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DLN: 93493129025064

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)

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection , 2012, and ending 06-30-2013 A For the 2012 calendar year, or tax year beginning 07-01-2012 D Employer identification number B Check if applicable SOUTH CAROLINA RESEARCH AUTHORITY Address change 57-0736144 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (843) 760-4087 City or town, state or country, and ZIP + 4 COLUMBIA, SC 29201 \_\_\_\_\_Amended return Application pending **G** Gross receipts \$ 42,674,923 Name and address of principal officer Is this a group return for WILLIAM T MAHONEY ┌ Yes 🗸 No affiliates? 1000 CATAWBA STREET COLUMBIA, SC 29201 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► WWW SCRA ORG L Year of formation 1983 M State of legal domicile SC Part I Summary Briefly describe the organization's mission or most significant activities SEE DESCRIPTION ON SCHEDULE O Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 226 6 23 Total number of volunteers (estimate if necessary) . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a  $\boldsymbol{b}$  Net unrelated business taxable income from Form 990-T, line 34  $\,$ 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 6,017,500 6,167,300 25,224,774 9,409,949 Program service revenue (Part VIII, line 2g) . . 139,967 19,629,696 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,295,552 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,026,893 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 34,409,134 37,502,497 13 3,057,259 4,795,597 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) . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15** 14,825,500 **Expenses** 18,700,141 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 0$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 13,106,700 1,589,621 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 34,864,100 21,210,718 18 19 Revenue less expenses Subtract line 18 from line 12 -454,966 16,291,779 t Assets or id Balances **Beginning of Current End of Year** 53,859,940 62,017,566 20 Total assets (Part X, line 16) . 21 24,945,389 17,691,955 Total liabilities (Part X, line 26) . . 22 Net assets or fund balances Subtract line 21 from line 20 28,914,551 44,325,611 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

2014-05-09 Signature of officer Sign Here JULIA A MARTIN CFO Type or print name and title Print/Type preparer's name MICHAEL SORRELLS CPA Preparer's signature Check P00001737 self-employed Paid Firm's name F BDO USA LLP Firm's EIN 13-5381590

Preparer Use Only

Firm's address ► 7101 WISCONSIN AVE SUITE 800 Phone no (301) 654-4900 BETHESDA, MD 208144827 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes ☐ No

19.203.388

Total program service expenses ►

Part IV Checklist of Required Schedule
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
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		No
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	Yes	
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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 $\sqrt[N]{2}$	10		No
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
_		F	orm <b>99</b> 0	(2012)

9.1	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   133		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2. 105, to fine 54 of 55, and the organization menorified 500-1.	5c		
1	Does the organization have annual gross receipts that are normally greater than $$100,000$ , and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			14
	These, indicate the number of Forms 8282 filed during the year	1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	۲		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b		
		90		
	Section 501(c)(7) organizations. Enter  Instruction focal and constal contributions unallyded on Bort VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	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			
	Enter the amount of reserves on hand	[		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 body before filing the form?	l I		
b		11a	Yes	
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Yes	
		11a 12a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	Yes	
c	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a 12b 12c	Yes Yes Yes	
c 13 14 15	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13	Yes Yes Yes	
c 13 14 15	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a 12b 12c 13	Yes Yes Yes	
c 13 14 15	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14	Yes Yes Yes Yes	
c 13 14 15	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
c 13 14 15 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JULIA A MARTIN 5300 INTERNATIONAL N CHARLESTON, SC (843) 760-4087

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

#### 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, or 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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not more than one boo person is both ai and a director/ti				, unle office ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) MARCO CAVAZZONI	2 00	х		х				0	0	0
CHAIRMAN										
(2) ALBERT J BACIOCCO	2 00	х						0	0	0
TRUSTEE (3) JAMES F BARKER	2 00									
TRUSTEE	2 00	Х						0	0	0
(4) EMERSON F GOWER JR	2 00	Х						0	0	0
TRUSTEE										
(5) DR RAY GREENBERG	2 00	х						0	0	0
TRUSTEE (6) DR HARRIS PASTIDES	2 00									
TRUSTEE	2 00	х						0	0	0
(7) E PRESTON RAHE JR	2 00	х						0	0	0
TRUSTEE		.,								
(8) CHARLES K WATT	2 00	х						0	0	0
TRUSTEE (9) G LARRY WILSON	2 00									
	2 00	Х						0	0	0
TRUSTEE (10) WILLIAM T MAHONEY	40 00									
				х				375,206	0	51,149
PRESIDENT, CEO (11) JULIA A MARTIN	1 50 40 00									
				х				294,300	0	49,050
CFO (12) CHRIS VAN METRE	4 50 1 00									
					х			224,921	0	26,657
CHIEF OFICER (13) NATALIE CORELLA	40 00 40 00									
	40 00				х			209,690	0	38,534
EXECUTIVE VICE PRESIDENT (14) MARVIN DAVIS	40 00									
	40 00				х			196,188	0	37,723
EXECUTIVE VICE PRESIDENT (15) AMBROSE SCHWALLIE	37 00									
EXECUTIVE VICE PRESIDENT					Х			283,176	0	0
(16) HARRY HILLMAN	40 00				х			151,082	0	35,138
				l	l ^			131,002	O	55,150
DIRECTOR						_				
DIRECTOR (17) MARK ANDERSON	40 00					х		159,979	0	14,427

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h aı	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization	on d ns	(F Estim amount o compen from	ated of other isation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)	-	organiz and re organiz	lated
(18) MARK AUKAMP	40 00					х		172,872	<u> </u> !	0		26,947
VICE PRESIDENT (19) MARTIN ETTLEMYER	40 00											
DIRECTOR	10 00					х		155,386	j	0		24,686
(20) SCOTT SAVOIE	40 00					<u> </u>						
VICE PRESIDENT						Х		176,281		0		11,246
(21) DEBORAH DAVIDSON VICE PRESIDENT	40 00					х		164,576		0		28,434
(22) ROBERT KIGGANS	23 00						x	165,967		0		0
COO (FORMER AS OF 1/10)	1 50						_^_	103,307				
(23) RICK SELF	40 00						x	157,398	,	0		22,227
CHIEF OFFICER (FORMER AS OF 5/12)  (24) DAVE MCNAMARA	39 00 20 00											
							x	119,242		0		5,073
EX V PRESIDENT(FORMER AS OF 3/12)	20 00											
1b Sub-Total						<u> </u>				<u> </u>		
c Total from continuation sheets to Part	VII, Section A					►				+		
d Total (add lines 1b and 1c)						►		3,006,264		0		371,291
2 Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than				
3 Did the organization list any <b>former</b> offi on line 1a? If "Yes," complete Schedule 3			e, key	y em	nplo •	yee, o	r hıç	ghest compensato	ed employee	3	Yes	No
For any individual listed on line 1a, is the organization and related organizations of individual									om the	_		1
	or accrus some	nenca <del>'</del>		• •	2011	· upro!	• lator	d organization or	ndividual for	4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?										5		No
Section B. Independent Contracto	ors											
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of												

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
PACIFIC RIM DEFENSE 98-1256 KAAHUMANU STREET STE E4 PEARL CITY HI 967823282	SUBCONTRACTOR	359,716
NELSON MULLINS RILEY PO BOX 11070 COLUMBIA SC 29211	LEGAL	277,244
BDO USA LLP 770 KENMOOR AVE STE 300 GRAND RAPIDS MI495468621	ACCOUNTING SERVICES	184,468
ICF CONSULTING SERVICES PO BOX 631683 BALTIMORE MD 212631683	SUBCONTRACTOR	116,952
MODERN TECHNOLOGY SOLUTIONS 4725 EISENHOWER AVE ALEXANDRIA VA 22304	SUBCONTRACTOR	106,062

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►7

Part V	Ш	Statement of Revenue	nce to any question	in this Bart VIII			Г
		Check if Schedule O contains a respo	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
(0	1a	Federated campaigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b					
Gra	С	Fundraising events 1c					
ts, I Ai							
Gif ilaı	d	Related organizations 1d					
ns, šim	е	Government grants (contributions) 1e					
tiol er S	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above	6,167,300				
Contributic and Other	g	Noncash contributions included in lines		i	i		
ontri id (		1a-1f \$		6 167 200			
Co	h	Total. Add lines 1a-1f	· · · · •	6,167,300			
e l			Business Code				
veni	2a	GOVERNMENT CONTRACTS	900099	7,527,251	7,527,251		
æ	b	COMMMERCIAL CONTRACTS	541900	1,800,179	1,800,179		
ЛСе	С	REGIME FEES	900099	82,519	82,519		
Serv	d						
Program Serwce Revenue	е						
a Bo	f	All other program service revenue					
δ	g	<b>Total.</b> Add lines 2a-2f		9,409,949			
	3	Investment income (including divider		382,122			382,122
	4	and other similar amounts) Income from investment of tax-exempt bond	F	302,122			302,121
	5	Royalties	proceeds •				
		(ı) Real	(II) Personal				
	6a	Gross rents 1,942,229	(,				
	ь	Less rental 0					
	l c	expenses Rental income 1,942,229					
	d	or (loss)  Net rental income or (loss)		1,942,229			1,942,229
	u	(i) Securities	(II) O ther	2,5 .2,225			2,5 . 2,2 2
	7a	Gross amount from sales of assets other	24,420,000				
	ь	than inventory Less cost or					
		other basis and sales expenses	5,172,426				
	С	Gain or (loss)	19,247,574				
	d	Net gain or (loss)		19,247,574			19,247,574
Other Revenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
e.		a					
粪		Less direct expenses <b>b</b>					
,	c 9a	Net income or (loss) from fundraising Gross income from gaming activities See Part IV, line 19	events p				
	h	lass direct expenses h					
	b c	Less direct expenses <b>b</b> Net income or (loss) from gaming act					
		Gross sales of inventory, less returns and allowances					
	L	a .					
		Less cost of goods sold <b>b</b> Net income or (loss) from sales of inv	entory				
	_	Miscellaneous Revenue	Business Code				
	11a	ARC TENANT AGMT REV	532000	187,046			187,046
	ь	ARC PPTY MNGMT AGMT	900099	166,277			166,277
	c	AND FELL MINGHE AGMI		-,			
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨				
	12		-	353,323			
	12	Total revenue. See Instructions .	· · · · •	37,502,497	9,409,949	(	21,925,248

	750 (2012)				Page 1
	Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ione must comp	lete column (A.)	
ectic	Check if Schedule O contains a response to any question in this Pa				
Do no	t include amounts reported on lines 6b,		(B)	(c)	(D)
	, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,795,597	4,795,597		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,020,689	831,971	1,188,718	
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	9,843,987	7,413,411	2,430,576	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	667,219	514,810	152,409	
9	Other employee benefits	1,134,751	871,756	262,995	
LO	Payroll taxes	1,158,854	932,017	226,837	
11	Fees for services (non-employees)				
а	Management				
b	Legal	410,303	67,197	343,106	
c	Accounting	174,680		174,680	
d	Lobbying	53,705	2,526	51,179	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	737,773	115,660	622,113	
.2	Advertising and promotion	113,237	106,932	6,305	
.3	Office expenses	563,581	379,876	183,705	
.4	Information technology	708,300	524,872	183,428	
.5	Royalties	700,300	321,072	103,120	
.6	Occupancy	2,162,047	1,888,179	273,868	
.7	Travel	340,963	208,898	132,065	
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials	310,303	200,030	132,003	
.9	Conferences, conventions, and meetings	162,329	35,707	126,622	
20	Interest				
<b>1</b>	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,299,668	1,171,564	128,104	
3	Insurance	201,608		201,608	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CONTRACT EXPENSES	7,143,934	7,143,934		
b	REIMBURSED BY ATI	-12,887,337	-7,908,776	-4,978,561	
c					
d					
е	All other expenses	404,830	107,257	297,573	
25	Total functional expenses. Add lines 1 through 24e	21,210,718	19,203,388	2,007,330	
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)				

Part X Balance Sheet

	τχ	Check if Schedule O contains a response to any question in this Part $\boldsymbol{X}$	<del></del>		
			( <b>A</b> ) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	3,001	1	3,000
	2	Savings and temporary cash investments	15,567,683	2	9,226,226
	3	Pledges and grants receivable, net	2,694,809	3	2,510,950
	4	Accounts receivable, net	4,686,540	4	1,881,399
	5	Loans and other receivables from current and former officers, directors, trustees employees, and highest compensated employees Complete Part II of Schedule L	s, key	5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under s $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing empland sponsoring organizations of section $501(c)(9)$ voluntary employees' benefit organizations (see instructions) Complete Part II of Schedule L	oyers	6	
88	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	581,170	9	526,365
	10a	Land, buildings, and equipment cost or other basis Complete	265,885		
	ь		538,650 24,505,110	10c	17,727,235
	11	Investments—publicly traded securities	4,583,754	11	28,448,276
	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	1,237,873		1,694,115
	16	Total assets. Add lines 1 through 15 (must equal line 34)	53,859,940	H	62,017,566
	17	Accounts payable and accrued expenses	5,267,613		3,572,963
	18	Grants payable	5,251,515	18	5,5.2,555
	19	Deferred revenue	3,881,905		1,841,644
	20	Tax-exempt bond liabilities	3,775,000		1,041,044
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0,770,000	21	
ities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
臺		persons Complete Part II of Schedule L		22	
Liabiliti	23	Secured mortgages and notes payable to unrelated third parties	11,687,500	<del> </del>	11,687,500
	24	Unsecured notes and loans payable to unrelated third parties	11,001,000	24	11,001,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule		24	
		D	333,371	25	589,848
	26	Total liabilities. Add lines 17 through 25	24,945,389	26	17,691,955
s es		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
- B	28	Temporarily restricted net assets		28	_
귤	29	Permanently restricted net assets		29	
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 30 through 34.			
S O.	30	Capital stock or trust principal, or current funds	19,871,940	30	38,643,615
Ř	31	Paid-in or capital surplus, or land, building or equipment fund	9,042,611		5,681,996
Assets	32	Retained earnings, endowment, accumulated income, or other funds	0	$\vdash$	0
Net /	33	Total net assets or fund balances	28,914,551	33	44,325,611
ź	34	Total liabilities and net assets/fund balances	53,859,940	H	62,017,566
_		. sta. habilities and net assets/faila balances	1 33,639,940	J-4	02,017,300

Par	TEXT Reconcilliation of Net Assets  Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37,!	502,497
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,2	210,718
3	Revenue less expenses Subtract line 2 from line 1	3			 291,779
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			914,551
5	Net unrealized gains (losses) on investments	5			508,146
6	Donated services and use of facilities	6			
7	Investment expenses	7		-:	.05,273
8	Prior period adjustments	8			·
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-:	.67,300
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		44,3	325,611
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis  Consolidated basis  Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	sight of the <b>2c</b> Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	<b>3b</b>	Yes	

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As Filed Data -

DLN: 93493129025064

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization SOUTH CAROLINA RESEARCH AUTHORITY

Department of the Treasury Internal Revenue Service

Total

# **Public Charity Status and Public Support**

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

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

2012

Open to Public Inspection

										+			
				,,	Yes	No	Yes	No	Yes	No			
su	Nam ippor aniza		(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is to organization col (i) listo your gove docume	on in ted in rning nt?	(v) Did you the organiz in col (i) o suppor	zation f your t?	(vi) Is organizat col (i) org in the U	cion in ganized S?			nount of etary port
h		Provide	e the followi	ng information about	the supporte	ed organizat	ion(s)						
				lled entity of a perso			above?				11g(ii		
				er of a person descri		_	•				11g(ii		<del>                                     </del>
				governing body of th				F 5. 5 5 115 ac		,	11g(i		140
			ng persons? erson who d	rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons de	scribed in (ii	)		Yes	No
g		Since A	August 17, 2	2006, has the organ	ızatıon accep	ted any gift	or contribution	on from any	of the				1
f			rganızatıon thıs box	received a written de	etermination	from the IR	S that it is a <sup>-</sup>	Type I, Typ	e II, or Type	III sup	porting	g organı	zation,
		section	n 509(a)(2)	on managers and ot									
e	Г	the box	that descri	bes the type of supp <b>b</b> Type II <b>c</b> ox, I certify that the	orting organ Type II	ization and o I - Function	complete line ally integrate	s 11e throu d <b>d</b>	ıgh 11h Type III - N	on-func	tionally	ıntegra	ated
11	Γ	_	7	ganized and operated ly supported organiz	•				•				
10		_		ganized and operated									
		acquire	ed by the org	janızatıon after June	30,1975 S	ee <b>section</b> 5	<b>509(a)(2).</b> (C	omplete Pa	rt III )				
				oss investment inco									
	•			ities related to its e									
	<u>.</u>			at normally receives					butions, mem	bership	fees, a	and gros	ss
8	, 	describ	oed in <b>sectio</b>	n 170(b)(1)(A)(vi). described in section	(Complete P	art II )		-	circui unic or i	TOTH CITE	gener	ar public	-
7	<u>'</u>			at normally receives	_					rom the	gener	al nublic	
6	_			local government or	•	al unit desc	rihed in <b>secti</b>	on 170(h)(	1)(A)(v)				
5	ļ	=	•	erated for the benefi A)(iv). (Complete P	_	or universi	ty owned or o	perated by	a governmen	tai unit	aescrii	bea in	
_	_			ty, and state	h . f					<b>.</b>	4		_
		•		n organization operat	_					(1)(A)(	iii). Ent	ter the	
	_			perative hospital se			•	n 170(b)(1	)(A)(iii).				
	<u>'</u>		•	in <b>section 170(b)(1</b>				cerion 170(	D)(=)(\\\)				
1e 0i	gaili2			on of churches, or a			-						
Part				blic Charity Sta						nstruct	ions.		
					. / . !!			1	57-0736				

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

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.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 20	12	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,399,080	7,268,500	6,074,068	6,017,500	6,	167,300	31,926,448
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	51,032,454	46,349,062	45,994,667	25,224,774	9,	409,949	178,010,906
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	<b>Total.</b> Add lines 1 through 5	57,431,534	53,617,562	52,068,735	31,242,274	15,	577,249	209,937,354
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons							0
b	A mounts 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							0
c	year Add lines 7a and 7b							0
8	Public support (Subtract line 7c from line 6)							209,937,354
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🟲	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	<b>(e)</b> 20	12	(f) Total
9	A mounts from line 6	57,431,534	53,617,562	52,068,735	31,242,274	15,	577,249	209,937,354
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,849,931	1,983,067	2,799,030	2,986,781	2,4	129,624	12,048,433
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b	1,849,931	1,983,067	2,799,030	2,986,781	2,4	129,624	12,048,433
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	125,044	138,856	158,013	180,079	3	353,323	955,315
13	Total support. (Add lines 9, 10c, 11, and 12)	59,406,509	55,739,485	55,025,778	34,409,134		360,196	222,941,102
14	First five years. If the Form 990 is check this box and stop here ction C. Computation of Pul			, third, fourth, or	fifth tax year as a	a 501(c)(3	3) organı	zation, ▶/
<u>5e</u> 15	Public support percentage for 201			13, column (f))		15		94 170 %
16	Public support percentage from 20			20,0014		16		94 500 %
	ction D. Computation of Inv							
17	Investment income percentage for	•		•	nn (f))	17		5 400 %
18	Investment income percentage fro					18		4 330 %
19a	33 1/3% support tests—2012. If th	e organization did	not check the bo	x on line 14, and	line 15 is more t	han 33 1/3	% , and $I$	ine 17 is no <u>t</u>

<sup>33 1/3%</sup> support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493129025064

# OMB No 1545-0047

Inspection

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** SOUTH CAROLINA RESEARCH AUTHORITY 57-0736144 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

chedule C (Fi	Jilli 990 01 990-L2) 2012		Page
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT	
	filed Form 5768 (election under section 501(h)).		
•			

For o	or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(8	1)	(b)	
activ		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
C	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		53,902	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?		No		
j	Total Add lines 1c through 1i			53,902	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	n 501(c	)(5), o	r section	

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

#### Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 1 Dues, assessments and similar amounts from members

	,		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

I dentifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES		SCRA RETAINED STRATEGIC MARKETING INNOVATIONS, INC TO PROVIDE FEDERAL LEVEL LOBBYING ON CURRENT AND FUTURE PROGRAM FUNDING AS WELL AS NELSON, MULLINS, RILEY & SCARBOROUGH WHO PROVIDED STATE LEVEL SUPPORT RELATED TO SCRA'S ENABLING LEGISLATION ADDITIONALLY, SCRA STAFF MET WITH VARIOUS LEGISLATORS AND THEIR STAFF TO DISCUSS SCRA'S MISSION AND PROGRAM FUNDING

DLN: 93493129025064

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

**SCHEDULE D** (Form 990)

**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.

Name of the organization

**Employer identification number** 

			57	-0736144		
Part I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990			or Accounts		
		(a) Donor advised f	unds	(b) Funds and o	theraccou	ints
Tot	al number at end of year					
Agg	gregate contributions to (during year)					
Αg	gregate grants from (durıng year)					
Agg	gregate value at end of year					
	d the organization inform all donors and donor adviso ids are the organization's property, subject to the or			vised	☐ Yes	┌ No
use	d the organization inform all grantees, donors, and do ed only for charitable purposes and not for the benef nferring impermissible private benefit?	<del>_</del>	-		┌ Yes	┌ No
	Conservation Easements. Complete if	the organization answer	ed "Yes" to For	m 990, Part IV	, line 7.	
Г Г	rpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space mplete lines 2a through 2d if the organization held a	or education)  Preser	vation of an histo vation of a certifi	ed historic struct	cure	
	sement on the last day of the tax year	quanned conservation cont				
- To	tal number of conservation easements			Held at the	End of the	Year
_			2a			
	tal acreage restricted by conservation easements mber of conservation easements on a certified histo	ric structure included in (a)	2b			
_	mber of conservation easements included in (c) acq	· ·				
	toric structure listed in the National Register	uned alter 6/17/06, and not	2d			
Nu	mber of conservation easements modified, transferr	ed, released, extinguished, o	or terminated by	the organization (	during	
the	e tax year <b>►</b>					
. Nu	mber of states where property subject to conservat	on easement is located 🛌				
	es the organization have a written policy regarding t forcement of the conservation easements it holds?	he periodic monitoring, insp	ection, handling o	of violations, and	┌ Yes	┌ No
Sta ►_	aff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conserv	ation easements	during the year		
Am ► s	nount of expenses incurred in monitoring, inspecting	, and enforcing conservation	n easements duri	ng the year		
Do	es each conservation easement reported on line 2(o	i) above satisfy the requiren	nents of section 1	170(h)(4)(B)(ı)		
and	d section 170(h)(4)(B)(ii)?				☐ Yes	┌ No
In bal	a section 170(n)(4)(B)(II)? Part XIII, describe how the organization reports cor lance sheet, and include, if applicable, the text of the corganization's accounting for conservation easeme	nservation easements in its e footnote to the organizatio			and	No
In bal	Part XIII, describe how the organization reports con lance sheet, and include, if applicable, the text of the corganization's accounting for conservation easeme Organizations Maintaining Collection	nservation easements in its e footnote to the organizatio nts s of Art, Historical Tre	n's financial state	ements that desc	and rıbes	No
In bal the art II a If t wo	Part XIII, describe how the organization reports cor lance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	nservation easements in its e footnote to the organizationts  s of Art, Historical Trees" to Form 990, Part IV 16 (ASC 958), not to reports held for public exhibition,	easures, or O , line 8. t in its revenue st education, or res	ther Similar A catement and bala earch in furthera	and ribes  Assets.  ance sheet	
In bal the art II	Part XIII, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easemed.  Organizations Maintaining Collection Complete if the organization answered "Yothe organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse	nservation easements in its e footnote to the organizationts <b>s of Art, Historical Trees"</b> to Form 990, Part IV  16 (ASC 958), not to report ts held for public exhibition, o its financial statements the 16 (ASC 958), to report in its held for public exhibition,	easures, or O  , line 8.  t in its revenue st education, or res nat describes thes its revenue state	ther Similar A satement and bala earch in furthera se items ment and balance	and ribes  Assets.  ance sheet nce of publ	ıc
In bal the art III wo sel wo sel	Part XIII, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easemed.  Organizations Maintaining Collection Complete if the organization answered "You the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote to the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asservices.	nservation easements in its e footnote to the organizationts <b>s of Art, Historical Trees"</b> to Form 990, Part IV  16 (ASC 958), not to report ts held for public exhibition, o its financial statements the 16 (ASC 958), to report in its held for public exhibition,	easures, or O  , line 8.  t in its revenue st education, or res nat describes thes its revenue state	ther Similar A catement and bala earch in furthera se items ment and balance earch in furthera	and ribes  Assets.  ance sheet nce of publ	ıc
In bal the art II wo ser wo ser (i)	Part XIII, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easemed.  Organizations Maintaining Collection Complete if the organization answered "Yethe organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote to the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asservice, provide the following amounts relating to thes	nservation easements in its e footnote to the organizationts <b>s of Art, Historical Trees"</b> to Form 990, Part IV  16 (ASC 958), not to report ts held for public exhibition, o its financial statements the 16 (ASC 958), to report in its held for public exhibition,	easures, or O  , line 8.  t in its revenue st education, or res nat describes thes its revenue state	ther Similar A catement and bala earch in furthera se items ment and balance earch in furthera	Assets.  ance sheet nce of publes sheet nce of publes.	ıc

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	<u>stori</u>	<u>cal Tı</u>	<u>reasures, o</u>	<u>r Othe</u>	<u>er Similar As</u>	sets (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the following th	nat are	a sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or exchange p	rogram	S		
b	Scholarly research		e	Γ	Othe	r				
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	er the organiza	tıon's e	exempt purpose i	n	
5	During the year, did the organization solicit of								_	_
	assets to be sold to raise funds rather than t								Yes	│ No
Par	<b>t IV</b> Escrow and Custodial Arrang Part IV, line 9, or reported an an						erea "	Yes" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions or other	assets		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able				_	
							-	Am	ount	
C	Beginning balance						1c	+		
d	Additions during the year						1d			
e	Distributions during the year						1e	+		
f	Ending balance						1f	<u> </u>		
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•				J	Yes	Г No
_ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pa	rt V Endowment Funds. Complete	f the organizatioi (a)Current year		)Prior				Irt IV, line 10.  Three years back	(a)Four v	ears back
1a	Beginning of year balance	(a)curient year	(,,	<i>)</i> 1 1101	ycai	b (c) two years	Dack (u	Timee years back	(C) our y	cars back
 b	Contributions									
c	Net investment earnings, gains, and losses									_
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (lır	ne 1g	colum	ın (a)) held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment 🕨									
c	Temporarily restricted endowment ►									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are hel	d and administ	ered fo	r the		
	organization by (i) unrelated organizations							3a(	Yes	No
	(ii) related organizations			• •				3a(i	_	<del>                                     </del>
b	If "Yes" to 3a(II), are the related organization						٠	3b		i i
4	Describe in Part XIII the intended uses of th	e organızatıon's en	dowm	ent f	ınds					
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa					1	1	
	Description of property				Cost or s (Inves		or other other)	(c) Accumulated depreciation	( <b>a</b> ) Bo	ok value
1a	Land					4	,291,667	,		4,291,667
b	Buildings		•			8	,695,433	911,573	3	7,783,860
C	Leasehold improvements					6	,192,857	994,432	2	5,198,425
	Equipment		•					ļ	<u> </u>	
	Other		•	<u> </u>	<u> </u>		,085,928			453,283
rota	<b>l.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	quai Form 990, Part 🤇	x, colu	ımn (	ਖ਼), line	10(c).)		•	1	7,727,235

Part VIII Investments—Other Securities. Se	<u>e Form 990, Part X, line 1.</u>	2.	
(a) Description of security or category	( <b>b)</b> Book value	(c) Method (	
(including name of security)		Cost or end-of-y	ear market value
)Financial derivatives			
)Closely-held equity interests			
her			
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>*</b>		
art VIII Investments—Program Related. S	ee Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value	(c) Method	of valuation
(,	(=, = : : : : : : : : : : : : : : : : : :	Cost or end-of-y	
		<u> </u>	
	+		
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>F</b>		
Part IX Other Assets. See Form 990, Part X,			
(a) Desc		T	(b) Book value
(4, 5 3 3 3			(2) Dook value
otal. (Column (b) must equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part			
(a) Description of liability	(b) Book value		
ederal income taxes			
UE TO TMC	72,701		
EFERRED COMPENSATION	159,408		
ERIVATIVE INSTRUMENT	357,739		
	+		
otal. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>▶</b> 589,848		

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII )	
e	Add lines <b>2a</b> through <b>2d</b>	
3	Subtract line <b>2e</b> from line <b>1</b>	
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	
b	Other (Describe in Part XIII )	
C	Add lines <b>4a</b> and <b>4b</b>	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII )	
e	Add lines 2a through 2d	
3	Subtract line <b>2e</b> from line <b>1</b>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII )	
C	Add lines <b>4a</b> and <b>4b</b>	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and $4$ , Part IV, lines	1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

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

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

OMB No 1545-0047

DLN: 93493129025064

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization						Employer Identificati	on number
SOUTH CAROLINA RESEARCH AUT	THORITY					57-0736144	
Part I General Information	on on Grants and	d Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organiz</li> </ul>	ward the grants or as	sıstance?					▼ Yes
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
<ul><li>Enter total number of section 5</li><li>Enter total number of other orga</li></ul>							3 18

<b>Part III</b>	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, III	ne 22
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount 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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	, 	SCHEDULE I, PART I, LINE 2 SCRA PROVIDES GRANT FUNDING THROUGH THE SC LAUNCH PROGRAM TO EARLY- STAGE COMPANIES IN ORDER TO PROVIDE SUPPORT FOR SPECIFIC ACTIVITIES RELATED TO COMPANY GROWTH AND JOB CREATION GRANT APPLICATIONS ARE EVALUATED AND AWARDED BASED ON ESTABLISHED CRITERIA AND VIA A DEFINED PROCESS THESE GRANTS ARE AWARDED FOR VARIOUS PURPOSES AND FOR DIFFERENT PERIODS RECIPIENTS ARE REQUIRED TO PROVIDE AN EXPLANATION OF USE OF FUNDS AS A PREREQUISITE FOR AWARD AS PART OF SC LAUNCH PROGRAM ACTIVITIES, STAFF MEMBERS MONITOR COMPANY OPERATIONS AND PROGRESS TOWARD STATED OBJECTIVES

Software ID:

**Software Version:** 

**EIN:** 57-0736144

Name: SOUTH CAROLINA RESEARCH AUTHORITY

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIT-RCF LLC150 GODLEY- MORRIS BLVD LAKE CITY,SC 29560	26-2852208		10,000				PDF
NEXTRAY INC645 MEETING STREET CHARLESTON,SC 29403	26-1471018		15,000				PDF

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SABAI TECHNOLOGIES301 N MAIN ST SIMPONSVILEE,SC 29681	27-0219215		12,500				PDF
RIDEPOST INC1107 GLEN FOREST DR GREENVILLE,SC 29607	45-5479071		25,000				PDF

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNOVENTURE LLCPO BOX 27162 GREENVILLE,SC 296162162	51-0527252		45,000				DEMONSTRATION
CARECAM INNOVATIONS LLC16 HIGHLAND DRIVE GREENVILLE, SC 29615	27-0908255		41,360				DEMONSTRATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTEGRO EARTH FUELS INC14960 ASHEVILLE HWY GRAMLING,SC 29348	90-0618351		48,500				DEMONSTRATION
ADVANCED TECHNOLOGY INTERNATIONAL5300 INTERNATIONAL BLVD N CHARLESTON,SC 29418	57-1067151	501(C)3	50,000				DEMONSTRATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORRELATED SOLUTIONS INC952 SUNSET BLVD W COLUMBIA,SC 29169	57-1068066		25,000				SBIR
ENVIRONMENT & HLTH GROUP521 GERVAIS ST COLUMBIA,SC 29201	04-3298806		50,000				SBIR

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRSTSTRING RESEARCH 300 WEST COLMAN BLVD SUITE 203 MT PLEASANT, SC 294645641	87-0779272		50,000				SBIR
ZILLIONINFO LLC10 COPPERWOOD CT COLUMBIA,SC 29229	26-3323399		50,000				SBIR

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIQUID LIGNIN COMPANY 109 SMITH STREET CHARLESTON, SC 29403	45-4578053		40,000				SBIR
ALEXIUM GVT SOLUTIONS 8 DISTRIBUTION COURT GREER,SC 29650	37-1658138		40,000				SBIR

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
IVERSON GENETICS LLC 645 MEETING STREET CHARLESTON,SC 29403	41-2236282			99,762		NO COST LEASE EQUIPMENT	LANDING PARTY
PROTERRA 25 WHITLEE COURT GREENVILLE, SC 29607	27-1878459			84,740		NO COST LEASE EQUIPMENT	LANDING PARTY

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHTECH SC LLC5300 INTERNATIONAL BLVD N CHARLESTON,SC 29418	46-0567589		93,735				LANDING PARTY
ZIPIT WIRELESS INC550 S MAIN ST SUITE 525 GREENVILLE, SC 29607	26-0265024		250,000				LANDING PARTY

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAB21411 UNIVERSITY RIDGE SUITE A GREENVILLE,SC 29601	27-1453440		250,000				LANDING PARTY
SC LAUNCH INC1000 CATAWBA STREET COLUMBIA,SC 29201	20-4692622	501(C)3	2,080,000				PRO GRAM SUPPORT- RELATED O RGANIZATIO N

### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
RICHLAND COUNTY SC 2020 HAMPTON STREET ATTN COUNTY ADMINISTRATOR COLUMBIA,SC 29204	57-6000398	115	1,435,000				LAND GRANT TO RICHLAND COUNTY, SC

DLN: 93493129025064

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization	
SOUTH CAROLINA RESEARCH AUTHORITY	

**Employer identification number** 

57-0736144

Рa	Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
a	The organization?	6a		No
Ь	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable (E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
	<u> </u>	(B) \$385 IN TRAVEL EXPENSES WERE PAID ON BEHALF OF THE CEO'S SPOUSE (G) SOCIAL CLUB DUES WERE PAID ON BEHALF OF OR REIMBURSED TO CERTAIN KEY EMPLOYEES PER COMPANY POLICY, ALL AMOUNTS WERE PROPERLY INCLUDED IN TAXABLE INCOME PER IRS GUIDELINES

Schedule J (Form 990) 2012

Software ID: **Software Version:** 

**EIN:** 57-0736144

Name: SOUTH CAROLINA RESEARCH AUTHORITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name	I	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
F		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
WILLIAM T MAHONEY	(ı) (ıı)		108,752 0	37,818	35,850 0	15,299 0	426,355	0
JULIA A MARTIN	(ı) (ıı)		94,992	2 11,754 0	29,460 0	19,590 0	343,350	0
CHRIS VAN METRE	(ı) (ıı)		41,487 0	26,992	21,375 0	5,282 0	2 251,578	0
NATALIE CORELLA	(ı) (ıı)	) 121,719 ) 0	53,346 0	34,625	22,020	16,514 0	248,224	0
MARVIN DAVIS	(ı) (ıı)		42,660	10,414	20,863 0	16,860 0	233,911	0
AMBROSE SCHWALLIE	(ı) (ıı)		62,633 0	0	0	0	283,176	0
HARRY HILLMAN	(ı) (ıı)		21,313 0	7,456	9,456 0	25,682 0	186,220	0
MARK ANDERSON	(ı) (ıı)		13,138 0	771	0	14,427 0	174,406	0
MARK AUKAMP	(ı) (ıı)		32,909 0	11,360	10,201 0	16,746 0	199,819	0
MARTIN ETTLEMYER	(ı) (ıı)		21,685 0	7,589 0	9,650 0	15,036 0	180,072	0
SCOTT SAVOIE	(ı) (ıı)		31,300 0	33,656	9,973 0	1,273 0	187,527	0
DEBORAH DAVIDSON	(ı) (ıı)		29,153 0	27,985 0	18,192 0	10,242	193,010	0
ROBERT KIGGANS	(ı) (ıı)	) 95,056 ) 0	48,731 0	. 22,180	0	0	165,967	0
RICK SELF	(ı) (ıı)	83,679	58,413 0	15,306	13,155 0	9,072 0	179,625	0
DAVE MCNAMARA	(ı) (ıı)	38,774	27,511 0	. 52,957 0	2,431	2,642 0	124,315	0

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE 0** 

As Filed Data -

DLN: 93493129025064

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization
SOUTH CAROLINA RESEARCH AUTHORITY

**Employer identification number** 

57-0736144

Identifier	Return Reference	Explanation
	SECTION A,	THROUGH WRITTEN AGREEMENTS BETWEEN SOUTH CAROLINA RESEARCH AUTHORITY (SCRA) AND THE RELATED ORGANIZATION, ADVANCED TECHNOLOGY INTERNATIONAL (ATI), SCRA HAS DELEGATED CERTAIN MANAGEMENT DUTIES TO THE EMPLOYEES LEASED BY ATI SCRA HAS AN EMPLOYEE LEASE AGREEMENT IN PLACE WITH ATI WHEREBY ATI LEASES ITS EMPLOYEES FROM SCRA, INCLUDING MANAGEMENT PERSONNEL SCRA IS THE EMPLOYER AND ASSIGNS THE EMPLOYEES TO ATI THROUGH THE AGREEMENT THE AGREEMENT CLEARLY IDENTIFIES THE ROLES AND RESPONSIBILITIES OF BOTH SCRA AND ATI

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SCRA SHALL CONSIST OF A BOARD OF TWENTY FOUR TRUSTEES THAT INCLUDES THE FOLLOWING EX OFFICIO MEMBERS PRESIDENT OF THE COUNCIL OF PRIVATE COLLEGES OF SOUTH CAROLINA, CHAIRMAN OF THE SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION, PRESIDENT OF CLEMSON UNIVERSITY, PRESIDENT OF THE MEDICAL UNIVERSITY OF SOUTH CAROLINA, PRESIDENT OF SOUTH CAROLINA STATE COLLEGE, PRESIDENT OF THE UNIVERSITY OF SOUTH CAROLINA, DIRECTOR OF SAVANNAH RIVER NATIONAL LABORATORY, PRESIDENT OF FRANCIS MARION UNIVERSITY, CHAIRMAN OF THE STATE BOARD FOR TECHNICAL AND COMPREHENSIVE EDUCATION, GOVERNOR OF SOUTH CAROLINA OR HIS DESIGNEE, CHAIRMAN OF THE SENATE FINANCE COMMITTEE OR HIS DESIGNEE, AND THE SECRETARY OF COMMERCE OR HIS DESIGNEE. THE GOVERNOR SHALL NAME THE CHAIRMAN WHO MUST NOT BE A PUBLIC OFFICIAL AND WHO SERVES AT THE PLEASURE OF THE GOVERNOR THE REMAINING TEN TRUSTEES MUST BE ELECTED BY THE BOARD OF TRUSTEES FROM A LIST OF NOMINEES SUBMITTED BY AN AD HOC COMMITTEE NAMED BY THE CHAIRMAN AND COMPOSED OF THE MEMBERS SERVING AS ELECTED TRUSTEES EACH OF THE CONGRESSIONAL DISTRICTS OF SOUTH CAROLINA MUST HAVE AT LEAST ONE OF THE TEN TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO SUBMISSION TO THE IRS, SCRA'S AUDIT AND FINANCE COMMITTEE AND CFO REVIEW THE 990 IN DETAIL THE AUDIT AND FINANCE COMMITTEE REPORTS THE RESULTS OF THIS REVIEW TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES (THE GOVERNING BODY FOR SCRA) THE 990 IS MADE AVAILABLE TO THE EXECUTIVE COMMITTEE PRIOR TO SUBMISSION TO THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	SCRA OFFICERS AND TRUSTEES ARE SUBJECT TO SC LAW AND ARE REQUIRED TO FILE AN ANNUAL DISCLOSURE WITH THE SC STATE ETHICS COMMISSION IN ADDITION, SCRA OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO SUBMIT AN ANNUAL DISCLOSURE FORM IDENTIFYING POTENTIAL AREAS OF CONFLICT WITH SCRA'S VP OF HR OFFICER AND KEY EMPLOYEE POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR SCRA'S EMPLOYEES, INCLUDING THAT OF OFFICERS AND KEY EMPLOYEES, IS SET BY THE PERFORMANCE AND COMPENSATION COMMITTEE SCRA ENGAGES AN INDEPENDENT CONSULTANT WHO ADVISES THE PERFORMANCE AND COMPENSATION COMMITTEE, UTILIZING COMPARABLE NATIONAL INDUSTRY DATA COMPENSATION IS REVIEWED BY THE COMMITTEE TWICE ANNUALLY, REVIEWS INCLUDE BENCHMARKING AGAINST INDUSTRY DATA TO ENSURE COMPETITIVENESS AND REASONABLENESS OF COMPENSATION AT ALL LEVELS OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST UNDER THE SC FOIA LAWS SCRA IS GOVERNED BY TITLE 13, CHAPTER 17 OF THE SC CODE OF LAWS THE ORGANIZATION'S MOST RECENT AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC AT WWW SCRA ORG

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	PRIOR YEAR DONATIONS ADJUSTMENT -167,300

ldentifier	Return Reference	Explanation
OVERSIGHT OF AUDIT	FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

ldentifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S MISSION	FORM 990, PART I & PART III, LINE 1	IN ACCORDANCE WITH THE PROVISIONS OF SECTION 13-17-20 OF THE ENABLING ACT, AND THE FINDING OF THE GENERAL ASSEMBLY OF THE STATE OF SOUTH CAROLINA IN ESTABLISHING THE AUTHORITY THAT THE FUTURE ECONOMIC VIABILITY OF SOUTH CAROLINA CAN BEST BE ASSURED BY BUILDING STRONG INDUSTRIES OF ADVANCED TECHNOLOGY, THAT IN ORDER TO DEVELOP BETTER EMPLOY MENT OPPORTUNITIES AND IMPROVE THE STANDARD OF LIVING IN SOUTH CAROLINA THE STATE MUST AGGRESSIVELY PURSUE AND ENCOURAGE RESEARCH AND DEVELOPMENT ORGANIZATIONS AND HIGH TECHNOLOGY MANUFACTURERS TO LOCATE IN THIS STATE, AND THAT THIS STATE MUST TAKE STEPS TO INSURE THAT IT DEVELOPS ITS HUMAN RESOURCES BY PROVIDING OPPORTUNITIES FOR ITS RESIDENTS, THE AUTHORITY WAS ORGANIZED AND SHALL OPERATE TO ENHANCE THE RESEARCH CAPABILITIES OF THE STATE'S PUBLIC AND PRIVATE COLLEGES AND UNIVERSITIES, TO ESTABLISH A CONTINUING FORUM TO FOSTER GREATER DIALOGUE THROUGHOUT THE RESEARCH COMMUNITY WITHIN THE STATE, AND TO PROMOTE THE DEVELOPMENT OF HIGH TECHNOLOGY INDUSTRIES AND RESEARCH FACILITIES IN SOUTH CAROLINA. IN ACCORDANCE WITH THE ENABLING ACT, THE OBJECTIVES OF THE AUTHORITY INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING (1) TO ADVANCE THE GENERAL WELFARE OF THE PEOPLE, (2) TO INCREASE THE OPPORTUNITIES FOR BRIPLOY MEN'T OF CITIZENS OF SOUTH CAROLINA, (3) TO DEVELOP THE HUMAN, ECONOMIC, AND PRODUCTIVE RESOURCES OF SOUTH CAROLINA, (4) TO PROMOTE AND ENCOURAGE EXPANSION OF THE RESEARCH AND DEVELOPMENT SECTOR, WITH EMPHASIS ON CAPITAL FORMATION AND INVESTMENTS IN RESEARCH AND DEVELOPMENT SECTOR, WITH EMPHASIS ON CAPITAL FORMATION AND INVESTMENTS IN RESEARCH AND DEVELOPMENT SECTOR, WITH EMPHASIS ON CAPITAL FORMATION AND INVESTMENTS IN RESEARCH AND DEVELOPMENT HE SUPPORT FOR SOUTH CAROLINA, PUBLIC AND PRIVATE COLLEGES AND UNIVERSITIES, TO PROMOTE COOPERATIVE RESEARCH EFFORTS BETWEEN THE PRIVATE SECTOR AND SUCH COLLEGES AND UNIVERSITIES, AND TO STRENGTHEN THE PARTINERSHIP AMONG STATE GOVERNMENT, HIGHER SUPPORT FOR SOUTH CAROLINA PUBLIC AND PRIVATE COLLEGES AND UNIVERSITIES, AND TO STRENGTHEN T

DLN: 93493129025064

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 

			57-07361	L44		
ete ıf the organızatıon a	answered "Yes" to	Form 990, Par	t IV, line 33.)			
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	<b>(e)</b> End-of-year assets	(f) Direct controlling entity		
	he organization ar	nswered "Yes"	to Form 990, P	Part IV, line 34 because i	t had or	ne
<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti			Section (13) co	
					Yes	No
ATTRACT HIGH TECH INDUSTRY THROUGH ACQ & MGMT OF R&D CONTRACTS AND GRANTS	SC	501(C)(3)	11A	SOUTH CAROLINA RESEARCH AUTHORITY		No
PROVIDE FUNDING TO ORGANIZATIONS TO CREATE TECHNOLOGY JOBS IN SC	SC	501(C)(3)	LINE 11C, III-F	SOUTH CAROLINA RESEARCH AUTHORITY		No
	(b) Primary activity  zations (Complete if the tax year.)  (b) Primary activity  ATTRACT HIGH TECH INDUSTRY THROUGH ACQ & MGMT OF R&D CONTRACTS AND GRANTS  PROVIDE FUNDING TO ORGANIZATIONS TO CREATE	(b) (c) Legal domicile (state or foreign country)  zations (Complete if the organization are the tax year.)  (b) (c) Legal domicile (state or foreign country)  (b) (c) Legal domicile (state or foreign country)  ATTRACT HIGH TECH industry through ACQ & MGMT OF R&D CONTRACTS AND GRANTS  PROVIDE FUNDING TO ORGANIZATIONS TO CREATE	Co   Co   Co   Total income   E	ete if the organization answered "Yes" to Form 990, Part IV, line 33.)  (b) (c) (d) (e) Total income End-of-year assets or foreign country)  zations (Complete if the organization answered "Yes" to Form 990, Period to the tax year.)  (b) (c) (d) (e) End-of-year assets or foreign country)  primary activity (b) (c) (e) (foreign country)  (b) (c) (e) (foreign country)  (c) (d) (e) (foreign country)  (d) (e) (foreign country)  Exempt Code section (foreign country)  ATTRACT HIGH TECH (foreign country)  PROVIDE FUNDING TO (foreign country)  PROVIDE FUNDING TO (foreign country)  PROVIDE FUNDING TO (foreign country)  ATTRACT HIGH TECH (forei	Primary activity   Legal domicile (state or foreign country)   Total income   End-of-year assets   Direct controlling entity	ete if the organization answered "Yes" to Form 990, Part IV, line 33.)  (b) (c) (d) (e) (f) Direct controlling entity  Legal domicile (state or foreign country)  (c) (d) Total income End-of-year assets Direct controlling entity  (e) (f) Direct controlling entity  (f) Direct controlling entity  (g)

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
<b>1</b> D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organiz	ations li	sted in Parts II-IV?				,		
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes			
C	Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No		
d	Loans or loan guarantees to or for related organization(s)				1d	Yes			
e	Loans or loan guarantees by related organization(s)				1e		No		
f	Dividends from related organization(s)				1f		No		
g	Sale of assets to related organization(s)				1g 1h		No No		
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
I Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)				10	Yes			
р	Reimbursement paid to related organization(s) for expenses				1р		No		
q	Reimbursement paid by related organization(s) for expenses				1q	Yes			
r	O ther transfer of cash or property to related organization(s)				1r		No		
s	Other transfer of cash or property from related organization(s)				1s		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, incl	luding co	· · · · · · · · · · · · · · · · · · ·						
	(a)(b)Name of other organizationTransactiontype (a-		(c) Amount involved	<b>(d)</b> Method of determining amo	ount II	nvolved			

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

Part VI 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

Software ID:

**Software Version:** 

**EIN:** 57-0736144

Name: SOUTH CAROLINA RESEARCH AUTHORITY

Schedule R (Form 990) 2012

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## Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)									
			Explanation							