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CLIENT'S COPY

Mcabee, Schwartz, Halliday & CO.  
824 East Main Street  
Spartanburg, South Carolina 29302  
(864) 583-0886

Spartanburg County Foundation  
424 E. Kennedy Street  
Spartanburg, SC 29302

Spartanburg County Foundation:

Enclosed are the original and one copy of the 2016 Exempt  
Organization return, as follows...

2016 Form 990

Each original should be dated, signed and filed in accordance  
with the filing instructions. The copy should be retained  
for your files.

Very truly yours,

Mcabee, Schwartz, Halliday & CO.

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
December 31, 2016

<b>Prepared for</b>	Spartanburg County Foundation 424 E. Kennedy Street Spartanburg, SC 29302
<b>Prepared by</b>	Mcabee, Schwartz, Halliday & CO. 824 East Main Street Spartanburg, SC 29302
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2017.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20\_\_\_\_

# 2016

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**SPARTANBURG COUNTY FOUNDATION**

**57-0351398**

Name and title of officer

**TROY M. HANNA  
PRESIDENT**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>14,682,178.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize MCABEE, SCHWARTZ, HALLIDAY & CO. to enter my PIN 57035  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**57465657092**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> SPARTANBURG COUNTY FOUNDATION		<b>D Employer identification number</b> 57-0351398
	Doing business as		<b>E Telephone number</b> 8645820138
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	424 E. KENNEDY STREET		<b>G Gross receipts \$</b> 14,682,178.
City or town, state or province, country, and ZIP or foreign postal code SPARTANBURG, SC 29302		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F Name and address of principal officer:</b> TROY M. HANNA 424 E KENNEDY STREET, SPARTANBURG, SC 29302		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J Website:</b> WWW.SPCF.ORG		<b>H(c)</b> Group exemption number ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1943	<b>M State of legal domicile:</b> SC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROMOTE CHARITABLE PURSUITS AS IN THE JUDGEMENT OF THE TRUSTEES OF THE FOUNDATION, WILL BEST		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	7
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	12
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	57
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	17,483,917.	11,842,566.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	967,137.	2,093,186.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	717,621.	746,426.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,168,675.	14,682,178.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	9,548,922.	6,767,780.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	815,578.	874,746.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 156,973.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,548,307.	1,573,751.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,912,807.	9,216,277.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	7,255,868.	5,465,901.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	138,609,403.	147,932,797.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	31,078,971.	32,085,244.
		107,530,432.	115,847,553.

**Part II 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.

<b>Sign Here</b>	Signature of officer		Date		
	TROY M. HANNA, PRESIDENT				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	HOMER E. MCABEE, JR.				P00965340
	Firm's name ▶ MCABEE, SCHWARTZ, HALLIDAY & CO.	Firm's EIN ▶ 57-0925346			
Firm's address ▶ 824 EAST MAIN STREET SPARTANBURG, SC 29302		Phone no. (864) 583-0886			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: TO PROMOTE CHARITABLE PURSUITS AS IN THE JUDGEMENT OF THE TRUSTEES OF THE FOUNDATION, WILL BEST MAKE FOR THE MENTAL, MORAL, INTELLECTUAL AND PHYSICAL IMPROVEMENT, ASSISTANCE, RELIEF & WELL BEING OF SPARTANBURG COUNTY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 7,915,173. including grants of \$ 6,767,780. ) (Revenue \$ ) GRANTS AND SCHOLARSHIPS TO SUPPORT PHILANTHROPIC ENDEAVORS IN SPARTANBURG COUNTY

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,915,173.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> 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 "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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



Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **TROY M. HANNA - 864-582-0138**  
**424 E. KENNEDY STREET, SPARTANBURG, SC 29302**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							318,016.	0.	38,162.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							318,016.	0.	38,162.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** 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	(C) Compensation
NONE		

**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 **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	11,842,566.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		2,557,504.				
	<b>h Total.</b> Add lines 1a-1f .....			11,842,566.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			2,029,350.	2,029,350.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....		0.			
		<b>c</b> Gain or (loss) .....		63,836.			
		<b>d</b> Net gain or (loss) .....			63,836.	63,836.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	68,322.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	0.			
		<b>c</b> Net income or (loss) from fundraising events .....			68,322.		68,322.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> FEES .....		523920	371,197.	371,197.			
<b>b</b> MISCELLANEOUS .....		900099	306,907.	306,907.			
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			678,104.				
<b>12 Total revenue.</b> See instructions. ....			14,682,178.	2,771,290.	0.	68,322.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,210,980.	6,210,980.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	556,800.	556,800.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	356,178.	147,020.	104,579.	104,579.
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	378,998.	79,071.	264,797.	35,130.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,316.	2,759.	23,266.	1,291.
9 Other employee benefits	64,182.	17,811.	39,258.	7,113.
10 Payroll taxes	48,072.	14,518.	24,694.	8,860.
11 Fees for services (non-employees):				
a Management				
b Legal	17,922.		17,922.	
c Accounting	95,690.		95,690.	
d Lobbying				
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 Sch O.)				
12 Advertising and promotion	69,641.		69,641.	
13 Office expenses	17,147.		17,147.	
14 Information technology				
15 Royalties				
16 Occupancy	129,905.		129,905.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	110,698.		110,698.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	75,405.		75,405.	
23 Insurance	25,910.		25,910.	
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.)				
a OTHERS	471,393.	471,393.		
b GREENSPACE UPKEEP	235,241.	235,241.		
c CITIZENS SCHOLAR PROGRA	114,256.	114,256.		
d OTHERS	70,347.		70,347.	
e All other expenses	140,196.	65,324.	74,872.	
25 Total functional expenses. Add lines 1 through 24e	9,216,277.	7,915,173.	1,144,131.	156,973.
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**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	3,189,690.	<b>2</b>	2,299,719.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,658,893.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,037,306.	4,386,021.	<b>10c</b> 4,621,587.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	130,939,950.	<b>12</b>	140,909,071.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	93,742.	<b>15</b>	102,420.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	138,609,403.	<b>16</b>	147,932,797.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	907.	<b>17</b>	9,788.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	31,078,064.	<b>21</b>	32,075,456.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	31,078,971.	<b>26</b>	32,085,244.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	107,530,432.	<b>27</b>	115,847,553.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	107,530,432.	<b>33</b>	115,847,553.	
<b>34</b> Total liabilities and net assets/fund balances .....	138,609,403.	<b>34</b>	147,932,797.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,682,178.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,216,277.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,465,901.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	107,530,432.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,851,220.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	115,847,553.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		





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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	20,973,574.	8,650,553.	12,974,278.	17,483,917.	11,842,566.	71,924,888.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	20,973,574.	8,650,553.	12,974,278.	17,483,917.	11,842,566.	71,924,888.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						71,924,888.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	20,973,574.	8,650,553.	12,974,278.	17,483,917.	11,842,566.	71,924,888.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,981,411.	3,114,875.	2,431,008.	1,684,758.	2,839,612.	12,051,664.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					23,142,689.	23,142,689.
<b>11 Total support.</b> Add lines 7 through 10						107,119,241.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	67.14 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	73.48 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2015.** 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 .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			





**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization <b>SPARTANBURG COUNTY FOUNDATION</b>	Employer identification number <b>57-0351398</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARTHREX, INC 1370 CREEKSIDE BLVD NAPLES, FL 34108	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF BETTY JANE BRAMLETT 103 LAFAYETTE ST SPARTANBURG, SC 29302	\$ 992,318.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	REV. DEARMOND E. CANADAY 1110 MARSHALL ROAD, TH4003 GREENWOOD, SC 29346	\$ 280,344.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CENTRAL UNITED METHODIST CHURCH 233 N CHURCH ST SPARTANBURG, SC 29306	\$ 258,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DAVID W EDWARDS 3 MACFARLANE COURT SPARTANBURG, SC 29302	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MORGAN CORPORATION P.O. BOX 3555 SPARTANBURG, SC 29304	\$ 302,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SPARTANBURG COUNTY FOUNDATION</b>	Employer identification number  <b>57-0351398</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THOMASVILLE NATIONAL BANK  P.O. BOX 1934  THOMASVILLE, GA 31799	\$ 289,353.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SPARTANBURG COUNTY FOUNDATION</b>	Employer identification number  <b>57-0351398</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>SPARTANBURG COUNTY FOUNDATION</b>	Employer identification number  <b>57-0351398</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization** SPARTANBURG COUNTY FOUNDATION **Employer identification number** 57-0351398

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	158	
2 Aggregate value of contributions to (during year) .....	3,730,303.	
3 Aggregate value of grants from (during year) .....	1,676,528.	
4 Aggregate value at end of year .....	24,317,178.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes       No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes       No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,737,220.	661,350.		3,398,570.
b Buildings	147,000.	1,662,677.	688,548.	1,121,129.
c Leasehold improvements				
d Equipment		450,646.	348,758.	101,888.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,621,587.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) WINSTON HEDGED EQUITY		
(B) FUND	11,650,219.	END-OF-YEAR MARKET VALUE
(C) BANK CDS	1,300,794.	END-OF-YEAR MARKET VALUE
(D) T ROWE PRICE MID CAP		
(E) EQUITY GRT ROWE PRICE	3,072,811.	END-OF-YEAR MARKET VALUE
(F) SANDERSON INTERNATIONAL		
(G) VALUE	7,375,657.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	140,909,071.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	15,776,216.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	2,851,220.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,044,621.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,895,841.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,880,375.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,801,803.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	2,801,803.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	14,682,178.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	8,356,772.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	773,800.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	773,800.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,582,972.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,633,305.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,633,305.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	9,216,277.

**Part XIII Supplemental Information.**

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.

**PART IV, LINE 2B:**

SPARTANBURG COUNTY FOUNDATION IS A NAMED BENEFICIARY OF ELEVEN CHARITABLE TRUSTS. THE TOTAL ASSETS ARE \$11,888,440 AND LIABILITIES TO THIRD PARTIES ARE \$11,888,440.

SPARTANBURG COUNTY FOUNDATION HAS ANNUITIES WITH TWO INDIVIDUALS THAT ARE PAID EITHER MONTHLY, QUARTERLY OR ANNUALLY. THE TOTAL ASSETS AT DECEMBER 31, 2016 WAS \$72,006.

THERE ARE THIRTEEN FUNDS THAT DO NOT HAVE TRUST AGREEMENTS AND CAN REQUEST THE RETURN OF THEIR FUND AT ANYTIME. THE TOTAL ASSETS AND LIABILITY FOR THESE FUNDS ARE \$20,378,328.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTERFUND FEES 1,044,621.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS 1,244,310.

INVESTMENT INCOME 1,551,228.

MISCELLANEOUS 6,265.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,801,803.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTERFUND FEES 773,800.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS 1,543,462.

GRANT EXPENSES 89,843.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,633,305.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT, (event type)	(event type)	NONE (total number)	
1	Gross receipts .....	68,322.			68,322.
2	Less: Contributions .....				
3	Gross income (line 1 minus line 2) .....	68,322.			68,322.
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				
11	Net income summary. Subtract line 10 from line 3, column (d) .....				
					68,322.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue .....				
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **SPARTANBURG COUNTY FOUNDATION** Employer identification number **57-0351398**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADULT LEARNING CENTER 145 NORTH CHURCH STREET SUITE 82 SPARTANBURG, SC 29302	57-1006834	501(C)(3)	37,199.	0.			EDUCATION
AMERICAN RED CROSS 104 GARNER RD SPARTANBURG, SC 29302	53-0196605	501(C)(3)	15,213.	0.			HEALTH & HUMAN SERVICES
AMERICAN LEGION POST 28 PO BOX 391 SPARTANBURG, SC 29304	57-0481027	501 (C)(19)	10,000.	0.			HEALTH & HUMAN SERVICES
ANIMAL ALLIES, INC. 1097 ASHEVILLE HIGHWAY SPARTANBURG, SC 29303	57-1098821	501(C)(3)	7,750.	0.			HEALTH & HUMAN SERVICES
CHAPMAN CULTURAL CENTER ST. JOHN STREET SPARTANBURG, SC 29302	57-0986224	501(C)(3)	177,024.	0.			ARTS & CULTURE
BALLET SPARTANBURG ST. JOHN STREET SPARTANBURG, SC 29302	57-0658124	501(C)(3)	6,160.	0.			ARTS AND CULTURAL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table **▶** \_\_\_\_\_

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

Schedule I (Form 990) (2016)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLVIEW BAPTIST CHURCH 901 BELLVIEW RD WOODRUFF, SC 29388	57-0616342	CHURCH	10,000.	0.			RELIGIOUS
BETHLEHEM CENTER P.O. BOX 3501 SPARTANBURG, SC 29304	57-0314367	501(C)(3)	18,098.	0.			HEALTH & HUMAN SERVICES
BOYS AND GIRLS CLUB OF THE UPSTATE P.O. BOX 2794 SPARTANBURG, SC 29304	57-0862226	501(C)(3)	10,314.	0.			RECREATION & YOUTH
BUSINESS AND PROFESSIONAL WOMEN OF SC - 319 OLD TOWNE ROAD - SPARTANBURG, SC 29301	57-6034573	501(C)(6)	8,996.	0.			HEALTH & HUMAN SERVICES
THE BRIDGE TO RECOVERY INC 1745 THE BRIDGE ROAD BOWLING GREEN, KY 42101	23-7428389	501(C)(3)	10,920.	0.			HEALTH & HUMAN SERVICES
BUFORD STREET UNITED METHODIST CHURCH - 120 E. BUFORD ST - GAFFNEY, SC 29390	57-0422126	CHURCH	6,236.	0.			RELIGIOUS
CANCER ASSOCIATION OF SPARTANBURG & CHEROKEE COUNTIES, INC. - 295 EAST MAIN STREET, SUITE #100 - SPARTANBURG, SC 29304	57-0526068	501(C)(3)	17,008.	0.			HEALTH & HUMAN SERVICES
CENTRAL UNITED METHODIST CHURCH 233 N. CHURCH ST SPARTANBURG, SC 29306	57-0314370	CHURCH	8,000.	0.			RELIGIOUS
CHARLES LEA CENTER FOUNDATION 195 BURDETTE STREET SPARTANBURG, SC 29302	57-0793478	501(C)(3)	71,882.	0.			EDUCATION

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS' ADVOCACY CENTER 100 WASHINGTON PLACE SPARTANBURG, SC 29302	57-0987436	501(C)(3)	7,465.	0.			YOUT HWELFARE
CHRISTIAN FREEDOM INTERNATIONAL P.O. BOX 560 SALT ST MARIE, MI 49783	52-1283394	501(C)(3)	10,000.	0.			RELIGIOUS
THE CHURCH OF ELEVEN 22 14286 BEACH BLVD, SUITE 2 JACKSONVILLE BEACH, FL 32250	45-1153978	CHURCH	10,000.	0.			HEALTH & HUMAN SERVICES
CITY OF SPARTANBURG P.O. BOX 1749 SPARTANBURG, SC 29304	57-6000245	GOV'T	90,793.	0.			RECREATION & YOUTH
CLEMSON UNIVERSITY DANIELS DRIVE CLEMSON, SC 29634	57-0426335	501(C)(3)	5,200.	0.			EDUCATION
CONNIE MAXWELL CHILDREN'S HOME P.O. BOX 1178 GREENWOOD, SC 29648	57-0324927	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
THE CONSERVATORS' CENTER, INC. PO BOX 882 MEBANE, NC 27302	56-2149941	501(C)(3)	15,600.	0.			HEALTH & HUMAN SERVICES
CONVERSE COLLEGE 580 EAST MAIN STREET SPARTANBURG, SC 29302	57-0314380	501(C)(3)	52,402.	0.			EDUCATION
CONVERSE HEIGHTS NEIGHBORHOOD ASSOCIATION - PO BOX 187 - SPARTANBURG, SC 29304	57-0662582	501(C)(4)	7,000.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY WINSHIP CANCER INSTITUTE ATLANTA, GA 30322-4001	58-0566256	501(C)(3)	5,200.	0.			HEALTH & HUMAN SERVICES
EPISCOPAL CHURCH OF THE ADVENT P.O. BOX 3168 SPARTANBURG, SC 29304	57-0747726	501(C)(3)	80,451.	0.			RELIGIOUS
ENGLISH CROSSING P.O. BOX 171213 SPARTANBURG, SC 29301	46-3940293	501(C)(3)	10,418.	0.			COMMUNITY PROGRAMS
FAITH HOME, INC. P.O. BOX 39 GREENWOOD, SC 29648	57-6034112	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEED RD KANSAS CITY, MO 64129	44-0610626	501(C)(3)	7,000.	0.			RELIGIOUS
FIRST BAPTIST CHURCH OF SPARTANBURG - 250 EAST MAIN STREET - SPARTANBURG, SC 29306	57-0339440	CHURCH	89,400.	0.			RELIGIOUS
FIRST PRESBYTERIAN CHURCH 393 EAST MAIN STREET SPARTANBURG, SC 29302	57-0314439	CHURCH	146,416.	0.			RELIGIOUS
FIRST TEE OF SPARTANBURG 640 KELTNER AVE SPARTANBURG, SC 29302	56-2199252	501(C)(3)	38,051.	0.			RECREATION & YOUTH
GREEN POND BAPTST CHURCH 300 CHICKENFOOT CREEK RD WOODRUFF, SC 29388	57-0360087	CHURCH	10,000.	0.			RELIGIOUS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREER RELIEF & RESOURCES AGENCY 202 VICTORIA STREET GREER, SC 29652	57-0370331	501(C)(3)	15,891.	0.			HUMAN SERVICES
GRACE COMMUNITY CHURCH OF SC 2801 PELHAM ROAD GREENVILLE, SC 29615	57-1023259	CHURCH	10,000.	0.			HEALTH & HUMAN SERVICES
GRACE UNITED METHODIST CHURCH 201 SOUTH CHURCH STREET UNION, SC 29379	57-0846086	CHURCH	10,000.	0.			RELIGIOUS
GREATER SPARTANBURG MINISTRIES, INC. - 680 ASHEVILLE HIGHWAY - SPARTANBURG, SC 29303	57-0603712	501(C)(3)	5,589.	0.			HEALTH & HUMAN SERVICES
THE GROUP OF 100, INC. PO BOX 3524 SPARTANBURG, SC 29304	58-2480621	501(C)(3)	7,000.	0.			HEALTH & HUMAN SERVICES
HALTER P.O. BOX 1403 SPARTANBURG, SC 29304	57-0864733	501(C)(3)	12,632.	0.			EDUCATION
HATCHER GARDENS & WOODLANDS PRESERVE - 820 JOHN B. WHITE, SR BLVD - SPARTANBURG, SC 29307	57-1069038	501(C)(3)	115,328.	0.			ENVIRONMENTAL PRESERVATION
HAVEN 458 N ST SPARTANBURG, SC 29301	57-0809732	501(C)(3)	6,400.	0.			HEALTH & HUAMAN SERICES
HAWKINS FOUNDATION 200 PATEWOOD DRIVE, SUITE C-100 GREENVILLE, SC 29615	20-4561262	501(C)(3)	501,000.	0.			HEALTH & EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTLAND HOSPICE MEMORIAL FUND 333 N. SUMMIT STREET, PO BOX 10086 TOLEDO, OH 43699-0086	86-0821142	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
HEALTHY SMILES OF SPARTANBURG P.O. BOX 1441 SPARTANBURG, SC 29304	03-0529473	501(C)(3)	7,722.	0.			HEALTH & HUMAN SERVICES
HOLLYWILD ANIMAL PARK 2325 HAMPTON ROAD WELLFORD, SC 29385	31-1633140	501(C)(3)	104,861.	0.			ANIMAL CARE
HOPE POINT COMMUNITY CHURCH P.O. BOX 170151 SPARTANBURG, SC 29301	42-1575386	CHURCH	35,000.	0.			RELIGIOUS
HOPE REMAINS YOUTH RANCH 1771 JOHN DODD RD WELLFORD, SC 29385	26-0554902	501(C)(3)	15,129.	0.			RECREATION AND YOUTH
HUB CITY FARMER'S MARKET 298 MAGNOLIA STREET SPARTANBURG, SC 29306	56-2370088	501(C)(3)	23,366.	0.			HEALTH & HUMAN SERVICES
HUB CITY WRITERS PROJECT 186 W MAIN STREET SPARTANBURG, SC 29306	57-1059259	501(C)(3)	11,340.	0.			ARTS & CULTURAL
HUB CITY HOG FEST, INC.* PO BOX 1290 SPARTANBURG, SC 29304	57-0351398	501(C)(3)	17,000.	0.			HEALTH & HUMAN SERVICES
IGLESIA BAUTISTA RENACER PO BOX 170276 SPARTANBURG, SC 29301	22-3847995	CHURCH	140,000.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IASIS CHRIST FELLOWSHIP APOSTOLIC NETWORK - 2801 CALENDAR COURT - FORT COLLINS, CO 80526	84-1112874	CHURCH	10,000.	0.			HEALTH & HUMAN SERVICES
JUNIOR ACHIEVEMENT OF UPSTATE SC 530 HOWELL ROAD , SUITE 103 GREENVILLE, SC 29615	57-0547967	501(C)(3)	25,000.	0.			EDUCATION
JUNIOR LEAGUE OF SPARTANBURG 615 E. MAIN STREET SPARTANBURG, SC 29302	57-0442620	501(C)(3)	17,987.	0.			HEALTH & HUMAN SERVICES
KEEP THE CHANGE P.O. BOX 650723 STERLING, VA 20165	45-2641038	501(C)(3)	6,000.	0.			RELIGIOUS
LANDRUM CEMETERY PERPETUAL CARE ASSOCIATION - P.O. BOX 515 - LANDRUM, SC 29356	57-0351398	501(C)(13)	11,000.	0.			GROUND UPKEEP
MAIN STREET UNITED METHODIST CHURCH - 211 NORTH MAIN STREET - GREENWOOD, SC 29646	57-0381871	CHURCH	5,400.	0.			RELIGIOUS
METRO ATLANTA RECOVERY RESIDENCES 2815 CLEARVIEW PL STE 100 ATLANTA, GA 30340	23-7442673		24,250.	0.			HEALTH & HUMAN SERVICES
MENTAL HEALTH AMERICA OF SPARTANBURG COUNTY - 187 W. BROAD STREET - SPARTANBURG, SC 29306	57-0362584	501(C)(3)	7,850.	0.			HEALTH & HUMAN SERVICES
MENTAL FITNESS, INC. 160 EAST SAINT JOHN STREET SPARTANBURG, SC 29306	20-8489636	501(C)(3)	7,500.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDDLE TYGER COMMUNITY CENTER 84 GROCE ROAD DUNCAN, SC 29365	57-1077940	501(C)(3)	10,684.	0.			RECREATION & YOUTH
MILL CITY CHURCH PO BOX 1753 FORT COLLINS, CO 80522	45-3043297	CHURCH	10,000.	0.			HEALTH & HUMAN SERVICES
MOBILE MEALS OF SPARTANBURG P.O. BOX 461 SPARTANBURG, SC 29304	57-0653452	501(C)(3)	104,528.	0.			HEALTH & HUMAN SERVICES
MOUNT MORIAH BAPTIST CHURCH 445 SOUTH CHURCH STREET SPARTANBURG, SC 29304	57-1093299	CHURCH	18,347.	0.			EDUCATION
MUSC FOUNDATION 268 CALHOUN STREET CHARLESTON, SC 29425	57-1031624	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
MUSIC FOUNDATION 200 E SAINT JOHN ST SPARTANBURG, SC 29302	57-0485556	501(C)(3)	44,772.	0.			ARTS & CULTURE
NAZARETH PRESBYTERIAN CHURCH 680 NAZARETH CHURCH RD MOORE, SC 29369	57-6024361	CHURCH	18,756.	0.			RELIGIOUS
NEW DAY, INC. OF SPARTANBURG 1425 JOHN B WHITE SR BLVD SPARTANBURG, SC 29306	57-0840012	501(C)(3)	420,606.	0.			HEALTH & HUMAN SERVICES
NEW HOPE BAPTIST CHURCH P.O. BOX 100 CROSS ANCHOR, SC 29331	57-0624595	CHURCH	9,817.	0.			RELIGIOUS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSIDE DEVELOPMENT CORPORATION P.O. BOX 1749 SPARTANBURG, SC 29304	30-0698663	501(C)(3)	161,500.	0.			COMMUNITY PROGRAMS
PALMETTO COUNCIL BSA P.O. BOX 6249 SPARTANBURG, SC 29304	57-0314450	501(C)(3)	46,401.	0.			RECREATION & YOUTH
PARTNERS FOR ACTIVE LIVING P.O. BOX 6728 SPARTANBURG, SC 29304	54-2111221	501(C)(3)	37,565.	0.			RECREATION
PIEDMONT CARE, INC. INTERNATIONAL CENTER SPARTANBURG, SC 29302	57-1036204	501(C)(3)	14,250.	0.			HEALTH & HUMAN SERVICES
PRESBYTERIAN COLLEGE P.O. BOX 975 CLINTON, SC 29325	57-0314408	501(C)(3)	5,348.	0.			RELIGIOUS
PROJECT PAWWS 935 MIKE CIRCLE SPARTANBURG, SC 29303	47-1151104	501(C)(3)	6,500.	0.			HEALTH & HUMAN SERVICES
PROJECT HOPE FOUNDATION 751 E GEORGIA ST WOODRUFF, SC 29388	58-2324540	501(C)(3)	50,000.	0.			GENERAL WELFARE/CHILDREN AND YOUTH
P.S. I LOVE YOU MINISTRIES PO BOX 162242 BOILING SPRINGS, SC 29316	45-3777027	501(C)(3)	9,085.	0.			HEALTH & HUMAN SERVICES
SCETV OF SC, INC. 1101 GEORGE ROGERS BLVD., PO BOX 11 COLUMBIA, SC 29211	57-0657549	501(C)(3)	5,350.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA HUNTERS AND LAND OWNERS FOR THE HUNGRY - 507 AMELIA AVENUE - SPARTANBURG, SC 29302	02-0726554	501(C)(3)	16,500.	0.			HEALTH & HUMAN SERVICES
S.C. SCHOOL FOR THE DEAF & BLIND 355 CEDAR SPRINGS RD SPARTANBURG, SC 29302	57-0693592	501(C)(3)	52,524.	0.			EDUCATION
SC TEST PREP PO BOX 1593 SPARTANBURG, SC 29304	46-2102643	501(C)(3)	8,995.	0.			EDUCATION
SELMA BAPTIST CHURCH 850 LAWSON RD WOODRUFF, SC 29388	57-0360087	CHURCH	10,000.	0.			RELIGIOUS
SHEPHERD'S CENTER OF SPARTANBURG, INC. - 393 E. MAIN STREET - SPARTANBURG, SC 29302	57-0691077	501(C)(3)	19,681.	0.			HEALTH & HUMAN SERVICES
SHEPHERD'S STAFF MISSION FACILITATORS - 6739 ACADEMY ROAD NE - ALBUQUERQUE, NM 87109	91-2057718	501(C)(3)	13,745.	0.			HEALTH & HUMAN SERVICES
SHRINER'S HOSPITALS FOR CHILDREN P.O. BOX 31356 TAMPLA, FL 33631	36-2193608	501(C)(3)	13,000.	0.			HEALTH & HUMAN SERVICES
SOUTHSIDE BAPTIST CHURCH 316 SOUTH CHURCH STREET SPARTANBURG, SC 29306	57-0324934	CHURCH	10,000.	0.			RELIGIOUS
SPARTANBURG AREA CONSERVANCY, INC. 100 E. MAIN STREET, SUITE 7B SPARTANBURG, SC 29306	57-0885225	501(C)(3)	11,100.	0.			ENVIRONMENT & HISTORIC PRESERVATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG AREA CHAMBER OF COMMERCE - PO BOX 1636 - SPARTANBURG, SC 29304	57-0251910	501(C)(6)	25,600.	0.			HEALTH & HUMAN SERVICES
SPARTANBURG ACADEMIC MOVEMENT 101 W. ST. JOHN ST., SUITE 204 SPARTANBURG, SC 29306	45-2104341	501(C)(3)	13,952.	0.			EDUCATION
SPARTANBURG ART MUSEUM ST. JOHN STREET SPARTANBURG, SC 29302	23-7041876	501(C)(3)	6,022.	0.			ARTS & CULTURE
SPARTANBURG CO 8045 HOWARD ST SPARTANBURG, SC 29301	57-6000401	GOV'T	130,493.	0.			HEALTH & HUMAN SERVICES
SPARTANBURG COMMUNITY COLLEGE FOUNDATION - P.O. BOX 4386 - SPARTANBURG, SC 29304	57-0751500	501(C)(3)	540,850.	0.			EDUCATION
SPARTANBURG COUNTY HISTORICAL ASSOCIATION - P.O. BOX 887 - SPARTANBURG, SC 29304	57-6025123	501(C)(3)	19,905.	0.			ARTS & CULTURE
SPARTANBURG COUNTY SCHOOL DISTRICT SEVEN - P.O. BOX 970 - SPARTANBURG, SC 29304	57-6000942	GOV'T	26,584.	0.			EDUCATION
SPARTANBURG COUNTY SCHOOL DISTRICT SIX - 1390 CAVALIER WAY - ROEBUCK, SC 29376	57-0741993	GOV'T	262,527.	0.			EDUCATION
SPARTANBURG DAY SCHOOL 1701 SKYLAN DRIVE SPARTANBURG, SC 29306	57-0371816	501(C)(3)	46,789.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG HOUSING AUTHORITY P.O. BOX 2828 SPARTANBURG, SC 29304	80-0917420	GOV'T	88,725.	0.			COMMUNITY PROGRAMS
SPARTANBURG HUMANE SOCIETY 150 DEXTER RD SPARTANBURG, SC 29301	57-0481019	501(C)(3)	110,478.	0.			ANIAML CONTROL
SPARTANBURG INTERFAITH HOSPITALITY NETWORK - 899 SOUTH PINE STREET - SPARTANBURG, SC 29302	06-1644643	501(C)(3)	23,968.	0.			FOOD/HOUSING/SHELTER
SPARTANBURG METHODIST COLLEGE 1000 POWELL MILL RD SPARTANBURG, SC 29306	57-0314415	501(C)(3)	15,652.	0.			RELIGIOUS
SPARTANBURG PREPARATORY SCHOOL 385 SOUTH SPRING STREET SPARTANBURG, SC 29306	20-8133996	501(C)(3)	35,000.	0.			EDUCATIONAL
SPARTANBURG REPERTORY COMPANY 200 ST. JOHN STREET SPARTANBURG, SC 29306	57-0861531	501(C)(3)	6,000.	0.			ARTS & CULTURE
SPARTANBURG REGIONAL HEALTHCARE FOUNDATION - 101 EAST WOODK ST - SPARTANBURG, SC 29301	57-0937166	501(C)(3)	99,464.	0.			HEALTH & HUMAN SERVICES
SPARTANBURG SOUP KITHCEN 136 S FOREST ST SPARTANBURG, SC 29302	27-0530812	501(C)(3)	7,481.	0.			COMMUNITY NEEDS
SPEAKING DOWN BARRIERS PO BOX 7133 SPARTANBURG, SC 29304	47-4421330	501(C)(3)	13,865.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LEO UNIVERSITY P.O. BOX 6665 SAINT LEO, FL 33574	53-0196617	501(C)(3)	22,000.	0.			EDUCATION
ST. LUKE'S FREE MEDICAL CLINIC P.O. BOX 3466 SPARTANBURG, SC 29304	57-0943232	501(C)(3)	112,458.	0.			HEALTH & HUMAN SERVICES
ST. PAUL THE APOSTLE CATHOLIC SCHOOL - 152 ALABAMA ST - SPARTANBURG, SC 29302	57-1055848	CHURCH	6,023.	0.			EDUCATION/RELIGIOUS
TEMPLE EDUCATION MINISTRIES, INC. 13255 ASHEVILLE HWY. INMAN, SC 29349	57-1100099	501(C)(3)	15,000.	0.			HEALTH & HUMAN SERVICES
TEMPLE B'NAI ISRAEL SKYLYN DRIVE SPARTANBURG, SC 29302	57-6022286	CHURCH	20,900.	0.			RELIGIOUS
THORNWELL HOME FOR CHILDREN P.O. BOX 60 CLINTON, SC 29325	57-0314418	501(C)(3)	10,000.	0.			HEALTH & HUMAN SERVICES
TOTAL MINISTRIES P.O. BOX 3554 SPARTANBURG, SC 29304	57-0771620	501(C)(3)	49,656.	0.			COMMUNITY NEEDS
TREES COALITION P.O. BOX 6835 SPARTANBURG, SC 29304	20-8872959	501(C)(3)	44,500.	0.			CONSERVATION
TRIANGLE COMMUNITY FOUNDATION 324 BLACKWELL STREET, SUITE 1220 DURHAM, NC 27701-3690	56-1380796	501(C)(3)	27,005.	0.			HEALTH & HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH CAROLINA 516 S. MAIN STREET COLUMBIA, SC 29208	57-6017985	GOV'T	15,012.	0.			EDUCATION
UNION COUNTY HEALTH CARE FOUNDATION, INC. - 322 W. SOUTH STREET - UNION, SC 29379	57-0987841	501(C)(3)	25,000.	0.			HEALTH & HUMAN SERVICES
UNITED MITOCHONDRIAL DISEASE FOUNDATION, INC. - 8085 SALTSBURG RD, STE 201 - PITTSBURG, PA 15239	25-1767180	501(C)(3)	25,000.	0.			HEALTH & HUMAN SERVICES
UNITED WAY OF THE PIEDMONT 203 EST MAIN ST SPARTANBURG, SC 29304	57-0314377	501(C)(3)	100,116.	0.			COMMUNITY NEEDS
USC UNION P.O. DRAWER 729 UNION, SC 29379	57-6017985	501(C)(13)	16,425.	0.			EDUCATION
USC UPSTATE 800 UNIVERSITY WAY SPARTANBURG, SC 29301	57-6017985	501(C)(3)	31,350.	0.			EDUCATION
USC UPSTATE GEORGE DEAN JOHNSON SCHOOL OF BUSINESS - CENTER FOR CHILD ADVOCACY STUDIES - SPARTANBURG, SC 29306	57-0555699	GOV'T	9,000.	0.			HEALTH & HUMAN SERVICES
UPSTATE FAMILY RESOURCE CENTER 1850 OLD FURNACE ROAD BOILING SPRINGS, SC 29316	06-1806404	501(C)(3)	6,027.	0.			COMMUNITY PROGRAMS
UPSTATE PRIDE SC 3740 BOILING SPRINGS RD. BOILING SPRINGS, SC 29316	27-1102951	501(C)(3)	8,124.	0.			HEALTH & HUMAN SERVICES

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPSTATE WARRIOR SOLUTION 3 CALEDON CT. SUITE A-2 GREENVILLE, SC 29615	46-1699670	501(C)(3)	32,628.	0.			VETERAN NEEDS
VIRGINIA EPISCOPAL SCHOOL 400 VES ROAD LYNCHBURG, VA 24503	54-0506431	501(C)(3)	6,875.	0.			EDUCATION
WALKER FOUNDATION 355 CEDAR SPRINGS RD SPARTANBURG, SC 29301	57-0693592	503(C)(3)	70,655.	0.			EDUCATION
WESMINISTER PRESBYTERIAN CHURCH 309 FERNWOOD DRIVE SPARTANBURG, SC 29307	57-0424982	501(C)(3)	30,577.	0.			COMMUNITY NEEDS
WESTGATE TRAINING & CONSULTATION NETWORK, INC. - 200 FERNWOOD DRIVE - SPARTANBURG, SC 29307	57-0979351	501(C)(3)	25,028.	0.			HEALTH & HUMAN SERVICES
WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG, SC 29301	57-0314422	501(C)(3)	65,228.	0.			EDUCATION
YMCA OF GREATER SPARTANBURG 266 S PINE ST SPARTANBURG, SC 29302	57-0314425	501(C)(3)	9,500.	0.			RECREATION & YOUTH
YOUTH SPORTS BUREAU, U.S.A.* PO BOX 5103 SPARTANBURG, SC 29304	57-0351398	501(C)(3)	6,900.	0.			RECREATION & YOUTH

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	537	556,800.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

TRUSTEE INITIATED GRANTS

THE SPARTANBURG COUNTY FOUNDATION ENTERS A CONTRACTUAL GRANT AGREEMENT WITH THE GRANTEE WHICH INCLUDES SPECIAL TERMS AND CONDITIONS TO ENSURE THE SUCCESSFUL IMPLEMENTATION OF THE GRANT. THE FOUNDATION AS A PRACTICE MONITORS ITS GRANTS FUNDED PROGRAMS ON A SEMI ANNUAL AND ANNUAL BASIS WHICH INCLUDES A WRITTEN REPORT SUBMITTED BY THE GRANTEE CONCERNING OUTCOMES ACHIEVED, LESSONS LEARNED AND PLANS FOR CONTINUATION OF THE PROGRAM.

**Part IV** Supplemental Information

ADDITIONALLY, PERIODIC SITE VISITS ARE MADE TO ENSURE THE SUCCESSFUL IMPLEMENTATION OF THE GRANT FUNDED PROGRAM. THE BOARD OF TRUSTEES RECEIVES A FORMAL WRITTEN REPORT AND PRESENTATION ON THE EFFECTIVENESS OF ITS GRANT ALLOCATIONS EACH YEAR.

## DONOR ADVISED AND OTHER GRANTS

GRANT REQUEST ARE REVIEWED TO DETERMINE THAT THE GRANTEE ORGANIZATION IS EXEMPT UNDER 501(C)(3), OR QUALIFIES AS A CHURCH, OR IS A GOVERNMENTAL UNIT. IF THE GRANTEE MEETS ONE OF THESE REQUIREMENTS, THE GRANT IS APPROVED WITHOUT FURTHER MONITORING, IF NOT THE GRANT IS DENIED. THE BOARD OF TRUSTEES RECEIVES GRANT UPDATES AT THEIR REGULAR SCHEDULED MEETINGS.

## SCHEDULE I, PART 1, QUESTION 2

## TRUSTEE INITIATED GRANTS

THE SPARTANBURG COUNTY FOUNDATION ENTERS A CONTRACTUAL GRANT AGREEMENT WITH THE GRANTEE WHICH INCLUDES SPECIAL TERMS AND CONDITIONS TO ENSURE THE SUCCESSFUL IMPLEMENTATION OF THE GRANT. THE FOUNDATION AS A PRACTICE MONITORS ITS GRANTS FUNDED PROGRAMS ON A SEMI ANNUAL AND ANNUAL BASIS WHICH INCLUDES A WRITTEN REPORT SUBMITTED BY THE GRANTEE CONCERNING OUTCOMES ACHIEVED, LESSONS LEARNED AND PLANS FOR CONTINUATION OF THE PROGRAM. ADDITIONALLY, PERIODIC SITE VISITS ARE MADE TO ENSURE THE SUCCESSFUL IMPLEMENTATION OF THE GRANT FUNDED PROGRAM. THE BOARD OF TRUSTEES RECEIVES A FORMAL WRITTEN REPORT AND PRESENTATION ON THE EFFECTIVENESS OF ITS GRANT ALLOCATIONS EACH YEAR.

## DONOR ADVISED AND OTHER GRANTS



**Part IV** Supplemental Information

GRANT REQUEST ARE REVIEWED TO DETERMINE THAT THE GRANTEE ORGANIZATION IS EXEMPT UNDER 501(C)(3), OR QUALIFIES AS A CHURCH, OR IS AGOVERNMENTAL UNIT. IF THE GRANTEE MEETS ONE OF THESE REQUIEMENTS, THE GRANT IS APPROVED WITHOUT FURTHER MONITORING, IF NOT THE GRANT IS DENIED. THE BOARD OF TRUSTEES RECEIVES GRANT UPDATES AT THEIR REGULAR SCHEDULED MEETINGS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SPARTANBURG COUNTY FOUNDATION**

Employer identification number

**57-0351398**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)       |

**b** If any of the boxes on 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on 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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued 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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016

**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 on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) 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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TROY HANNA PRESIDENT/ ASST SECY	(i)	186,748.	0.	0.	22,410.	0.	209,158.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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.

PART I, LINE 1A:

THE FOUNDATION PAYS THE DUES TO A COUNTRY CLUB AND BUSINESS DINNER CLUB FOR  
ITS PRESIDENT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **SPARTANBURG COUNTY FOUNDATION** Employer identification number **57-0351398**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	44	1,381,444.	STOCK MARKET SALE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	906,060.	BUSINESS VALUATION
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	270,000.	APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MAKE FOR THE MENTAL, MORAL, INTELLECTUAL AND PHYSICAL IMPROVEMENT,  
ASSISTANCE, RELIEF & WELL BEING OF SPARTANBURG COUNTY

FORM 990, PART VI, SECTION B, LINE 11B:

COPY OF FORM 990 AND ATTACHMENTS ARE GIVEN TO ALL TRUSTEES FOR THEIR REVIEW  
PRIOR TO FILING. AFTER ITS' REVIEW THE PRESIDENT SIGNS THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE TRUSTEES AND ALL EMPLOYEES COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE  
ANNUALLY AND THEY ARE REVIEWED BY THE PRESIDENT AND BOARD CHAIRMAN. IF ANY  
CONFLICTS OR POTENTIAL CONFLICTS ARE NOTED, THEY ARE PRESENTED TO THE BOARD  
AND OTHER APPROPRIATE PERSONNEL FOR FUTURE REFERENCE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY REVIEWS SALARY  
OF ALL STAFF . THE COMMITTEE USES A NATIONAL COMPENSATION SURVEY FOR NON  
PROFIT ORGANIZATIONS AND OTHER COMPARATIVE DATA. THE RESULTS ARE PRESENTED  
TO THE FULLY BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST, THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE FOR  
INSPECTION AT THE OFFICE OF SPARTANBURG COUNTY FOUNDATION, 424 E. KENNEDY  
STREET, SPARTANBURG, SC 29302, TELEPHONE 864-582-0138, BETWEEN THE HOURS OF  
9AM AND 5PM, MONDAY THROUGH FRIDAY.

Name of the organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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FORM 990, PART XII, LINE 2 (C)

THE AUDIT COMMITTEE MEETS WITH THE AUDITOR AND REVIEWS THE AUDITED FINANCIAL STATEMENTS PRIOR TO THE REGULARLY SCHEDULED BOARD OF TRUSTEES MEETING. THE AUDITOR THEN REVIEWS THE AUDIT REPORT WITH THE FULL BOARD DURING THEIR REGULARLY SCHEDULED BOARD MEETING. THE PROCESS HAS NOT CHANGED FORM PRIOR YEARS.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization **SPARTANBURG COUNTY FOUNDATION** Employer identification number **57-0351398**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WINGO PARK, LLC - 57-0351398 424 E KENNEDY STREET SPARTANBURG, SC 29302	REAL ESTATE INVESTMENT	SOUTH CAROLINA			
SPARTANBURG REAL HOLDINGS, LLC - 57-0351398 424 E KENNEDY STREET SPARTANBURG, SC 29302	REAL ESTATE INVESTMENT	SOUTH CAROLINA			

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NOBLE TREE FOUNDATION - 57-1091856 424 E KENNEDY STREET SPARTANBURG, SC 29302	GREENSPACE	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	N/A		X
PERRIN FOUNDATION - 57-1089465 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	N/A		X
JUDY BRADSHAW CHILDRENS FOUNDATION - 57-1066485, 424 E KENNEDY STREET, SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	N/A		X
TENA & FRED OATES FOUNDATION - 57-1066228 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	N/A		X

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

Schedule R (Form 990) 2016

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HABISREUTINGER & BLACK FOUNDATION - 20-5799183, 424 E KENNEDY STREET, SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	N/A		X
BARNET FOUNDATION - 58-2319535 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	N/A		X
BAIN FOUNDATION - 57-1060455 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	N/A		X
LUCY HARPER GRIER BENEVOLENT FOUNDATION - 54-2082667, 424 E KENNEDY STREET, SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	N/A		X
ZIMMERLI FOUNDATION - 57-1018476 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	N/A		X
BALMER FOUNDATION - 56-2206524 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	N/A		X
FALATOK FOUNDATION - 26-0641848 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	N/A		X
BEN M CART FOUNDATION - 46-1035516 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HABISEUTINGER & BLACK FOUNDATION	S	125.	
(2) BALMER FOUNDATION	S	59,728.	
(3) JUDY BRADSHAW CHILDRENS FOUNDATION	S	21,327.	
(4) TENA & FRED OATES FOUNDATION	S	10,413.	
(5) BARNET FOUNDATION	S	37,136.	
(6) FALATOK FOUNDATION	S	11,135.	

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)THE BENEVOLENT FOUNDATION	S	20,404.	
(8)BAIN FOUNDATION	S	4,944.	
(9)ZIMMERLI FOUNDATION	S	10,642.	
(10)PERRIN FOUNDATION	S	18,756.	
(11)NOBLE TREE FOUNDATION	S	34,047.	
(12)BEN M CART FOUNDATION	S	8,864.	
(13)BALMER FOUNDATION	C	318,850.	
(14)JUDY BRADSHAW CHILDRENS FOUNDATION	C	31,500.	
(15)BARNET FOUNDATION	C	62,990.	
(16)THE BENEVOLENT FOUNDATION	C	3,000.	
(17)ZIMMERLI FOUNDATION	C	11,450.	
(18)PERRIN FOUNDATION	C	1,100.	
(19)BAIN FOUNDATION	C	1,000.	
(20)FALATOK FOUNDATION	C	694.	
(21)			
(22)			
(23)			
(24)			



