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Department of the Treasury

### **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.

Open to Public

Inspection

C Name of organization  THE SOUTH CAROLINA BAR FOUNDATION  Deng Business As  Name of Organization  THE SOUTH CAROLINA BAR FOUNDATION  Deng Business As  23-7181552  THE FOUNDATION  THE SOUTH CAROLINA BAR FOUNDATION  Deng Business As  23-7181552  THE FOUNDATION  THE SOUTH CAROLINA BAR FOUNDATION  Deng Business As  23-7181552  THE FOUNDATION  THE SOUTH CAROLINA BAR F	A For	the 20	012 calendar year, or tax year beginning CUL 1, 2012 and ending	JUN 3	0, 2013	
THE SOUTH CAROLINA BAR FOUNDATION  Dengo Business As  Number and street (or P o. box of mail is not delivered to street address)  Port of TAYLOR STREET  City, town, or post offices, state, and ZIP code  COLUMBIA, SC 29201  Taxe-exempt statuse					<del>`</del>	tion number
Domp Business As    Sample   Domp Business As   Sample	applic	cable			. •	
Domp Business As    Sample   Domp Business As   Sample	Ac	dress	THE SOUTH CAROLINA BAR FOUNDATION			
Number and street (or P 0, box fmalls not delivered to street address)   Room/suite   E Telephonen number (803) 765-0517	☐ Na	ame			23-71	81552
Section   STATION   STREET   City, town, or post office, state, and 2iP code   COLUMBIA, SC 29201   H(a) is this a group return for affiliates?   Yes   Mo   Mobile   TAYLOR STREET, COLUMBIA, SC 29201   H(a) is this a group return for affiliates?   Yes   Mo   Mobile   TAYLOR STREET, COLUMBIA, SC 29201   H(a) is this a group return for affiliates?   Yes   Mo   Mobile   TAYLOR STREET, COLUMBIA, SC 29201   H(a) is this a group return for affiliates?   Yes   Mo   Mobile   TAYLOR STREET, COLUMBIA, SC 29201   H(a) is this a group return for affiliates?   Yes   Mo   Mobile   Taylor   Tay	Int	tual		ute E Tele	ephone number	
Cry, town, or post office, state, and ZIP code  Register  Register  Register  Register  Register  Register  Register  Residual  F Name and address of principal officer-SHANNON WILLIS SCRUGGS  550 TAYLOR STREET, COLUMBIA, SC 29201  Register  Residual  Register  Residual  Resid	Те	יחוח-			·	765-0517
Segretter   Form of cartification of principal officers SHANNON WILLIS SCRUGGS   950 TAYLOR STREET, COLUMBIA, SC 29201   H(a) is this a group return for affiniates?   Yes   No Websiter. Ph ILTY: / Yww. SCDarfoundation.org/   H(b) Are all affinites includes?   Yes   No Websiter. Ph ILTY: / Yww. SCDarfoundation.org/   H(b) Are all affinites includes?   Yes   No Websiter. Ph ILTY: / Yww. SCDarfoundation.org/   H(b) Are all affinites includes?   Yes   No Websiter. Ph ILTY: / Yww. SCDarfoundation.org/   H(c) Form of organization   H(c) Form of	Ar	nended		G Gros	s receipts \$	2,445,500.
F Name and address of principal officer/SHANNON WILLIS SCRUGGS 950 TAYLOR STREET, COLUMBIA, SC 29201  Tax exempt status. X 501(c)(3) 501(c) 1 (insert no.) 4947(a)(1) or 527  Website* B Inttp://www.scbarfoundation.org/  ### B Briefly describe the organization of continued its operations or disposed of more than 25% of its net assets  1 Briefly describe the organization of accommon body (Part V, line 1a)  1 Briefly describe the organization of accommon body (Part V, line 1a)  2 Check this box* If the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part V, line 1a)  4 Number of independent voting members of the governing body (Part V, line 1a)  5 Total number of independent voting members of the governing body (Part V, line 2a)  5 Total number of independent voting members of the governing body (Part V, line 2a)  5 Total number of independent voting members of the governing body (Part V, line 2a)  6 Contributions and grants (Part VIII, line 1b)  9 Priory fear  8 Contributions and grants (Part VIII, line 1b)  10 Investment income Part VIII, column (A), line 3, 4, and 7d)  11 Cher revenue (Part VIII, line 1b)  12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d)  13 Grants and amendar amount (VIII), column (A), lines 3, 4, and 7d)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salairas, other compensation, employee benefits (Part IX, column (A), line 4)  16 Total revenue (Part VIII, column (A), lines 3, 4, and 7d)  17 Other expenses (Part IX, column (A), lines 3, 1				H(a) Is	this a group retu	ırn
Toe-exempt status \overline{\text{SPOINTED}} \text{SPOINTED} \text{Vess \overline{\text{No.} talks.} \overline{\text{SPOINTED}} \text{SPOINTED} \text{Vess \overline{\text{No.} talks.} \overline{\text{SPOINTED}} \text{Vess \overline{\text{No.} talks.} \overline{\text{SPOINTED}} \text{Vess \overline{\text{No.} talks.} \overline{\text{SPOINTED}} \text{Vess \overline{\text{No.} talks.} \overline{\text{SPOINTED}} \text{Vess \overline{\text{No.} talks.} \overline{\text{No.} talks.	pe	ending	F Name and address of principal officer: SHANNON WILLIS SCRUGGS	fo	or affiliates?	Yes X No
Tacevaxempt status   N 501(c)(3)   501(c)(1)   610(c)   4947(a)(1) or 522   Hr (%), attach a list, (see instructions)   Website:			950 TAYLOR STREET, COLUMBIA, SC 29201	H(b) A	re all affiliates inclu	ded? Yes No
Website: ▶ http://www.scbarfoundation.org/   Hick Group exemption number ▶	1 Tax-	exem		527 If	"No," attach a lis	t. (see instructions)
Form of consultation   X   Corporation   Trust   Association   Other   Lyear of formation   1971   M State of legal domicile   SC att   Summary	J Wet	bsite:		H(c) G	roup exemption i	number 🕨
Summary   1   Briefly describe the organization's mission or most significant activities: TO FUND THE ADVANCEMENT OF JUSTICE BY IMPROVING ACCESS, EDUCATION AND ACCOUNTABILITY   2   Check this box				ear of format	ion 1971 M s	State of legal domicile: SC
1 Briefly describe the organization's mission or most significant activities: TO_FUND_THE_ADVANCEMENT_OF  JUSTICE_BY_IMPROVING_ACCESS_EDUCATION_AND_ACCOUNTABILITY  2 Check this box ▶	Part					
JUSTICE BY IMPROVING ACCESS, EDUCATION AND ACCOUNTABILITY  2 Chack this box		l Bri	efly describe the organization's mission or most significant activities: TO FUND	THE AD	VANCEMEN	T OF
b Net unrelated business taxable income from Form 3904 (16.2)  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 7h)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 7h)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  10 Total expenses (Part IX, column (A), line 11e)  11 Other expenses (Part IX, column (A), line 11e)  12 Total expenses (Part IX, column (A), line 11e)  13 Total expenses (Part IX, column (A), line 11e)  14 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  15 Total liabilities (Part X, line 16)  16 Total liabilities (Part X, line 16)  17 Otol liabilities (Part X, line 26)  18 Revenue less expenses. Subtract line 18 from line 10  19 Revenue less expenses. Subtract line 18 from line 20  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  31 Signature Block  31 Signature Block  32 Signature Block  33 Signature Block  34 Signature Block  35 SHANNON WILLIS SCRUGGS, EXECUTIVE DIRECTOR  45 SHANNON WILLIS SCRUGGS, EXECUTIVE DIRECTOR  55 SHANNON WILLIS SCRUGGS, EXECUTIVE DIRECTOR  56 SHANNON WILLIS SCRUGGS, EXECUTIVE DIRECTOR  56 SHANNON WILLIS SCRUGGS, EXECUTIVE DIRECTOR  77 Firm's name Hughes, Sealey, Grant & Assoc., LLC  56 Firm's address  57 PO BOX 767  1 TIMO, SC 29063  20 Vite IRS discuss this return with the preparer shown above? (see instructions)	2	Jl	JSTICE BY IMPROVING ACCESS, EDUCATION AND A	CCOUNT	ABILITY	
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8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, profile (Part VIII) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, profile (Part VIII, column (A), lines 8 through 11 (must equal feat VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 13) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 15 Total revenue sees (Part IX, column (A), line 11e) 16 Total fundraising expenses (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX) column (A), lines 5-10) 19 Revenue less expenses. Subtract line 18 from line 13 20 Total labslities (Part X, line 26) 21 Total labslities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 20 Total labslities (Part X, line 26) 21 Total labslities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 31 Signature Block 32 Salaries of peptiny. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is e, correct, and complete. Declaration of praparal (other than officer) is based on all information of which preparer has any knowledge Point (Randing Print Y) per peparer's signature Print Y) per peparer's name Print Y) per peparer's signature Print Y per peparer's name Print Y) per peparer's name Print Y) per peparer's signature Print Y) per peparer's name Print Y) per peparer's signature Print Y) per peparer's name Print Y) per peparer's signature Print Y per peparer's signature Print Y per peparer's name Print Y) per peparer's signature Print Y per peparer's name Print Y) per peparer's signature	•	<b>b</b> Ne	t unrelated business taxable income from Form 9907, the		7b	0.
10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)   283,939 . 273,760 .   10   Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10c   13,948 .   0, 13,948 .   0			The state of the s	Pric	or Year	Current Year
10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)   283,939 . 273,760 .   10   Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10c   13,948 .   0, 13,948 .   0	a la	3 Co	ntributions and grants (Part VIII, line 1h)			1,762,390.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9	šĺ		poram service revenue (Part VIII, line 2g)	<del></del>		0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9	8 1	0 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d)	2	83,939.	273,760.
13 Grants and similar amounts paid (Part IX, column (A), line 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total fundraising expenses (Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  23 Revenue lies beclaration of pragaral (other than officer) is based on all information of which preparer has any knowledge and belief, it is e. correct, and compilete Declaration of pragaral (other than officer) is based on all information of which preparer has any knowledge Print/Type or pinnt name and title  Print/Type preparer's name  RUSSELL K GRANT, CPA  Print/Type preparer's name  Print/Type preparer's		1 Otl	ner revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and TVEN			0.
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)  16a Professional fundraising ees (Part IX, column (A), line 1)  17 Other expenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Add lines 13·17 (must equal Part IX column (A), line 25)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Net assets or fund balances. Subtract line 21 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  29 Net assets or fund balances. Subtract line 21 from line 20  30 Net II Signature Block  31 Signature Block  32 Net assets or fund balances. Subtract line 21 from line 20  33 Net II Signature Block  34 Net II Signature Block  35 Net II Signature Block  36 Net II Signature Block  37 Net II Signature Block  38 Net II Signature Block  39 Net II Signature Block  30 Net II Signature Block  31 Net II Signature Block  31 Net II Signature Bl		2 To	tal revenue - add lines 8 through 11 (must equal Ran VIII, column (A), line 12)	2,3		2,036,150.
Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 11a-11d, 11f-24e)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  27 Total assets (Part X, line 16)  28 Net assets or fund balances. Subtract line 21 from line 20  29 Net assets or fund balances. Subtract line 21 from line 20  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Salaries, other column (A), lines 5-10  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  29 Net assets or fund balances. Subtract line 21 from line 20  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Part II Signature Block  27 Net assets or fund balances. Subtract line 21 f						1,976,589.
15 Salaries, other compensation, employee benefits (Parl IX, column (A), lines 5-10) 16a Professional fundraising fees (Parl IX, column (A), line 11e)  b Total fundraising expenses (Parl IX, column (D), line 25) 17 Other expenses (Parl IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Parl IX, column (A), line 12e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Parl X, line 16) 21 Total liabilities (Parl X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total liabilities (Parl X, line 26) 24 Revenue less expenses. Subtract line 21 from line 20 25 Total liabilities (Parl X, line 26) 26 Total liabilities (Parl X, line 26) 27 Total liabilities (Parl X, line 26) 28 Reginning of Current Year End of Year 8, 321, 194	S 1.				0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX) column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 19  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  38 302,527.  38 468,616.  38 302,527.  38 468,616.  39 Revenue less expenses. Subtract line 21 from line 20  30 Total assets or fund balances. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Total liabilities (Part X, line 26)  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 18 from line 18 from line 18 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 18 from line 18 from line 18 from line 18 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 18 from line 18 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract line 21 from line 20  30 Revenue less expenses. Subtract				2	00,207.	241,580.
18 Total expenses. Add lines 13-17 (must equal Part   Xicolumn (A) Filine 25   2,127,832   2,385,870   216,386   -349,720   216,386   -	3 1				0.	0.
18 Total expenses. Add lines 13-17 (must equal Part   Xicolumn (A) Filine 25   2,127,832   2,385,870   216,386   -349,720   216,386   -	ğ					
18 Total expenses. Add lines 13-17 (must equal Part   Xicolumn (A) Filine 25   2,127,832   2,385,870   216,386   -349,720   216,386   -	Expenses 1			1	84,217.	167,701.
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der penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is it is experience, and complete Declaration of praparer (other than officer) is based on all information of which preparer has any knowledge  gn  Signature of officer  Firm and and title  Preparer's signature  Preparer's signature  Preparer's signature  RUSSELL K GRANT, CPA  Firm's name  Hughes, Sealey, Grant & Assoc., LLC  Firm's EIN  57-0512452  Phone no (803) 407-0490  average of the IRS discuss this return with the preparer shown above? (see instructions)	) 1	9 Re	venue less expenses. Subtract line 18 from line 12			-349,720.
der penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is it is experience, and complete Declaration of praparer (other than officer) is based on all information of which preparer has any knowledge  gn  Signature of officer  Firm and and title  Preparer's signature  Preparer's signature  Preparer's signature  RUSSELL K GRANT, CPA  Firm's name  Hughes, Sealey, Grant & Assoc., LLC  Firm's EIN  57-0512452  Phone no (803) 407-0490  average of the IRS discuss this return with the preparer shown above? (see instructions)	58			Beginning (	of Current Year	End of Year
der penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is it is experience, and complete Declaration of praparer (other than officer) is based on all information of which preparer has any knowledge  gn  Signature of officer  Firm and and title  Preparer's signature  Preparer's signature  Preparer's signature  RUSSELL K GRANT, CPA  Firm's name  Hughes, Sealey, Grant & Assoc., LLC  Firm's EIN  57-0512452  Phone no (803) 407-0490  average of the IRS discuss this return with the preparer shown above? (see instructions)	Sets 2	<b>0</b> To	tal assets (Part X, line 16) / <del>APR 10 2015</del>			8,487,875.
der penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is it is experience, and complete Declaration of praparer (other than officer) is based on all information of which preparer has any knowledge  gn  Signature of officer  Firm and and title  Preparer's signature  Preparer's signature  Preparer's signature  RUSSELL K GRANT, CPA  Firm's name  Hughes, Sealey, Grant & Assoc., LLC  Firm's EIN  57-0512452  Phone no (803) 407-0490  average of the IRS discuss this return with the preparer shown above? (see instructions)	YEB 2		(2)			19,259.
der penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is it is experience, and complete Declaration of praparer (other than officer) is based on all information of which preparer has any knowledge  gn  Signature of officer  Firm and and title  Preparer's signature  Preparer's signature  Preparer's signature  RUSSELL K GRANT, CPA  Firm's name  Hughes, Sealey, Grant & Assoc., LLC  Firm's EIN  57-0512452  Phone no (803) 407-0490  average of the IRS discuss this return with the preparer shown above? (see instructions)	를 2			8,3		8,468,616.
der penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is including accompanying schedules and statements, and to the best of my knowledge and belief, it is including accompanying schedules and statements, and to the best of my knowledge and belief, it is including accompanying schedules and statements, and to the best of my knowledge and belief, it is including accompanying schedules and statements, and to the best of my knowledge and belief, it is including accompanying schedules and statements, and to the best of my knowledge and belief, it is included and included and included accompanying schedules and statements, and to the best of my knowledge and belief, it is included and included a	Part			•		
e, correct, and complete Declaration of praparer (other than officer) is based on all information of which preparer has any knowledge    Signature of officer			s of peguity, I declare that I have examined this return, including accompanying schedules and sta	tements, and	I to the best of my I	knowledge and belief, it is
Signature of office?  SHANNON WILLIS SCRUGGS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  RUSSELL K GRANT, CPA  Firm's name Hughes, Sealey, Grant & ASSOC., LLC  Firm's address PO Box 767  Irmo, SC 29063  ay the IRS discuss this return with the preparer shown above? (see instructions)  Date  Print/Type Date  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/T			· / · X			
SHANNON WILLIS SCRUGGS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  RUSSELL K GRANT, CPA  Preparer's signature  Prim's name Hughes, Sealey, Grant & ASSOC., LLC  Firm's address PO Box 767  Irmo, SC 29063  Phone no (803) 407-0490  ay the IRS discuss this return with the preparer shown above? (see instructions)			VIN BANONUS ST		1114/21	13
Type or print name and title  Print/Type preparer's name  RUSSELL K GRANT, CPA  Preparer's signature  RUSSELL K GRANT, CPA  Prim's name  Hughes, Sealey, Grant & ASSOC., LLC  Firm's address  PO Box 767  Irmo, SC 29063  Phone no (803) 407-0490  ay the IRS discuss this return with the preparer shown above? (see instructions)  X Yes  No	Sign		Signature of officer		Date	
Print/Type preparer's name  RUSSELL K GRANT, CPA  Preparer's signature  RUSSELL K GRANT, CPA  Preparer's signature  (o/25//3 sell-employed P00131069  Firm's name Hughes, Sealey, Grant & ASSOC., LLC  Firm's address PO Box 767  Irmo, SC 29063  Phone no (803) 407-0490  ay the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	Here			R		
RUSSELL K GRANT, CPA  ### Color   Firm's name   Hughes, Sealey, Grant & Assoc., LLC   Firm's EIN   57-0512452   #### Book   Firm's address   PO Box 767			Type or print name and title			
RUSSELL K GRANT, CPA  Firm's name Hughes, Sealey, Grant & ASSOC., LLC  Firm's address PO Box 767  Irmo, SC 29063  Phone no (803) 407-0490  ay the IRS discuss this return with the preparer shown above? (see instructions)		P	rint/Type preparer's name Preparer's signature			I
eparer Firm's name Hughes, Sealey, Grant & Assoc., LLC Firm's EIN 57-0512452  12 Only Firm's address PO Box 767  Irmo, SC 29063  Phone no (803) 407-0490  ay the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	Paid			- 10/25		
re Only Firm's address PO Box 767 Irmo, SC 29063  ay the IRS discuss this return with the preparer shown above? (see instructions)  The only Firm's address PO Box 767 Irmo, SC 29063  Phone no (803) 407–0490  X Yes No	Prepare	er Fi	rm's name Hughes, Sealey, Grant & Assoc., LL	С	Firm's EIN	57-0512452
Irmo, SC 29063  Phone no (803) 407-0490  ay the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	Use On		rm's address PO Box 767			
- 200		[	Irmo, SC 29063		Phone no (8	03) 407-0490
- 000	May th	ne IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No
· · · · · · · · · · · · · · · · · · ·					_ :	Form <b>990</b> (2012)

Form	990 (2012) THE SOUT	H CAROLINA BAR H	FOUNDATION	23-7183	1552	Page 2
	t III Statement of Program Serv	ice Accomplishments				
	Check if Schedule O contains a resp	onse to any question in this Pa	ırt III			
1	Briefly describe the organization's mission: TO FUND THE ADAVANCEM	:		CESS, EDUCA	TION A	AND
	ACCOUNTABILITY					
	·····		<del></del>			
2	Did the organization undertake any signific	ant program services during th	e year which were not listed o	on		
	the prior Form 990 or 990-EZ?				Yes [	X No
_	If "Yes," describe these new services on S				<u></u> г	<b>∵</b> 1
3	Did the organization cease conducting, or If "Yes," describe these changes on Scheol		w it conducts, any program s	∍rvices?	Yes	X No
4	Describe the organization's program service		fits three largest program sen	vices, as measured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organization	ns are required to report the an				
4a	revenue, if any, for each program service re (Code ) (Expenses \$ 2,2	84,867 • including grants of \$	1,976,589.	\ /p		<u>-</u>
40	GRANTS AND AWARDS/LAW	RELATED EDUCAT	ON/CIVIL LEGAL		)	
	INDIGENTS/IMPROVEMENT	S TO ADMINISTRAT	TION OF JUSTICE			
4b	(Code) (Expenses \$	including grants of \$		) (Revenue \$		)
				· · · · · · · · · · · · · · · · · · ·		
			<del></del>			
4c	(Code) (Expenses \$	including grants of \$		) (Revenue \$	· · · · · · · · · · · · · · · · · · ·	)
					<del></del>	<del></del>
		· · · · · · · · · · · · · · · · · · ·				
		<del> </del>				
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						<del></del>
4d	Other program services (Describe in Sched	•			,	
4e		2,284,867.	) (Revenue \$		.)	
2000				<del></del>	Form 99	<b>0</b> (2012)

			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 _	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	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_		X
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		X
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		X
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_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
	Part VI	11a	X	
Ь	Did the organization report an amount for investments • other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
f	the organization's separate or consolidated financial statements for the tax year include a roomote that addresses  the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del> -		
	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
14a	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		X
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		X
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		X
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	17		<u>X</u>
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		<u> </u>
19	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	لــــا	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	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			
	Schedule J	23	L	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
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			i
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			۱
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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			
	Schedule L, Part I	25b		X
26	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	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ŀ	,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<del> </del>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del> </del>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	1
25-	Part V, line 1	34	-	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2FL		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		v
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
38	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?	37		<del>  ^</del>
<i></i>	Note. All Form 990 filers are required to complete Schedule O	38	х	

# Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

		<u> </u>	· ·			ليسيار
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	ł		ĺ
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>1b</u>	0	ł		ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportal	ole gaming			ĺ
<b>a</b> -	(gambling) winnings to prize winners?	1 1		1c		<del> </del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_	4			
	filed for the calendar year ending with or within the year covered by this return	2a		0.		Х
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined. If the sum of lines 1a and 2a is greater than 250, you may be required to a file (see instructions).			2b		
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?	<del>?</del> /		3a		Х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	tv over a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		=	4a		Х
ь	If *Yes,* enter the name of the foreign country:	<b></b>				<del></del>
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accour	its.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	•	5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	ie orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pi	rovided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ııred			••
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		!?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property did the organization file.		20	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		· · · · · · · · · · · · · · · · · · ·	8		
9	Sponsoring organizations maintaining donor advised funds.	<b></b> ,	o daming the year	·····		***************************************
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10ь				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?	-		13a		<del></del>
	Note. See the instructions for additional information the organization must report on Schedule O.					
D	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	13ь				
_	Enter the amount of reserves on hand	13c	<del></del>			
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	· · · · · · · · · · · · · · · · · · ·	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		_ <del></del> _
_	The state of the s	<del></del>			000	

Form 990 (2012) THE SOUTH CAROLINA BAR FOUNDATION 23-7181552 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Linin	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (	D. <i>See I</i>	nstructions.			
	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
				p	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	4		
	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					
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?		••	2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3	<u> </u>	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5	ļ	X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or		j	]
	more members of the governing body?			7a	X	ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	ie following:			
a	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached.	at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	ļ	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes, " d	escribe	1		}
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent	}		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		•		
	The organization's CEO, Executive Director, or top management official			15a	X	<del></del>
þ	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
76a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	/ith a			
	taxable entity during the year?		•	16a	ļ	X
Þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	inizatio	n's			
<u> </u>	exempt status with respect to such arrangements?			<u> 16b</u>		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filled SC				<del></del>	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ı (Sect	ion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain)					
10			•	.1.5		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	ontilet (	or interest policy, a	nd tinar	icial	
20	statements available to the public during the tax year.		and a fit i			
20	State the name, physical address, and telephone number of the person who possesses the books a SHANNON WILLIS SCRUGGS - 8037650517	ind rec	ords of the organiz	ation:		
	950 TAYLOR STREET, COLUMBIA, SC 29201		<del></del>			

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FORM	990	(2012)	

#### THE SOUTH CAROLINA BAR FOUNDATION

23-7181552

Page **7** 

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a 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	on nor any related	orga	aniza	atior	<u>, çoı</u>	mpe	nsa	ted any current officer,	director, or trustee.	
(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average	(do			ition	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unie	ss pe	erson	on is both an ector/trustee)		compensation	compensation	amount of
	week (list any		7	Ť	T	1 1		from	from related	other
	hours for	gua	Ì			5		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	8	88	1		usate	l	(W·2/1099·MISC)	(1.2 /000 100)	organization
	organizations	Individual trustee or director	Institutional trustee		8	Highest compensated employee		,		and related
	below	¥g.	gg	18	Кеу етріоува	S S S	Former	]		organizations
	line)	Ē	豆	<b>B</b>	ê	₹.	Έ			
(1) J. BOONE AIREN III	1.00							1	_	_
DIRECTOR		X	ļ	_	_	_		0.	0.	0.
(2) ROBIN A BRATHWAITE	1.00								_	_
DIRECTOR		Х			oxdot	<u> </u>	L_	0.	0.	0.
(3) CHET CHEA	1.00				1	1		_	_	_
DIRECTOR		X	<u> </u>	L	_	_		0.	0.	0.
(4) SIDNEY J EVERING II	1.00		ĺ				1	_	_	_
DIRECTOR		Х	<u> </u>	<u> </u>	L	L.		0.	0.	0.
(5) WALTER J. MCLEOD III	1.00	ļ								_
DIRECTOR		Х	<u> </u>	ļ	<u> </u>	ļ.,		0.	0.	0.
(6) JOCELYN NEWMAN	1.00		İ						_	_
DIRECTOR		X	_				<u> </u>	0.	0.	0.
(7) ALICE F. PAYLOR	1.00							_		_
DIRECTOR		X		<u> </u>	_		<u> </u>	0.	0.	0.
(8) JAMES W. SHEEDY	1.00			ŀ			İ			
DIRECTOR		X			<u> </u>		<b> </b>	0.	0.	0.
(9) J. CALHOUN WATSON	1.00									
DIRECTOR	1 00	X		<u> </u>			ļ	0.	0.	0.
(10) AMY LANDERS MAY	1.00				ļ		ļ			_
DIRECTOR	1 0	X			<u> </u>		<u> </u>	0.	0.	0.
(11) MARIE-LOUISE RAMSDALE	1.00						i			•
SECRETARY/TREASURER	1 00			X	_			0.	0.	0.
(12) JACK D. GRIFFETH	1.00			l						
IMMEDIATE PAST PRESIDENT				X				0.	0.	0.
(13) BEVERLY A. CARROLL	3.00									•
PRESIDENT	1 00			X	ļ		<u> </u>	0.	0.	0.
(14) ELAINE H. FOWLER	1.00			١						•
PRESIDENT-ELECT		<u> </u>		X	ļ	_	<u> </u>	0.	0.	0.
						,				
		<u> </u>					<u> </u>			
		<u> </u>	<u> </u>		_		<u> </u>			
					L		L			

1.61	1 4 FF   Section A. Onicers, Directors, Trus		DIO,	663			giic.	31.0	[					
	(A)	(B)	(C) Position						(D)	(E)	1	_	(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	1			
		week					is bot or/trus		from	from related		a.	other	0,
		(list any	ğ					_	the	organization		com	pensa	tion
		hours for	r director		1		B		organization	(W-2/1099-MIS	SC)	fr	om th	8
		related	i g	ustee			ESU-		(W·2/1099·MISC)			_	anizat	
		organizations	ä	120		8	g s		}				d relat	
		below line)	Individual trustee or	Institutional trustee	E G	ye g	Highest compensated employee	2				orga	anizatı	ons
		11107	프	트	8	3	主も	13						
			{		1									
			├	├	-	┢	├-	├	<del> </del>					
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		ļ	<b>├</b> _	ļ	_	-	├_							
			┨				}							
		<del> </del>	┝╌	-		-	<del> </del>			<del></del>				
		<del> </del>	}				}	j	}					
1h	Sub-total .	1	<u> </u>	<u></u>	<u> </u>		<del>¹</del> ▶	L	0.		0.			0.
	Total from continuation sheets to Part VI	Il Section A	٠		•••				0.		0.			0.
	Total (add lines 1b and 1c)	ii, oodioii A	•	•	•		•		0.		Ō.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wh	no re	<del></del>	.000 of reportab		L		
	compensation from the organization						-,						_	0
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	уее,	or l	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a							elate	ed organization or indivi	dual for services		_		v
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheaul	<u>θ J T</u>	or su	JCN	pers	on					5		<u>X</u>
1	Complete this table for your five highest co	mnensated inc	tene	ande	nt c	ontr	acto	re t	hat received more than	\$100,000 of com	nene	ation f	rom	
·	the organization. Report compensation for	=	•							•	ipens.	u	.0	
	(A)							T	(B)			(C	 ;)	
	Name and business	address	NO	NE	Ξ		_		Description of s	ervices	С		nsatio	า
	· · · · · · · · · · · · · · · · · · ·	<del></del>						_						
								ł						
	<del></del>							+	<del></del>	·· <del></del> - ·				
				_			-	1						
								$\dashv$						
2	Total number of independent contractors (in		ot lir	nite	d to	_		ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				(	<u>,                                    </u>							

		Check if Schedule O cor	ntains a response	to any question	in this Part VIII			
		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
E g	ь	Membership dues .	1ь					
Am's	С	Fundraising events	1c		1			
Fa	d	Related organizations .	1d					
Ş.E	е	Government grants (contribu	itions) 1e					
is is	f	All other contributions, gifts, gra	nts, and					
3		similar amounts not included abo		762,390.				
들임	a	Noncash contributions included in line						
န်		Total. Add lines 1a-1f .		<b>&gt;</b>	1,762,390.			
				Business Code		1741	**************************	
e l	2 a							1
ا ۾ خ	ь							
Program Service Revenue	С							
e a	d			·				
Par	e		······································					
ا تَّهُ	f	All other program service rev	enue	<del></del>				
	a	Total. Add lines 2a-2f					<del></del>	
$\Box$	3	Investment income (including						-
F		other similar amounts)	,	<b>&gt;</b>	163,744.			163,744.
1	4	Income from investment of ta	· ax-exempt bond r	• • • •	37,615.		<del></del>	37,615.
1	5	Royalties	, o.c., p. oo., a p	<b>&gt;</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	•	noyamoo	(ı) Real	(II) Personal				
- 1	6 a	Gross rents	ty rica:	(ii) i craoriai				
		Less: rental expenses						
1		Rental income or (loss)			ļ			
		Net rental income or (loss)		<b>&gt;</b>				
		Gross amount from sales of	(i) Securities	(II) Other				
	, .	assets other than inventory	481,751.					
1	h	Less: cost or other basis						
		and sales expenses	409,350.	1				
- {	_	Gain or (loss)	72,401.					1
		Net gain or (loss)	707101.	<b>•</b>	72,401.	72,401.		j
		Gross income from fundraising	na evente (not		7271014	12/1014		
92	0 0	including \$		l i				
š		contributions reported on line						
œ		D-4 IV Iv 40	_					
Other Revenue	ь	Less: direct expenses		<u> </u>				
δ		Net income or (loss) from fun-						
- 1		Gross income from gaming a	_	[···				
	• •	Part IV, line 19	. a					
-	h	Less: direct expenses						
		Net income or (loss) from gan	-	<b></b>				1
		Gross sales of inventory, less					······································	
	iv a	and allowances	a a					
	<b>h</b>	Less: cost of goods sold	b					
Ì		Net income or (loss) from sale	•	<b></b>				
F		Miscellaneous Revent		Business Code			······································	
<u> </u>	11 a			Duaniesa Code				1
	ıı a b						<del> </del>	
	•			<del></del>			<del></del>	
ŀ	ت بہ	All other revenue		<del></del>		<del>-</del>		
		Total. Add lines 11a-11d	•	<b>—</b>			<del></del>	
	-	1 Aran Maa I Ia. I Ia						
	12	Total revenue. See instructions		<b>&gt;</b>	2,036,150.	72,401.	0.	201,359.

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete ali columns. Ali oti	her organizations must co	omplete column (A).	
	Check if Schedule O contains a respon		is Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	1,976,589.	1,976,589.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			-	
	United States. See Part IV, lines 15 and 16				<del> </del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	182,162.	136,621.	45,541.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	19,692. 26,840.	14,769.	4,923. 6,710.	
9	Other employee benefits	26,840.	20,130.	6,710.	
10	Payroll taxes	12,886.	9,665.	3,221.	
11	Fees for services (non-employees):				
а	Management			-	
b	Legal				
C	Accounting ,	20,841.	15,631.	5,210.	
d	, , , , , , , , , , , , , , , , , , , ,				<del></del>
е	• • • • • • • • • • • • • • • • • • • •				
f	Investment management fees .	· <del></del>			
9	,				
	column (A) amount, list line 11g expenses on Sch O.)	6 260	4 776	1 500	
12	Advertising and promotion	6,368.	4,776.	1,592.	
13	Office expenses	32,101.	24,075.	8,026.	
14	Information technology				<del></del>
15	Royalties	19,272.	14,453.	4 910	<del></del>
16	Occupancy	19,2/2.	14,453.	4,819.	
17 18	Travel				
10	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	2,581.	1,936.	645.	
19		2/301.	1,750.	043.	
20 21	Interest	····	<del></del> · · · · · · · · · · · · · · · · ·		<u>.</u>
22	Depreciation, depletion, and amortization	1,719.	1,289.	430.	
23	Insurance	5,953.	4,465.	1,488.	
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)	3,2223			
_	amount, list line 24e expenses on Schedule 0') SPECIAL EVENTS	32,296.	24,222.	8,074.	
a b	MANAGEMENTAL	20,833.	15,625.	5,208.	
C	DDODDOGTONAT DEVELOPMENT	11,396.	8,547.	2,849.	
d	LRAP	7,200.	7,200.	2,049.	
_	All other expenses	7,141.	4,874.	2,267.	<del></del>
25	Total functional expenses. Add lines 1 through 24e	2,385,870.	2,284,867.	101,003.	0.
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)				

		Check if Schedule O contains a response to an	y question in th	nis Part X			
	<del></del>		<del> </del>		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	-		505,604.	1	576,244.
	2	Savings and temporary cash investments			7,673,553.	2	7,752,618.
	3	Pledges and grants receivable, net		L	1,343.	3	918
	4	Accounts receivable, net			123,626.	4	124,521
	5	Loans and other receivables from current and for	ormer officers,	directors,			
		trustees, key employees, and highest compens	ated employee	s. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified persons (a	s defined under			
	ļ	section 4958(f)(1)), persons described in section	1 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sec					
	1	employees' beneficiary organizations (see instr)	. Complete Par	t II of Sch L		6	
Assers	7	Notes and loans receivable, net	,			7	
n N	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			14,693.	9	21,199.
	10a	Land, buildings, and equipment: cost or other		"			**************************************
		basis. Complete Part VI of Schedule D	10a	49,880.			
	ь	Less: accumulated depreciation	10b	37,505.	2,375.	10c	12,375.
	11	Investments · publicly traded securities				11	
	12	Investments · other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets	·		14		
	15	Other assets. See Part IV, line 11	·	·		15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		8,321,194.	16	8,487,875.
	17	Accounts payable and accrued expenses			18,667.	17	19,259.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Ñ	21	Escrow or custodial account liability. Complete	Part IV of Sche	dule D		21	
	22	Loans and other payables to current and former		777			***************************************
		key employees, highest compensated employee	es, and disqual	fied persons.			
3		Complete Part II of Schedule L		·		22	
	23	Secured mortgages and notes payable to unrela	ated third partie	os		23	
	24	Unsecured notes and loans payable to unrelate	d third parties			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Compl	ete Part X of			
		Schedule D		_		25	
	26	Total liabilities. Add lines 17 through 25			18,667.	26	19,259.
		Organizations that follow SFAS 117 (ASC 958	), check here	► X and			
S		complete lines 27 through 29, and lines 33 an	d 34.				
Net Assets or Fund Balances	27	Unrestricted net assets			7,646,556. 655,971.	27	7,797,305. 671,311.
	28	Temporarily restricted net assets			655,971.	28	671,311.
<u> </u>	29	Permanently restricted net assets				29	
בֿ ב		Organizations that do not follow SFAS 117 (A	SC 958), chec	k here 🕨 🔲 🦷			
ō		and complete lines 30 through 34.					,
ers	30	Capital stock or trust principal, or current funds				30	·
2	31	Pald-in or capital surplus, or land, building, or ed	ulpment fund			31	
5	32	Retained earnings, endowment, accumulated in	come, or other	funds .		32	
-	33	Total net assets or fund balances			8,302,527.	33	8,468,616.
	34	Total liabilities and net assets/fund balances .	<u></u>		8,321,194.	34	<b>8,487,875.</b>

orm	990 (2012) THE SOUTH CAROLINA BAR FOUNDATION	23-71	81552	Page <b>12</b>		
Pai	Reconciliation of Net Assets			(		
	Check if Schedule O contains a response to any question in this Part XI	·		X		
1 2 3	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1	1 2 3	2,385 -349	5,150. 5,870. 9,720.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,527. 2,815.		
5						
6						
	7 Investment expenses					
8	Prior period adjustments	9		-6.		
9 10	Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	-				
	column (B))	10	8,468	3,616.		
Pa	rt XII Financial Statements and Reporting			,		
	Check if Schedule O contains a response to any question in this Part XII			$\mathbf{X}$		
				Yes No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?						
c	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	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, explain in Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a	X		
Ь	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits .		36	200 (004.0)		
			Form \$	<b>990</b> (2012)		

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

THE SOUTH CAROLINA BAR FOUNDATION

**Employer identification number** 23-7181552

			TH CHICHINA							<u> </u>	332	
Part	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See inst	tructions.				
he org	anization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 📙	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2 _	A school des	scribed in section 17	<b>/0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
3	A hospital or	a cooperative hospi	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nam	ıe,
	city, and stat	te:		_								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	¬	•	erves a substantial part					or from the	general	public desc	onbed i	n
		(b)(1)(A)(vi). (Comple				ŭ			•	•		
8	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	<del></del> .		eives: (1) more than 33	•	•	rom contri	butions. n	nembershi	o fees. a	nd gross re	ceipts	from
	-	-	nctions - subject to certa							_		
			axable income (less sect		-							
		509(a)(2). (Complete			•							
10 🗀	¬		perated exclusively to te	st for publ	ic safety. S	See <b>sectic</b>	n 509(a)(4	<b>4</b> ).				
11 🗀	_	-	perated exclusively for the		-				y out the	purposes	of one	or
	•		ations described in secti		•					•		
			organization and compl					,				
	а 🔲 Туре	· · · · · · · · · · · · · · · · · · ·	·	ype III - Fu	_			тур	e III • No	n-functiona	lly integ	grated
e 🗀	¬ '''		at the organization is not		•	-		r more disc	qualified	persons of	her tha	ก
		=	han one or more publicly		-	-	•		•	-		
f		=	tten determination from t		-							
	_	rganization, check th			•							
g		•	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
•			lirectly controls, either al							' <b>,</b>	Yes	No
			upported organization?					,,,,,,	•	11g(i)	T	
	(ii) A family	member of a persor	n described in (i) above?	,						11g(ii)		
	•		person described in (i) o		e?					11g(iii)	T	
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		·	•••	-								
(I) Nar	ne of supported	(ii) EiN	(III) Type of organization	(iv) Is the c	rganization	(v) Did you	notify the	(vi) Is	the	(vii) Amoun	t of mor	netary
	rganization	(, 2	(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizátio (i) organiz	on in col ed in the	1 '	port	
	•		above or IRC section	governing	document?	(i) of you	support?	ำ" ขึ้น ร	?	· ·	•	
			(see Instructions))	Yes	No	Yes	No	Yes	No			
				<u>L</u>								
				<del> </del>								
				ļ				ļ	ļ			

<u>Schedule A</u>	(Form	990 or	990-EZ	2012
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Section A. Public Supp	der the tests listed below, ple ort	_ · _ ·				
Calendar year (or fiscal year begin		<b>(b)</b> 2009	(c) 2010	(d) 2011	(6) 2012	(6 Tabel
Gifts, grants, contributions membership fees received include any "unusual gran	s, and J. (Do not	(5) 2303	(0) 2010	(d) 2011	(e) 2012	(f) Total
2 Tax revenues levied for the ization's benefit and either or expended on its behalf	e organ-					
3 The value of services or fa furnished by a governmen the organization without c	tal unit to					
4 Total. Add lines 1 through 5 The portion of total contrib by each person (other than	3 putions					
governmental unit or publi supported organization) in on line 1 that exceeds 2% amount shown on line 11,	cluded					
column (f)						
6 Public support. Subtract line		<u> </u>	<u> </u>		1	
Section B. Total Suppor	<u>t</u>		·			
Calendar year (or fiscal year begin 7 Amounts from line 4	ining in) ► (a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
8 Gross income from interes	•					
dividends, payments recei				}		
securities loans, rents, roys	i					
and income from similar so				•		
Net income from unrelated		<del> </del>	<del></del>	<del></del> -		
activities, whether or not th						
business is regularly carrie						
10 Other income. Do not inclu						
or loss from the sale of cap assets (Explain in Part IV.)	oitai					
11 Total support. Add lines 7 t				, , , , , , , , , , , , , , , , , , , ,		
12 Gross receipts from related		ions)			12	
13 First five years. If the Form	n 990 is for the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sect	<del></del>	
organization, check this bo				<u> </u>		▶□
Section C. Computation	of Public Support Pe	rcentage				
14 Public support percentage	for 2012 (line 6, column (f) o	divided by line 11, o	column (f))		14	9
15 Public support percentage	from 2011 Schedule A, Part	t II, line 14			15	9
16a 33 1/3% support test - 20	12. If the organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	ox and
stop here. The organization	n qualifies as a publicly supp	oorted organization	1		•	▶□
b 33 1/3% support test - 20	11. If the organization did no	ot check a box on l	line 13 or 16a, and	line 15 is 33 1/3	% or more, check t	his box
	zation qualifies as a publicly					▶ 🗀
17a 10% -facts-and-circumst						
	ets the "facts-and-circumstar				art IV how the orga	nization
	mstances" test. The organiza					▶
b 10% -facts-and-circumst	ances test - 2011 If the ord	ranization did not a		40 40 401		4004

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		Į.				
	membership fees received. (Do not				0046001	1760000	0700740
	include any "unusual grants.")	2559960.	1347729.	1984339.	2046331.	1762390.	9700749.
2	Gross receipts from admissions,					ĺ	
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that					j	
	are not an unrelated trade or bus-			,			
	iness under section 513		·				
4	Tax revenues levied for the organ-	i			!		
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				i		
	furnished by a governmental unit to						
	the organization without charge				<u> </u>		
6	Total. Add lines 1 through 5	2559960.	1347729.	1984339.	2046331.	1762390.	9700749.
7ε	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					!	_
	amount on line 13 for the year		<u>.</u>				0.
•	Add lines 7a and 7b			·			0.
	Public support (Subtract line 7c from line 6)				<u> </u>		9700749.
Se	ction B. Total Support	<del>,                                    </del>				<del></del>	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	2559960.	1347729.	1984339.	2046331.	1762390.	9700749.
10a	Gross Income from interest, dividends, payments received on	[					
	securities loans, rents, royalties						
	and income from similar sources	244,101.	162,483.	173,168.	238,599.	201,155.	1019506.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975	0.4.1.01	160 400	100 100	000 500		101010
	Add lines 10a and 10b	244,101.	162,483.	173,168.	238,599.	201,155.	1019506.
71	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on				<del></del>		
12	Other income. Do not include gain or loss from the sale of capital	20 005	65 000	47.066			1=
	assets (Explain in Part IV.)	30,995.	65,089.	47,866.	13,948.	10000	157,898.
	Total support. (Add lines 9, 10c, 11, and 12.)	2835056.	1575301.	2205373.	2298878.	<del></del>	10878153.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	. —
<u></u>	check this box and stop here	:- O		<del></del>			
	etion C. Computation of Publ	<del></del>		1 (0)			90 10
	Public support percentage for 2012 (I	• •	•	olumn (1))		15	89.18 % 91.19 %
	Public support percentage from 2011 ction D. Computation of Investigation				··	16	91.19 %
	Investment income percentage for 20			e 13 column (fi)		47	9.37 %
	Investment income percentage from 2			e 13, column (i))	•	18	
	33 1/3% support tests - 2012. If the			on line 14 and line			
	more than 33 1/3%, check this box as						7 is not ►X
Ь	33 1/3% support tests - 2011. If the						
•	line 18 is not more than 33 1/3%, che						<b>.</b>
20	Private foundation. If the organizatio						

#### **SCHEDULE D**

(Form 990) .

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 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 Open to Public Inspection

Name of the organization

THE SOUTH CAROLINA BAR FOUNDATION

Employer identification number 23-7181552

Pa	rt J Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization Inform all grantees, donors, and donor a	-	•
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	in define, devices, or for any extres purpose de-	Yes No
Pa	rt II Conservation Easements. Complete if the org	panization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form of	a conseniation easement on the last
_	day of the tax year.		a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	• •	<del></del>
·	listed in the National Register .	and of 17700, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the or	<del></del>
•	year	eased, extinguished, or terrimizated by the or	gainzation during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements if	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
J	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section from	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense sta	• — •
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ion o imanolal statements that describes the	organization 3 docounting to
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	er Similar Assets.
(_ <del></del>	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS	<del>""</del>	at and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		, o, podo de,, p. e
b	If the organization elected, as permitted under SFAS 116 (AS	- · · · · · · · · · · · · · · · · · · ·	id balance sheet works of art, historical
•	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		sorrios, provide the joilerning amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> s
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical trea	Asures or other similar assets for financial or	_
-	the following amounts required to be reported under SFAS 1	_	p. 9100
а	Developed in Form 000, Best VIII, line 4		<b>▶</b> s
	Assets included in Form 990, Part X		<b>→</b> \$
_	· · · · · · · · · · · · · · · · · · ·	• •	· · ·

7.77		TH CAROLIN						81552	
3	Using the organization's acquisition, access	ion, and other record	is, check any of the	following that a	are a sign	ificant us	e of its	collection	rtems
	(check all that apply):								
a	Public exhibition	ď		hange program	IS				
b	Scholarty research	e	· L_ Other						
	c Preservation for future generations								
	<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets</li> </ul>								
5					similar as	ssets		7	
Tips.	to be sold to raise funds rather than to be m				· · · ·	<u>-</u>		Yes	<u> </u>
Pa	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Ye	es" to Fo	rm 990, F	Part IV, i	ine 9, or	
	<del></del>								
1a	is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	s or other asse	ets not inc	cluded	_	٦.,	<del></del>
	on Form 990, Part X?					•		Yes	L No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:						
_	Pogrania halanga					-		Amount	
6	Beginning balance			•	-	1c			
ū	Additions during the year		•	•	•	1d	<del> </del>		
	Distributions during the year Ending balance	•	•			1e			<del></del>
22	Did the organization include an amount on F	orm 000 Bort V line		•		1f		Yes	
	<del>*</del>			 	VIII		L	J res	No No
	b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.								
	Elicovillett i dilds. Complete	(a) Current year	(b) Prior year			Three yea	re back	(a) Four v	nare back
12	Beginning of year balance	7,646,556.	8,510,190.	(c) Two years t		8,173			ears back
10 h	Contributions	213,235	185,288.	157			301.		85,078.
^	Net investment earnings, gains, and losses	2,155,645.	1,052,892.				1 -		53,453.
ر م	Grants or scholarships	1,802,850.	1,717,390.	3,416, 2,135,			,641.		46,154.
	Other expenditures for facilities	1,002,030.	1,717,390.	2,133,	439.	2,501	,211.	4,0	43,522.
•	and programs	6,000.							
4	Administrative expenses	409,281.	384,424.	346,	742	420	),196.		75,034.
	Carl Marcan Indiana	7,797,305.	7,646,556.	8,510,			3,356.		73,821.
9 2	Provide the estimated percentage of the cur	<del></del>	····		150.	7,410	,,330.	0,1	75,021.
a	Board designated or quasi-endowment	-	%	ij) lield as.					
b	Permanent endowment	%	<b>-</b> ′°						
_	Temporarily restricted endowment	% 							
·	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posse	•	ation that are held a	nd administere	d for the	organizat	ion		
-	by:	obion or the organiza	anon mai aro nota a		0 101 1110	organizat.	.011	[v	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations				•	•		3a(ii)	X
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?	•••		•		3b	
4	Describe in Part XIII the intended uses of the			, ,	•	•		<u> </u>	
Par	t VI Land, Buildings, and Equipm							<del></del>	<del></del>
	Description of property	(a) Cost or o		or other	(c) Accu	mulated		(d) Book	/alue
		basis (investr		4	depre				
1a	Land				······			<del></del>	
	Buildings								
	Leasehold improvements				<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·	
	Equipment								
	Other .		4	9,880.	3	7,505	<u>.</u>		,375.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c) )					,375.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

Sche	dule D (Form 990) 2012 THE SOUTH CAROLINA BAR FOUN	TAC	ION	23-	7181552	Page 4
	TXI Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per F	leturr	1	
1	Total revenue, gains, and other support per audited financial statements			1	2,551,	959.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
-		2a	560,815.	,] [	(	
b	The state of the s	2b		]		
c	Recoveries of prior year grants	2c		1 1		
_	Other (Describe in Part XIII.)	2d		]		
	Add lines 2a through 2d			2e	560,	815.
3	Subtract line 2e from line 1			3	1,991,	144.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	45,005.	,		
b	Other (Describe in Part XIII.)	4b		1	ı	
c	Add lines 4a and 4b			4c	45,	,005.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,036,	149.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per	Retu	rn	
1	Total expenses and losses per audited financial statements			1	2,385,	870.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a			,	
b	Prior year adjustments	2b		1		
C	Other losses	2c		1	i	
d	Other (Describe in Part XIII.)	2d		1		
e	Add lines 2a through 2d			2e	ı	0.
3	Subtract line 2e from line 1		•	3	2,385,	870.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<del>`</del>	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			ı	
b	Other (Describe in Part XIII.)	4b	<del></del>	1		
	Add lines 4a and 4b		<del></del>	4c	ı	0.
5		•	• • •	5	2,385,	
	rt XIII Supplemental Information		- <del></del>	1 4 1		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	. lines 1	a and 4: Part IV. lines 1	b and f	2b: Part V line	4· Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				24, 1 41 7, 1110	-1, 1 C.L
	RT X, LINE 2: THE ORGANIZATION DOES NOT HAV				X POSITI	ONS
			<u> </u>			
UNI	DER FIN 48.					

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047 Open to Public 2012 Inspection **2** 

X Yes

Employer identification number 23-7181552 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection THE SOUTH CAROLINA BAR FOUNDATION Part 1 General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	e to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	20 Part 40 Part 10 Par
ocedures for monitoring the u	Governments and Organiza	\$5,000. Part II can be duplica	
escribe in Part IV the organization's pr	Fart # Grants and Other Assistance to Governments and Organizatio	recipient that received more than	A (a) Manne and a definition of the second s
2	L'BY	ļ	,

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II car	be duplicated if additi	onal space is need	ed.			
1 (a) Name and address of organization or government	(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
CENTER FOR HEIRS PROPERTY PRESERVATION - 1535 SAM RITTENBURG BLVD, STE D - CHARLESTON, SC 29407	52-2452879	501(C)(3)	45,000.	.0			GENERAL, SUPPORT
CITIZENS OPPOSED TO DOMESTIC ABUSE PO BOX 1775 BEAUFORT, SC 29901	57-0814522	501(C)(3)	.000, 98	0			GENERAL, STIDBORT
CRISIS MINISTRIES 573 MEETING ST CHARLESTON, SC 29403	57-0789483	501(C)(3)	.008,59	.0			
CHARLESTON PRO BONO LEGAL SERVICES 111 CHURCH STREET CHARLESTON, SC 29402	20-0737738	501(C)(3)	20,000.	.0		O.	GENERAL SUPPORT
LOWCOUNTRY LEGAL AID 167-A BLUFFTON ROAD BLUFFTON, SC 29910	56-2202319	501(C)(3)	62,000.	0		O	GENERAL, SUPPORT
NATIONAL JUDICIAL COLLEGE 1664 NORTH VIRGINIA ST RENO, NV 89557	94-2427596	501(C)(3)	15,880.	o		V	TANKOM 3 MOTHITH SECULIOR 25
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table		,		TRANSIT B MOTION A

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

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T. C. C. C. C. C. C. C. C. C. C. C. C. C.	ns in the United States (Schedule I (Form 990), Part II.)
SOUTH CAROLINA BAR FOUNDATION	ts and Organizatior
BAR	rumen
CAROLINA	Assistance to Gove
SOUTH	and Other Ass
THE	of Grants a
Jule I (Form 990)	# Continuation
Sche	Part

organization or government	( <b>9</b> )	(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
RICHLAND COUNTY CASA 1701 MAIN ST. ROOM 407 COLUMBIA, SC 29201	57-0776475	501(C)(3)	7,500.	0			GENERAL SUPPORT
SC ACCESS TO JUSTIC COMMISSION 950 TAYLOR ST. COLUMBIA, SC 29201	57-0610103	S01(C)(6)	82,400.	0			GENERAL SUPPORT
SC APPLESEED LEGAL JUSTICE CENTER 1518 WASHINGTON ST. COLUMBIA, SC 29201	57-1035023	<b>501</b> (C)(3)	15,000.	0		<b>~ ~</b>	NON-LOBBYING GENERAL SUPPORT
SC BAR ASK-A-LAWYER 950 TAYLOR ST. COLUMBIA, SC 29201	57-0610103	S01(C)(6)	40,000.	0			GENERAL SUPPORT
SC BAR LAW RELATED EDUCATION 950 TAYLOR ST. COLUMBIA, SC 29201	57-0610103	501(C)(6)	216,000.	o			GENERAL SUPPORT
SC CENTER FOR FATHERS AND FAMILIES 2711 MIDDLEBURG DRIVE, SUITE 111 COLUMBIA, SC 29204	36-4506347	501(c)(3)	.000.	0.		<b>N</b> . 1	ALTERNATIVES TO INCARCERATION PROGRAM
SC LEGAL SERVICES 2109 BULL ST. COLUMBIA, SC 29201	57-0485205	501(C)(3)	1,050,000.	0		U	GENERAL SUPPORT
SC YNCA YOUTH IN GOVERNMENT 612 C S. MAIN STREET GREENVILLE, SC 29601	57-0314424	501(C)(3)	20,000.	o		·	GENERAL SUPPORT
SISTERCARE PO BOX 1029 COLUMBIA, SC 29202-1029	57-0722427	501(C)(3)	26,000.	0			GENERAL SUPPORT

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Page 1						:		Form 990)
23-7181552		(h) Purpose of grant or assistance	GENERAL SUPPORT	GENERAL SUPPORT				Schedule I (Form 990)
	IT II.)	(g) Description of non-cash assistance						
	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)						
	nited States (Sche	(e) Amount of non-cash assistance	0.	0.				
TION	nizations in the U	(d) Amount of cash grant	32,500.	15,000.				
THE SOUTH CAROLINA BAR FOUNDATION	vernments and Organ	(c) IRC section if applicable	\$01(C)(3)	501(C)(3)				,
H CAROLINA	Assistance to Go	(P) EIN	57-1085909	57-0967350				
Schedule (Form 990) THE SOUTH CAROLINA BAR FOUNDATION	Part if Continuation of Grants and Other	(a) Name and address of organization or government	UPSTATE MEDIATION CENTER 27 CLEVELAND ST. STE 203 GREENVILLE, SC 29601	USC PRO BONO PROGRAM 701 S. MAIN ST. COLUMBIA, SC 29208				

Schedule I (Form 990) (2012) THE SOUTH CAROLINA BAR FOUNDATION

Part iii Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(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
					-
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the informatio	n required in Part I, I	ine 2, Part III, colum	ι (b), and any other additional inf	ormation.
Schedule I, Part I, Line 2: SCHEDULE	1,	PART I, LINE	2: THE	FOUNDATION	
RECEIVES AN INTERIM AND FINAL REPORT	FOR	EACH OF ITS	GRANTEES.	WITH EACH	
SUBMISSION, FINANCIAL RECORDS ARE	REVIEWED	TO ENSURE	DOLLARS	ARE BEING	
SPENT AS INDICATED AT THE TIME OF	APPLICATION.	IN	ADDITION, G	GRANTEES MUST	
REQUEST PERMISSION FORM THE FOUNDATION	ATION BOARD	RD IN ORDER	TO MOVE	FUNDS BETWEEN	
LINE ITEMS WHEN THE AMOUNT EXCEES \$1,000	\$1,000.				

#### SCHEDULE O (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. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE SOUTH CAROLINA BAR FOUNDATION 23-7181552
Form 990, Part VI, Section A, line 6: FORM 990, PART VI, SECTION A, LINE
6: THE SOUTH CAROLINA BAR BOARD OF GOVERNORS ARE CONSIDERED MEMBERS OF THE
ORGANIZATION
Form 990, Part VI, Section A, line 7a: FORM 990, PART VI, SECTION A, LINE
7A: THE SOUTH CAROLINA BAR BOARD OF GOVERNORS, CONSIDERED MEMBERS OF THE
ORGANIZATION, ELECT THE BOARD OF THE ORGANIZATION ANNUALLY.
Form 990, Part VI, Section B, line 11: FORM 990, PART VI, SECTION B, LINE
11: THE BOARD MEMBERS WERE GIVEN A DRAFT OF THE FORM 990 TO REVIEW PRIOR TO
ITS FILING.
Form 990, Part VI, Section B, Line 12c: FORM 990, PART VI, SECTION B, LINE
12C: BOARD MEMBERS SIGN A CONFLICT OF INTEREST DISCLOSURE FROM WHEN THEY
JOIN THE BOARD AND ARE REQUIRED TO DISCLOSE ANNUALLY ANY CONFLICT OF
INTEREST.
Form 990, Part VI, Section B, Line 15a: FORM 990, PART VI, SECTION B, LINE
15A: THE SALARY OF THE EXECUTIVE DIRECTOR IS DETERMINED EVERY YEAR USING
COMPARABILITY DATA OF THOSE IN SIMILAR POSITIONS IN THE STATE OF SOUTH
CAROLINA AS WELL AS NATIONWIDE.
Form 990, Part VI, Section C, Line 19: FORM 990, PART VI, SECTION C, LINE
19: THE GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY AND FINANCIAL
STATEMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE SOUTH CAROLINA BAR FOUNDATION	Employer identification number 23-7181552
Form 990, Part XI, line 9, Changes in Net Assets:	<del></del>
FOREIGHT TAXES PAID	-6.
THE FOUNDATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION	PROCESS OF
ITS RESPONSIBILITY FOR ITS FINANCIAL STATEMENTS AND SELEC	TION OF AN
INDEPENDENT ACCOUNTANT.	
	<u> </u>
<del></del>	

OMB No 1545-0047 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ► See separate instructions. THE SOUTH CAROLINA BAR FOUNDATION ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2012 Open to Public Inspection Employer identification number 23-7181552

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part t

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets e Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(a)	(p)	(2)	(g)	(e)	E	(Đ)
Name, address, and EIN	Pnmary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
of related organization		foreign country)	section	٧,	entity	entity?
				501(c)(3))		Yes
SOUTH CAROLINA BAR - 57-0610103	SERVES MEMBERS THROUGH					+-
950 TAYLOR STREET	PROGRAMS AND SERVICES					
COLUMBIA, SC 29201	DESIGNED TO ADV. JUSTICE	South Carolina	501(c)(6)	N/A		×
	T					
						-
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

232161 12-10-12 LHA

23-7181552

Page 2

Schedule R (Form 990) 2012 THE SOUTH CAROLINA BAR FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name, address, and EIN	(b) Primary activity	(C)	olling	Predomina		(f) Share of total	(g) Share of			G) Seneral o	General or Percentage :
טן ופומוסט סו שמווינים		(state or foreign country)	elitiky	excluded fro	excluded from tax under sections 512-514)		assets	Yes No	o K-1 (Form 1065)	ule partner 165) Yes No	
											•
				ļ							
									-		
									<del></del>		
					_						
part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable rporation or trust duri	as a Corpo	oration or Trust (Co	omplete if th	e organization	answered "Ye	s* to Form 990	, Part IV, line	34 because it h	ad one or mo	ore related
(a)			(a)	(2)	9	(9)		3	(6)	3	8
Name, address, and EIN of related organization		Prim	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	ling Type of entity (C corp, S corp, or trust)		Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
						-					
							<u> </u>				
									!		
								. — _			
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							-				
232162 12-10-12									Schi	dule R (For	Schedule R (Form 990) 2012

Part W Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	the state of the s		i cha	Yes No
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity	:			Ta X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	: : : : : : : : : : : : : : : : : : : :	: : : :		1b X
c Gift, grant, or capital contribution from related organization(s)				1¢
d Loans or loan guarantees to or for related organization(s)		:	:	Td X
e Loans or loan guarantees by related organization(s)	:	: :	:	1e X
f Durdonde from related organization(e)				×
		:		×
	: : : : : : : : : : : : : : : : : : : :	:		
n Furchase of assets from related organization(s)	:			< ×
j Lease of facilities, equipment, or other assets to related organization(s)				ı,
				>
Lease of racinities, equipment, or other assets from relation of gallications for related order	ed organization(s)			X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			+
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>		:		10 X
p neimbursement paid to related organization(s) for experises		:		d ×
	:			<b>5</b>
r Other transfer of cash or property to related organization(s)		: : : : : : : : : : : : : : : : : : : :	: : : : : : : : : : : : : : : : : : : :	1r X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	nis line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	,ed
(1) SOUTH CAROLINA BAR	Ф	0	GRANT AMOUNT FOR THE YEAR	
(2) SOUTH CAROLINA BAR	IJ	0	SERVICE AMOUNT FOR THE	YEAR
(3)				
(4)				
(5)				
(9)				
232163 12-10-12			Schedule R (	Schedule R (Form 990) 2012

Part 社 Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(state or foreign (related, unitated single) total country) under section 512-514) yea No nroome under section 512-514 yea No nroome	of entity	(state or foreign country)	Volta badalaran badalar					Percentage
			(related, with the section 512-514)	end-of-year assets	torate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership
		_						

Schedule R (Form 990) 2012

Schedule R	(Form 990) 2012	THE SOUTH	CAROLINA	BAR FOUNDATION	23-/181552 F	age 5
Part VII	(Form 990) 2012 Supplemental Inf	ormation				_
L	Complete this part to r	provide additional inform	mation for respons	es to questions on Schedule R	(see instructions).	
	Complete this part to p	Stovide additional infon	nation for response	oo to queetiene on concesso it	1000 1100	
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