	Yes	No	Yes	No		
	arious SC Colle	eges, Univ. &	Tech								
(A)		Various	2			X		Х			0.
<u> </u>				†							
(B)		İ		1	l	}			}		
<u>``</u>				 							
(C)											
(4)				 							
(D)				1					1		
(5)				├		· ·			 		
(E)											
<u>(-)</u>				 							
Total		}		1							
	or Paperwork Reduction	n Asi Nation and the	Instruction - / - 7	1	00.5=				لــــــــــــــــــــــــــــــــــــــ		0.
DAA F	o raperwork Reductio	II ACI NOUCE, SEE THE	instructions for Form	990 or 9	YU-EZ.			Schedule	A (Form	990 or 990	-F7\ 2012

Schedule A (Form 990 or 990-EZ) 2012 Strom Thurmond Foundation, Inc.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')				,		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_
4	Total. Add lines 1 through 3.						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				***		
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	ırd, fourth, or fıfth t	ax year as a section	on 501(c)(3)	▶ 🗍
	tion C. Computation of Pu						
	Public support percentage for 20						%
15	Public support percentage from	2011 Schedule A,	Part II, line 14.			15	%
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported o	box on line 13, airganization	nd the line 14 is 3	3-1/3% or more, c	heck this box
t	33-1/3% support test - 2011. If and stop here. The organization	the organization o qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 organization	sa, and line 15 is	33-1/3% or more, o	check this box
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the facts-a s-and-circumstand	and-circumstance: es' test. The orga	s' test, check this inization qualifies	box and stop her as a publicly sup	e. Explain in Part ported organization	IV how n ► [
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization.	IV how the ►
BAA	Private foundation. If the organi			13, 10a, 16D, 1/a,			
אאי					Sch	nedule A (Form 99)	D or 990-EZ) 2012

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion·A. Public Support						
	dar year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')				•		
2	Gross receipts from admis-						
-	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
Δ	Tax revenues levied for the						
•	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or		·				
	facilities furnished by a						
	governmental unit to the organization without charge.						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1,					-	
	2, and 3 received from						
	disqualified persons		 			·	
E.	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year				'		
c	: Add lines 7a and 7b.				,-		
8	Public support (Subtract line		<u> </u>	, , , , ,		,	
500	7c from line 6.) tion B. Total Support		<u> </u>		<u> </u>	\$ - u -u	
		(a) 2008	(b) 2009	(a) 2010	(4) 2011	(0) 2012	(f) Total
	dar year (or fiscal yr beginning in)	(a) 2008	(0) 2009	(c) 2010	(d) 2011	(e) 2012	(i) Total
_	Amounts from line 6		<u> </u>				
10 6	dividends, payments received						
	on securities loans, rents,						
	royalties and income from similar sources				•		
ь	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include					-	
	gain or loss from the sale of capital assets (Explain in						
	Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	nd, third, fourth, o		a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu						·····
	Public support percentage for 20			ne 13, column (f))		15	 -
16	Public support percentage from					16	
	tion D. Computation of Inv	estment Incon	ne Percentage	9			
	Investment income percentage f				mn (f))	17	%
18	Investment income percentage f					18	
19 a	33-1/3% support tests $-$ 2012. If is not more than 33-1/3%, check	the organization	did not check the	box on line 14, a	nd line 15 is more		d line 17
g.	is not more than 33-1/3%, check	this box and stop	here. The organ	ization qualifies a	is a publicly supp	orted organization.	▶ 🗍
0	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%	, check this box a	aia not check a b and stop here. Th	ox on line 14 or li e organization qui	ne 19a, and line ' alifies as a public	16 is more than 33- ly supported organi	1/3%, and ration ►
20	Private foundation. If the organization	zation did not che	ck a box on line	14, 19a, or 19b, cl	heck this box and	see instructions .	:H

Schedule A	(Form 990 or 990-EZ) 2012	Strom Th	nurmond	Foundation,	Inc.	57-0442613	Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; (See instructions).	i on. Compl and Part II	ete this p I, line 12.	art to provide t Also complete	he explanations this part for any	required by Part II, line additional information.	10;
							
		-			,		
·							
				-			 -
		-				·	
	- 			- - 			
	- 						
					-		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection.

Sti	om Thurmond Foundation, Inc.		57-0442613
Par		or Advised Funds or Other Sir	nilar Funds or Accounts. Complete if
ı aı	the organization answered 'Yes'	to Form 990, Part IV, line 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year)	` 	
3	Aggregate value at end of year	` 	
4	•	·L	
5	Did the organization inform all donors and do are the organization's property, subject to the	e organization's exclusive legal contro	!? Yes ∐ No
6	Did the organization inform all grantees, done for charitable purposes and not for the benef impermissible private benefit?	ors, and donor advisors in writing that it of the donor or donor advisor, or for	grant funds can be used only any other purpose conferring Yes No
Par	Conservation Easements. Com	olete if the organization answe	red 'Yes' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held to		
	Preservation of land for public use (e.g.,	recreation or education) Pre	servation of an historically important land area
	Protection of natural habitat		servation of a certified historic structure
	Preservation of open space	L	
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contributio	n in the form of a conservation easement on the
	•		Held at the End of the Tax Year
ā	Total number of conservation easements		2a
ı	Total acreage restricted by conservation ease	ements	2b
	Number of conservation easements on a cert	ified historic structure included in (a).	2c
(Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, and not	on a historic 2 d
3	Number of conservation easements modified, tratax year ►		
4	Number of states where property subject to cons	envation easement is located >	•
5	Does the organization have a written policy re and enforcement of the conservation easeme		ection, handling of violations,
6	Staff and volunteer hours devoted to monitoring,		
7	Amount of expenses incurred in monitoring, insp	ecting, and enforcing conservation ease	ments during the year
8	Does each conservation easement reported cand section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirem	nents of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote	s conservation easements in its revenue to the organization's financial statem	and expense statement, and balance sheet, and ents that describes the organization's accounting for
Par	t III Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historical Treas	sures, or Other Similar Assets. IV. line 8.
1.			
, ,	art, historical treasures, or other similar assets hin Part XIII, the text of the footnote to its fina	ield for public exhibition, education, or re	in its revenue statement and balance sheet works of search in furtherance of public service, provide, items.
t	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	er SFAS 116 (ASC 958), to report in it for public exhibition, education, or resear	s revenue statement and balance sheet works of art, ich in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	l, line 1	
	(ii) Assets included in Form 990, Part X.		
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other similar asse	ats for financial dain, provide the fellowing
a	Revenues included in Form 990, Part VIII, Im	e 1	
	Assets included in Form 990, Part X .		•••••••••••••••••••••••••••••••••••••

Schedule D (Form 990) 2012 Strom T	hurmond Fou	ındation, I	nc.	57-044		Page 2
Part III Organizations Maintainin	ng Collections	of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (continu	ıed)
3 Using the organization's acquisition, acritems (check all that apply):	cession, and other	records, check an	y of the following that a	re a significant use of its	collection	
a Public exhibition		d 🔲 Loan o	r exchange programs			
b Scholarly research		e 🗌 Other				
c Preservation for future generatio						
4 Provide a description of the organization Part XIII.						•
5 During the year, did the organization to be sold to raise funds rather than	solicit or receive to be maintained	donations of art	historical treasures, of ganization's collection	or other similar assets	Yes	No
Part IV Escrow and Custodial Arrang reported an amount on F	orm 990, Part	X, line organiza	tion answered 'Yes' to	o Form 990, Part IV, III	e 9, or	
1 a Is the organization an agent, trustee	, custodian, or oth	ner intermediary	for contributions or oth	ner assets not included	п у. г	
on Form 990, Part X?					Yes	No
b If 'Yes,' explain the arrangement in I	Part XIII and com	piete the followin	g table:	[Amount	
c Beginning balance				. 1c	Amount	
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				. 11		
2a Did the organization include an amor					Yes	No
b If 'Yes,' explain the arrangement in I			tion has been provided	l in Part XIII	그 ` · · · }	┤┈
2 , 20 . , 20., 20.		•	, ,			_
Part V Endowment Funds. Com	plete if the or	ganization ans	swered 'Yes' to Fo	rm 990, Part IV, Iin	ie 10.	
	(a) Current	(b) Prior year		(d) Three years	(e) Four year	ars
1 a Beginning of year balance						<u></u>
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses					1	
g End of year balance						
2 Provide the estimated percentage of	the current year	end balance (line	g 1g, column (a)) held	as:		
a Board designated or quasi-endowment	-	%				
b Permanent endowment ►	%					
c Temporarily restricted endowment	·	_ %				
The percentages in lines 2a, 2b, and	2c should equal	100%.				
3 a Are there endowment funds not in the porganization by:	ossession of the o	rganization that ar	e held and administered	for the	Yes	No
(i) unrelated organizations					. 3a(i)	†
(ii) related organizations						
b If 'Yes' to 3a(II), are the related orga	nizations listed a	s required on Scl	nedule R?		. 3b	
4 Describe in Part XIII the intended us						
Part VI Land, Buildings, and Equ	ui pment. See	Form 990, Pa	rt X, line 10.			
Description of property	(11	t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment			1,576.	1,576.		0.
e Other.						
Total. Add lines 1a through 1e. (Column (c	n) must equal For	m 990, Part X, c	olumn (B), line 10(c).)			0.
BAA				Schedi	ule D (Form 990	ı) 2012

Schedule D (Form 990) 2012 Strom Thurmond Found	dation, Inc.	57-0442613 Pa	age 3
Part VII Investments - Other Securities. See Fo	orm 990, Part X, lin	e 12. N/A	
(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)		· · · · · · · · · · · · · · · · · · ·	
(c)			
(0)			
(D) (E)			
			
(F)			
(G) (H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.). Part VIII Investments — Program Related. See Fo	orm 990 Part V Jin		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or	
(a) Description of investment type	(b) book value	end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).		State of the state	
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descr		(b) Book value	e
(1) Wachovia Securities		2,297,7	
(2)	·		
(3)	 		
(4)			
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)			
(8)			
(9)			
(10)		,	
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15.)		05
Part X Other Liabilities. See Form 990, Part X,		1 2/23.7.	
(a) Description of liability	(b) Book value		
(1) Federal income taxes		•	•
(2)		-	
(3)		1	
(4)		1	
(5)		1	
(6)		· ·	•
(7)		† · .	
(8)	T	1	
(9)	 	1	
(10)		1	
(11)	† -	1	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	†	4	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the	he organization's financial state	ements that reports the groanization's liability for uncertain, tay poor	tions
under FIN 48 (ASC 740). Check here if the text of the footnote has been provide	d in Part XIII		

Page 3

Schedule I	(Form 990) 2012 Strom Thurmond Foundation, Inc.	5	7-0442613	Page 4
Part XI	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	Return N/A	
1 Total	revenue, gains, and other support per audited financial statements		1	
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net. u	nrealized gains on investments	2a		
	ted services and use of facilities	2 b	7	
	veries of prior year grants		-	
	(Describe in Part XIII)		⊣	
	ines 2a through 2d			
			3	
	ract line 2e from line 1		. 3	
	ints included on Form 990, Part VIII, line 12, but not on line 1:	[<u> </u>	†	
	tment expenses not included on Form 990, Part VIII, line 7b		_	
	(Describe in Part XIII.)	4b	_	
	ines 4a and 4b		4 c	
5 Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		.\ 5 \	
Part XII	Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per	r Return N/A	
1 Total	expenses and losses per audited financial statements		. 1	
2 Amo	unts included on line 1 but not on Form 990, Part IX, line 25:			
a Dona	ted services and use of facilities	2a		
	year adjustments	2 b	⊣ :	
	losses	2 c	┥`┃	
	r (Describe in Part XIII.)	2 d	⊣ ``.\	
	ines 2a through 2d		. 2e	
	ract line 2e from line 1		<u> </u>	
		 I I	· -3	
	unts included on Form 990, Part IX, line 25, but not on line 1:			
	tment expenses not included on Form 990, Part VIII, line 7b	4a	-[]::[]	
	r (Describe in Part XIII.)	4 b		
	ines 4a and 4b		4c	
	Supplemental Information	···· · · · · · ·		
				
Complete	this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pat X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also com	art III, lines 1a and 4; Part I	V, lines 1b and 2b	; Part V,
iiiic 4, Fai	t A, line 2, Fait Ai, lines 20 and 40, and Fait All, lines 20 and 40. Also com	ipiete triis part to provide ai	iy additional illion	nation.
			-	
		- 		
			- 	
		·		
				
BAA			Schedule D (Form	n 990) 2012

Continuents Complete The organization are served '1'st to Form 390, Part IV, line 21 or 22. Continuents									
is or assistance, the grantees' eligibility for the grants or assistance, and the United States. Complete if the organization answered "Yes" to dimore than \$5,000. Part II can be duplicated if additional space is needed. In (a) Amount of cash grant. (b) Amount of non-cash grant. (c) Amount of cash grant. (c) Amount of cash grant. (c) Amount of cash grant. (e) Amount of cash gran	(rorm 990)		Gov	ernments, a	nd Individuals i	n the United Sta	ates		2012
so or assistance, the grantees' eligibility for the grants or assistance, and it that so in the United States. Proposer it is a series of interest in the United States. Complete if the organization answered "Yes' to d more than \$5,000. Part II can be duplicated if additional space is needed. Amount of cash grant (e) Amount of more cash (Book, gives) (B	Department of the Treasury Internal Revenue Service		Comple	te if the organizati	on answered 'Yes' to F Attach to Form 99	orm 990, Part IV, line 2 10.	1 or 22.	ł	Open to Public Inspection
In things in the United States. Amount of cash grait (e) Amount of non-cash (b) Amount of cash grait (e) Amount of non-cash grait (e) Amount of	Name of the organization Strom Thurmono	Ι.	JC.					Employer identifica 57-044261	ation number 7 3
It funds in the United States. Complete if the organization answered "Yes" to find a mount of cash grain (e) Amount of non-cash (c) Amoun	П	nformation on Gran	its and Assista	ınce					
amount of cash grant (e) Amount of non-cash (book, filty, appares) (a) Amount of cash grant (e) Amount of non-cash grant (e) Amount		tton maintain records to si eria used to award the g / the organization's proced	ubstantiate the amo grants or assistanc dures for monitoring	ount of the grants or se?	assistance, the grantees'	eligibility for the grants	or assistance, and		L
n (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, Other) (g) Description of assistance (book, FMV, appraisal, Other) (g) Description of assistance of assistance of the control of		nd Other Assistance Part IV, line 21 for	e to Governme any recipient	ints and Organi that received m	izations in the Unit	ed States. Comple	te if the organizat	ion answered 'Y space is needed	es' to -
ted in the line 1 table.		fress of organization ernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ted in the line 1 table.									
ted in the line 1 table.	(2)								
ted in the line 1 table									
ted in the line 1 table	(4)								
ted in the line 1 table	(6)								
ted in the line 1 table.	(9)								
ted in the line 1 table.	6								
ted in the line 1 table.	(8)								
Schodule 1/Earm 000/ (2012)	ľ	er of section 501(c)(3) a	and government or	ganizations listed i	in the line 1 table.			1	
	BAA For Panamork B	er or otner organizations	s listed in the line	l table		10000	CHOCKE	Cchodul	

Schedule I (Form 990) (2012) Strom Thurmond Foundation, Inc. Part III Grants and Other Assistance to Individuals in the Unit Part III can be duplicated if additional space is needed.	Strom Thurmond Foundation, r Assistance to Individuals in the Uplicated if additional space is need	Inc. Jnited States. Con ed.	nplete if the organi	57 zation answered 'Yes' t	Inc. United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. ded.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships for education 1 purposes	78	62,000.			
2					
3					
4					
r					
9		,			
Ţ					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line additional information.	lete this part to pro	ovide the informati	ion required in Par	t I, line 2, Part III, column (b),	กท (b), and any other
! : ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	
		! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	! ! ! ! !		
		! ! ! ! !	 		
		; 		 	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			1		

Schedule 1 (Form 990) (2012)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Strom Thurmond Foundation, Inc.	Employer identification number 57-0442613
Form 990, Part VI, Line 11b - Form 990 Review Process	,
Before the Form 990 is filed it will be given to the Board memb	pers to review.
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top	Management
The Board members recieve a per diem only, to compensate for to	ravel to board
meetings.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers	& Key Employees
Officers and key employees receive reimbursement for receipts	that are turned in for
basic_office_expenses	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Disclosure of governing docs, policies, and financial statement	ts are available upon
request.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	