\*\* PUBLIC DISCLOSURE COPY \*\*

# **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.

Dep	artment c rnal Reve	of the Treasury nue Service	Go to www.irs.gov/F	orm990 for instructions and t	the latest i	nformation.		Inspection			
Α	For the	e 2022 calend	dar year, or tax year beginning	and	ending						
	Check if applicabl	e: C Name o	of organization			D Employer ider	ntificat	ion number			
Г	Addre	ss SPARTA	ANBURG COUNTY FOUNDATION								
F	Name chang		ousiness as			57-03513	98				
Ē	Initial return		r and street (or P.O. box if mail is not de	E Telephone nun	nber						
Ē	Final return	121 E	(864) 582								
	termin ated	1-	town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		21,556,964.			
	Ameno return	SPARIE	ANBURG, SC 29302			H(a) Is this a grou	ıp retur	n			
	Application	F Name a	and address of principal officer: TROY	M HANNA		for subordina	ates?	Yes X No			
_	pendir	SAME AS	S C ABOVE			H(b) Are all subordinate	tes includ	ded? Yes No			
<u>I</u>	Tax-ex	empt status:		(insert no.) 4947(a)(1)	or 527	⊣ ′′ ′′ ′′ ′′ ′′ ′′ ′′ ′′ ′′ ′′ ′′ ′′ ′′		. See instructions			
	Websi		PCF.ORG			H(c) Group exemp					
				ssociation Other	<b>L</b> Year	of formation: 1943	M S	tate of legal domicile: SC			
Р	art I	Summary		THE CD		a activitii					
ģ	1		be the organization's mission or most								
Governance											
ğ	2	Check this bo		ntinued its operations or dispos		1	- 1	s. 7			
ć	3		oting members of the governing body dependent voting members of the go				3 4	7			
ď	s  _		of individuals employed in calendar y				5	25			
<u>.</u>	6		of volunteers (estimate if necessary)				6	95			
Activities	7 a		ed business revenue from Part VIII, co				7a	0.			
ð	( b		business taxable income from Form				7b	0.			
_	1 ~	1101 0111101				Prior Year		Current Year			
	8	Contributions	s and grants (Part VIII, line 1h)			24,647,75	6.	17,480,937.			
9	9		(=				0.	0.			
Revenue	10	Investment in	ncome (Part VIII, column (A), lines 3, 4	2,711,37	4.	1,739,905.					
α	11		e (Part VIII, column (A), lines 5, 6d, 8c		2,191,43	2.	2,256,730.				
_	12	Total revenue	e - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		29,550,56	2.	21,477,572.			
	13	Grants and si	imilar amounts paid (Part IX, column (	(A), lines 1-3)		14,658,34	5.	17,797,591.			
	14	Benefits paid	to or for members (Part IX, column (A	A), line 4)			0.	0.			
ų	15	Salaries, othe	er compensation, employee benefits (l	Part IX, column (A), lines 5-10)		1,276,27	17. 1,443,15				
Expenses	16a	Professional f	fundraising fees (Part IX, column (A), I	line 11e)			0.	0.			
2	b b		sing expenses (Part IX, column (D), lin	The state of the s							
Ц	''		ses (Part IX, column (A), lines 11a-11d			2,275,28	-	2,520,859.			
	1	•	es. Add lines 13-17 (must equal Part I			18,209,90	_	21,761,604.			
_	19	Revenue less	expenses. Subtract line 18 from line	12		11,340,65	-	-284,032.			
Net Assets or		<b>-</b>	(5 . 1 ) ( 1			eginning of Current Ye		End of Year			
SSe	20 21	-				213,613,34 17,002,75	-	187,108,813. 7,536,946.			
let ∤	21		s (Part X, line 26) fund balances. Subtract line 21 from	lino 20		196,610,59	_	179,571,867.			
P	art II	Signatur		IIIIe 20		1,0,010,05	· ·	175,571,007.			
			, I declare that I have examined this return,	including accompanying schedule:	s and statem	ents, and to the best o	f mv kn	owledge and belief, it is			
			e. Declaration of preparer (other than office								
C:.		Signature of o	officer			I Date					
Sig		*	INA, PRESIDENT								
Here TROY M HANNA, PRESIDENT Type or print name and title											
		Print/Type pre		Preparer's signature		Date Check		PTIN			
Pai	d	AMY BIBBY	paror o namo	if if	mployed	P00445891					
	parer	Firm's name	FORVIS, LLP	Firm's EIN		-0160260					
	Only	Firm's address				5 2114					
	-	ASHEVILLE, NC 28806 Phone no. (828) 254-2254									

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE SPARTANBURG COUNTY FOUNDATION IS COMMITTED TO IMPROVING THE LIVES	
	OF SPARTANBURG COUNTY RESIDENTS BY PROMOTING PHILANTHROPY, ENCOURAGING	
	COMMUNITY ENGAGEMENT, AND RESPONDING TO COMMUNITY NEEDS.	
	<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	prior Form 990 or 990-EZ?	res No
•	If "Yes," describe these new services on Schedule O.	V. V.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. LYesNo
	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	•
	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 \$ 18,508,326. including grants of \$ 17,797,591. ) (Revenue \$	2,232,028.
	THE SPARTANBURG COUNTY FOUNDATION PARTNERS WITH INDIVIDUALS, FAMILIES,	
	BUSINESSES, AND CORPORATIONS, NONPROFITS, AND PROFESSIONAL ADVISORS TO	
	FOSTER CHANGE, SHARE KNOWLEDGE, CONVENE AROUND IMPORTANT ISSUES, AND	
	MAXIMIZE IMPACT IN THE COMMUNITY. WE WORK DIRECTLY WITH DONORS TO	
	FULFILL CHARITABLE GOALS BY PROVIDING A VARIETY OF CUSTOMIZED GIVING	
	OPTIONS, HANDLING FUND ADMINISTRATION, AND OFFERING EXPERTISE ON	
	CURRENT AND LOCAL NEEDS.	
	COMMENT IND BOOM NEEDS.	
	TN 2022 MUE EQUINDAMION ANADDED 2 026 GDANMG MOMALING 616 MILLION MO	
	IN 2022, THE FOUNDATION AWARDED 2,026 GRANTS TOTALING \$16 MILLION TO	
	IMPROVE THE LIVES OF SPARTANBURG COUNTY RESIDENTS. WE ENGAGED OVER	
	2,200 COMMUNITY MEMBERS THROUGH MEETINGS AND VISITS TO THE ROBERT HETT	
	CHAPMAN III CENTER FOR PHILANTHROPY AND THROUGH THE FOLLOWING	
4b	(Code:) (Expenses \$) (Revenue \$)	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 18,508,326.	
_		Form <b>990</b> (2022)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<del></del>
8	, , ,			x
•	Schedule D, Part III	8		_ A
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_	77	
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		14a		х
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		<u> </u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	7 33 3	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	140		<del></del>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ A
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21	Х	

	i (continued)		Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J							
24a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c		<del></del>				
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>—</b>				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		х				
00	Schedule L, Part I	25b						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		Х				
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20						
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
	"Yes," complete Schedule L, Part IV	28a		Х				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			17				
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20	х					
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х					
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334						
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		Х				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
	Note: All Form 990 filers are required to complete Schedule O	38	Х					
Par								
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 79  Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b	-						
	Enter the number of Forms w-2d included of fine 1a. Enter -0- if not applicable	-						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х					
23200/	(gambling) winnings to prize winners?		990	(2022)				
		. 51111	1	/				

Form 990		SPARTANBURG COUNTY FOUNDATION	
Part V	Stater	ments Regarding Other IRS Filings and Tax Compliance	(continued)

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a	25								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Г	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	:								
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).				v					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and pa	Г	7a_							
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	······ }	7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		х					
d	-		70							
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	$\neg$	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	·····	7f		X					
g g										
h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9										
а										
b										
10										
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	-								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	10-							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the									
IJ	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand	$\neg$								
	Did the organization receive any payments for indoor tanning services during the tax year?	$\neg \uparrow$	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	······ [	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	·····								
	excess parachute payment(s) during the year?		15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.			000						

232005 12-13-22

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 on Schedule O. See instructions.

	·					X						
Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7								
	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 on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7								
2												
	officer, director, trustee, or key employee?											
3												
	of officers, directors, trustees, or key employees to a management company or other person?											
4												
5												
6	Did the organization have members or stockholders?			6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or applications are considered as a second control of the contr	point	one or									
	more members of the governing body?			7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or									
	persons other than the governing body?			7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year											
а	The governing body?			8a	Х							
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)									
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х						
b	<b>b</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?											
11a												
b												
12a												
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe									
	on Schedule O how this was done			12c	Х							
13	Did the organization have a written whistleblower policy?			13	Х							
14	Did the organization have a written document retention and destruction policy?			14	Х							
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
	The organization's CEO, Executive Director, or top management official			15a	Х							
b	Other officers or key employees of the organization			15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	rith a									
	taxable entity during the year?			16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	=									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi											
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filedNONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 501(c)(3	)s only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website X Another's website X Upon request Other (explain											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	oflict o	of interest policy, ar	nd finan	cial							
	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 boo	ks an	d records									
	TROY M HANNA - (864) 582-0138											
	424 E KENNEDY STREET SPARTANBURG SC 29302											

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related or						nper	nsate			
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average		(do not check more than one box, unless person is both an officer and a director/trustee)					Reportable	Reportable	Estimated
	hours per							compensation	compensation	amount of
	week (list any	_					Ĺ	from the	from related organizations	other compensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)		and related
	below	vidua	itutio	Je	Key employee	nest c	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) TROY M. HANNA	40.00	1								
PRESIDENT & CEO/ ASST. SEC				Х		_		205,788.	0.	24,695.
(2) MARY L. THOMAS	40.00									
CHIEF OPERATING OFFICER				Х				183,350.	0.	22,002.
(3) RANDY F. JONES	40.00									
CHIEF FINANCIAL OFFICER				Х				107,618.	0.	12,914.
(4) BERT D. BARRE	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) VIC BAILEY, III	2.00									
TRUSTEE		Х						0.	0.	0.
(6) CATHY H. MCCABE	2.00									
TRUSTEE		Х						0.	0.	0.
(7) ERIKA MCJIMPSEY	2.00									
TRUSTEE		х						0.	0.	0.
(8) ROBERT RICHARDSON	2.00									
TRUSTEE		х						0.	0.	0.
(9) SCOTT MONTGOMERY	2.00									
TRUSTEE		Х						0.	0.	0.
(10) LEONARD STARKS	2.00									
TRUSTEE		х						0.	0.	0.
		1								
		1								
		1								
		1								
		•					•			000

	1990 (2022)		<i></i>	1011						3, 03313			aye <b>c</b>
Par	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) (B) (C) (D) (E)											(F)	
	Name and title	Average				Position			Reportable Reportable			stimate	h^
	ramo ana mo	hours per			not check more than one unless person is both an				compensation	compensation	1	mount	
		week					r/trus		from	from related		other	•
		(list any	tor						the	organizations	cor	npensa	tion
		hours for	direc				-		organization	(W-2/1099-MISC/		from th	
		related	e 0 r	stee			ısate		(W-2/1099-MISC/	1099-NEC)	1	ganizat	
		organizations	trust	a tr		yee	a m		1099-NEC)	,	1	ว าd relat	
		below	ndividual trustee or director	nstitutional trustee		oldu	st co	ы	,		ord	ganizati	ons
		line)	Indivi	Instit	Officer	sey employee	Highest compensated employee	Former			`		
				$\vdash$									
											+		
										+			
										+			
				_							+		
			ł										
											-		
			ł										
	Subtotal								496,756.	0	·	59,	611.
С	Total from continuation sheets to Part VII	l, Section A							0.	0			0.
_d	Total (add lines 1b and 1c)								496,756.	0		59,	611.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,0	000 of reportable			
	compensation from the organization												3
												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	higl	hest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for si	•		•		•		_		•	3		х
4	For any individual listed on line 1a, is the su												
•	and related organizations greater than \$150										4	х	
5	Did any person listed on line 1a receive or a												
3										101 001 VI000	5		x
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	piete Scheaule	<del>)</del> J T	or st	icn į	vers	OΠ .				<sub>1</sub> 3		
	·	mnonoctod in d	lons	nda.	at a -	nt.	2040	o +L-	ant received mare than A	100 000 of company	otion f	rom	
1	Complete this table for your five highest con	•	•							•	auon t	IOIII	
	the organization. Report compensation for t	me calendar ye	ear e	ndır	ıg w	ıtn c	or wi	nın	the organization's tax ye	ear.			

the organization. Report compensation for the calendar year ending with or within the organizations tax year.								
(A) Name and business address	(B) Description of services	(C) Compensation						
JOSEPH RYAN MCGAHA	·	<u> </u>						
298 BOITER RD, DUNCAN, SC 29334	LANDSCAPING SERVICES	151,575.						
2 Total number of independent contractors (including but not limited to those li	sted above) who received more than							
\$100,000 of compensation from the organization								

Form 990 (2022) SPARTANBURG
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to anv lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns1a					
ant		b Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising events 1c					
fts,		d Related organizations 1d					
ية إق							
ons,		e Government grants (contributions) 1e					
utic		f All other contributions, gifts, grants, and	17,480,937.				
ĕ		similar amounts not included above 1f	2,014,903.				
ont		Noncash contributions included in lines 1a-1f		17 490 027			
O g		h Total. Add lines 1a-1f		17,480,937.			
			Business Code				
ce	2	a					
ervi	ı	b					
S		c					
ran Sev		d					
Program Service Revenue	(	e					
<u>a</u>	1	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		1,819,297.			1,819,297.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		Mot rontal income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
<u>o</u>		and sales expenses 7b	79,392.				
enn		c Gain or (loss) 7c	-79,392.				
her Revenue		d Net gain or (loss)		-79,392.			-79,392.
౼		a Gross income from fundraising events (not		,			,
Oth		including \$ of					
١		contributions reported on line 1c). See					
		Part IV, line 188a					
		b Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	T				
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
$\overline{}$		c Net income or (loss) from sales of inventory	Busines - O - d				
2		PPPG	Business Code	2 052 255	2 052 255		
eor Ie	11	FEES TRUCKE THEOME	900099	2,058,857.	2,058,857.		
lan en		TRUST INCOME	900099	173,171.	173,171.		2
Miscellaneous Revenue	•	OTHER INCOME	900099	24,702.			24,702.
Mis		d All other revenue					
$\perp$		e Total. Add lines 11a-11d		2,256,730.			
	12	Total revenue. See instructions		21,477,572.	2,232,028.	0.	1,764,607.

232009 12-13-22

#### 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).

	s if Schedule O contains a respons nts reported on lines 6b, f Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1 Grants and other a	ssistance to domestic organizations		·		
and domestic gove	ernments. See Part IV, line 21	17,181,549.	17,181,549.		
2 Grants and othe	r assistance to domestic				
individuals. See	Part IV, line 22	616,042.	616,042.		
3 Grants and othe	r assistance to foreign				
organizations, fo	preign governments, and foreign				
individuals. See	Part IV, lines 15 and 16				
	or for members				
5 Compensation of	of current officers, directors,				
trustees, and ke	y employees	496,756.	186,779.	279,774.	30,203
6 Compensation not	included above to disqualified				
	d under section 4958(f)(1)) and				
	in section 4958(c)(3)(B)				
7 Other salaries ar	nd wages	657,670.	71,015.	561,598.	25,057
· ·	uals and contributions (include				
	d 403(b) employer contributions)	88,981.	19,870.	64,852.	4,259
	benefits	140,214.	31,311.	102,191.	6,712
10 Payroll taxes		59,533.	13,294.	43,389.	2,850
11 Fees for services	s (nonemployees):				
a Management					
<b>b</b> Legal					
		69,409.	34,140.	33,095.	2,174
	aising services. See Part IV, line 17				
	agement fees				
• ,	amount exceeds 10% of line 25,				
, ,	nt, list line 11g expenses on Sch O.)	1,433,779.	42,278.	1,226,113.	165,388
	promotion	100 000			
		120,286.	28,722.	65,535.	26,029
	nology				
	·····	160 504	27.622	100 004	2 267
	·····	168,524.	37,633.	122,824.	8,067
		10,339.	2,146.	7,688.	505
•	vel or entertainment expenses				
	state, or local public officials	0.4.425	0.604	12.040	205
	onventions, and meetings	24,437.	9,694.	13,848.	895
		79,046.	17,652.	57,610.	3,784
	liates	216 505	TO 602	020 601	15 151
•	pletion, and amortization	316,525.	70,683.	230,691.	15,151
	···;·····	53,802.	12,015.	39,212.	2,575
above. (List misce line 24e amount ex	emize expenses not covered Ilaneous expenses on line 24e. If xceeds 10% of line 25, column (A), 4e expenses on Schedule 0.)				
a EQUIPMENT		97,339.	21,737.	70,943.	4,659
b DUES TO OTHE	R ORGANIZAT	46,350.	16,557.	27,908.	1,885
c PROGRAM EXPE	NSE	22,533.	22,325.	195.	13
d SMALL & MINO	RITY BUSINE	18,201.	18,201.		
e All other expens	es	60,289.	54,683.	5,415.	191
25 Total functional ex	xpenses. Add lines 1 through 24e	21,761,604.	18,508,326.	2,952,881.	300,397
26 Joint costs. Comp	lete this line only if the organization				
reported in column	n (B) joint costs from a combined				
educational campa	ign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				

# Form 990 (2022) Part X | Balance Sheet

Part X	(	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing			6,308,352.	1	3,817,509
2		Savings and temporary cash investments				2	
3		Pledges and grants receivable, net			2,420,920.	3	1,727,186
4		Accounts receivable, net			4,162.	4	5,91
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
6	6	Loans and other receivables from other disqua	alified per				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
္ဌ 7	7	Notes and loans receivable, net				7	
Assets		Inventories for sale or use				8	
¥   9		Duran aliah sama sama samah ahata wasah ahata sama				9	
10	)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	11,506,700.			
	b	Less: accumulated depreciation	. 10b	1,845,089.	9,904,471.	10c	9,661,61
11	1	Investments - publicly traded securities			176,754,967.	11	155,590,77
12	2	Investments - other securities. See Part IV, line	11		15,528,842.	12	14,054,99
13	3	Investments - program-related. See Part IV, lin	e 11			13	
14	4	Intangible assets				14	
15		Other assets. See Part IV, line 11			2,691,634.	15	2,250,82
16		Total assets. Add lines 1 through 15 (must ed			213,613,348.	16	187,108,81
17	7	Accounts payable and accrued expenses			9,484.	17	35,80
18	3	Grants payable		18			
19	9	Deferred revenue Tax-exempt bond liabilities			19		
20	0				20		
21	1	Escrow or custodial account liability. Complete	e Part IV	of Schedule D	13,263,504.	21	4,627,54
က္က 22	2	Loans and other payables to any current or fo	rmer offic	er, director,			
Ĭ		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		22	
<b>-</b>   23		Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
24	4	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
25	5	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D		·····	3,729,763.		2,873,596
26	<u> </u>				17,002,751.	26	7,536,940
<sub>ω</sub>		Organizations that follow FASB ASC 958, cl	neck her	e X			
Net Assets or Fund Balances 25 28 29 31 32 32 32 32 32 32 32 32 32 32 32 32 32		and complete lines 27, 28, 32, and 33.			15 070 644		14 774 201
<u>k</u> 27		Net assets without donor restrictions			15,879,644.	27	14,774,385
<u>1</u> 28		Net assets with donor restrictions			180,730,953.	28	164,797,482
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
<u>-</u>		and complete lines 29 through 33.					
S 29		Capital stock or trust principal, or current fund				29	
8 30		Paid-in or capital surplus, or land, building, or				30	
₹   31		Retained earnings, endowment, accumulated			106 610 505	31	170 571 00
		Total net assets or fund balances			196,610,597.	32	179,571,867
33	3	Total liabilities and net assets/fund balances			213,613,348.	33	187,108,813 Form <b>990</b> (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21,	477,	572.
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,	761,	604.
3	Revenue less expenses. Subtract line 2 from line 1	3		_	284,	032.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	.96,	610,	597.
5	Net unrealized gains (losses) on investments	5		17,	197,	419.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			442,	721.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	.79 <u>,</u>	571,	867.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		🚅	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		ı

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

SPARTANBURG COUNTY FOUNDATION 57-0351398 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16,465,171.	29,383,814.	21,822,431.	24,647,756.	17,480,937.	109,800,109.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16,465,171.	29,383,814.	21,822,431.	24,647,756.	17,480,937.	109,800,109.
	The portion of total contributions	, ,	, ,	, ,	, ,	, ,	, , , , , , , , , , , , , , , , , , , ,
Ŭ	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,						
							5,164,096.
•							104,636,013.
	Public support. Subtract line 5 from line 4.						104,030,013.
	• •	(a) 2012	(h) 2010	(a) 2020	(d) 2021	(e) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018 16,465,171.	(b) 2019 29,383,814.	(c) 2020 21,822,431.	24,647,756.	17,480,937.	(f) Total 109,800,109.
	Amounts from line 4	10,403,171.	23,303,014.	21,022,431.	24,047,730.	17,400,557.	103,000,103.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0.015.330	0 054 555	0 512 100	0 045 640	1 010 005	10 040 000
	and income from similar sources	2,015,339.	2,854,755.	2,713,198.	2,845,640.	1,819,297.	12,248,229.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,737,285.	1,908,410.	2,191,432.	2,256,730.	_
11	<b>Total support.</b> Add lines 7 through 10						130,142,195.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	80.40 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	77.77 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		• •		
				,,,	,		(Form 990) 2022

232022 12-09-22

#### 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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
20		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9c		
10a		
10b		L

Pa	rt IV   Supporting Organizations (continued)			
		,	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		la		
b	A family member of a person described on line 11a above?	b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		lc		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the			
2	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,			
		2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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).	í		
Sec	tion D. All Type III Supporting Organizations			
		,	Yes	No
1	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?	ı		
2	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).	2		
3	By reason of the relationship described on line 2, above, 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.	š		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s</u>	;) <u> </u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	а		
b	Did the activities described on line 2a, above, 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.	o		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	а		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	ь		

2022.05000 SPARTANBURG COUNTY FOUNDA 30013241

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	on A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(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		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see
	instructions).			,

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		·	Ţ	Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
_9_	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	•	Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
<u>e</u>	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
<u>_i</u>	Carryover from 2017 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
_8_	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
<u>e</u>	Excess from 2022						

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.				
	(See instructions.)				

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Employer identification number** 

SPARTANBURG COUNTY FOUNDATION 57-0351398 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

SPARTANBURG COUNTY FOUNDATION

57-0351398

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ (Co	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zir + 4	\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 3	Nume, address, and Zir + 4	\$	Person X Payroll Noncash Domplete Part II for neash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$\$ (Co	Person X Payroll  Noncash  complete Part II for ncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$ (Co	Person X Payroll  Noncash  complete Part II for neash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Name, audi 655, and Zir 7 4	\$	Person X Payroll

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

SPARTANBURG COUNTY FOUNDATION

57-0351398

Part I	<b>Contributors</b> (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		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Humo, dudioss, and Zif T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Humo, dudioss, and Zif T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3** 

Name of organization Employer identification number

SPARTANBURG COUNTY FOUNDATION 57-0351398

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

Schedule B (Form 990) (2022)

Name of or	rganization		Employer identification number
SPARTANB	BURG COUNTY FOUNDATION		57-0351398
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cuse duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations r less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, ar	nd 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
	Transferee's name, address, ar	(e) Transfer of gi	ift  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
		(e) Transfer of gi	ift
	Transferee's name, address, ar	nd 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
		(e) Transfer of gi	
	Transferee's name, address, ar	nd 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization

SPARTANBURG COUNTY FOUNDATION

**Employer identification number** 

57 - 0351398

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		er Sin	nilar Funds or <i>i</i>	Accour	nts. Complete if the
	organization answered Tes off offi 550,1 arriv, inte	(a) Donor ad	dvised	funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year			196		
2	Aggregate value of contributions to (during year)			5,635,794.		
3	Aggregate value of grants from (during year)			7,252,459.		
4	Aggregate value at end of year		5	1,261,642.		
5	Did the organization inform all donors and donor advisors in w	riting that the asset	s held	in donor advised fu	ınds	
	are the organization's property, subject to the organization's e	-				X Yes No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the organic	anization answered	"Yes"	on Form 990, Part	IV, line 7	
1	Purpose(s) of conservation easements held by the organization	n (check all that app	oly).			
	Preservation of land for public use (for example, recreating	ion or education)		Preservation of a hi	storically	important land area
	Protection of natural habitat			Preservation of a ce	ertified hi	storic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation cor	ntributi	on in the form of a	conserva	
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements					
b						
С	Number of conservation easements on a certified historic structure.				. 2c	
d	Number of conservation easements included in (c) acquired af	•				
_	historic structure listed in the National Register				. <u>2d</u>	<u> </u>
3	Number of conservation easements modified, transferred, rele	ased, extinguished	, or ter	minated by the orga	anization	during the tax
	year					
4	Number of states where property subject to conservation ease			n handling of		
5	Does the organization have a written policy regarding the period violations and enforcement of the concentration assemble it.					Yes No
6	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h			onforcing consonus		
Ū	otali and volunteer nours devoted to monitoring, inspecting, in	ianding of violation	o, and	cindiding conscive	ition cast	chiefits during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, an	d enfo	rcing conservation	easemen	its during the year
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organizati	on's fi	nancial statements	that desc	cribes the
Dai	organization's accounting for conservation easements.  t III   Organizations Maintaining Collections of	Art Historical	Tras	sures or Other	Simila	ur Aesate
rai	Complete if the organization answered "Yes" on Form 9		i i ea	sures, or Other	Siiiiia	ii Assets.
			×0.400	us statement and b	olonoo o	hoot works
ıa	If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publ	•				
	service, provide in Part XIII the text of the footnote to its finance	,			iance or	public
h	If the organization elected, as permitted under FASB ASC 958				nco choot	t works of
b	art, historical treasures, or other similar assets held for public	· · · · · · · · · · · · · · · · · · ·				
	provide the following amounts relating to these items:	exhibition, educatio	ii, Oi i	esearch in luntifierar	ice oi pu	blic service,
						<b>¢</b>
	(i) Revenue included on Form 990, Part VIII, line 1					
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trea				n provida	\$
_	the following amounts required to be reported under FASB AS				i, provide	•
а	Revenue included on Form 990, Part VIII, line 1					\$
	Assets included in Form 990, Part X					

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

Schedule D (Form 990) 2022

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?    If "Yes," explain the arrangement in Part XIII and complete the following table:	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other S	Similar	Assets	(contir	nued)	
a Public exhibition b Scholarly research c Other C Preservation for future generations 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's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization and solid 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?  Part IV Secrow 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, line 21.  1a is the organization and a secretary of 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 and a secretary of the organization answered "Yes" or form 990, Part X, line 21.  2b is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  2	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that r	nake sigr	nificant us	se of its	,		
b Scholarly research e Other Preservation for future generations  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 solid to raise funds rather than to be maintained as part of the organization collection? Yes No.  Part VI 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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  1c Amount  1d Amount  1d Beginning balance  1d Beginning balance  1d Describions during the year  1e Destributions during the year Solid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  1 Yes No.  1 If Yes a yeal in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  1a Beginning of year balance  1b Contributions.  1a Beginning 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  96 Pert VI Land, Buildings, and Equipment.  C Pert Medical organizations  (ii) Related organizations  (iii) Related organizations  (iv) Part S land, Buildings, and Equipment.  C Describe has the relate		collection items (check all that apply):										
c Preservation for future generations 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?  Ves No Part VI 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.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is glaining blance  C Beginning balance  I C I Amount  I C I Amount  I C I C I I I I I I I I I I I I I I I	а	Public exhibition	c	ı 🗌	Loan or exc	hange progran	n					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization are collection?  Ves 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.  Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X XIII and complete the following table:	b	Scholarly research	e		Other							
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?  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, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  c Beginning balance  d Additions during the year  f Ending balance  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.  1a Beginning of year balance  1b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  c Other expenditures for facilities  and programs  f Administrative expenses  g End of year balance  9 Cother expenditures for facilities  and programs  f Administrative expenses  g End of year balance  1 Complete if the organization of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iv) Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, l	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization sollection? Yes Ne 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. line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  1c	4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organization	's exemp	t purpos	e in Part	XIII.		
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "ves" 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   IV   S   No.	5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or other	similar as	ssets				
reported an amount on Form 990, Part X?		to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	ization's col	lection?				Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes   X No.	Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "Y	es" on F	orm 990,	Part IV,	ine 9, or		
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   C   Beginning balance		reported an amount on Form 990, Par	rt X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Complete   Find the property   Find the	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other asse	ts not inc	cluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   1e		on Form 990, Part X?								Yes	X	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Yes	b											
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b 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 (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) F										Amoun	t	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b 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 (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) F	С	Beginning balance						1c				
e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Yes   No.								1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Tyes   Note   Not								1e				
Bit P'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	2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	ıstodial accour	nt liability	?	Х	Yes		No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years   (												
1a Beginning of year balance	Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part I\						
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			(a) Current year	(b) P	rior year	(c) Two years	back (d	I) Three ye	ars back	(e) Four	years	back
c Net investment earnings, gains, and losses d Grants or scholarships	1a	Beginning of year balance										
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	Contributions										
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	С	Net investment earnings, gains, and losses										
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	d	Grants or scholarships										
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	е	Other expenditures for facilities										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment		and programs										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f	Administrative expenses										
Board designated or quasi-endowment	g	End of year balance										
b Permanent endowment	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a)	) held as:						
Term endowment	а	Board designated or quasi-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:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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)  basis (other)  c) Accumulated depreciation  1a Land  2,028,199.  b Buildings  8,423,750.  1,639,771.  6,783,979.  c Leasehold improvements	b	Permanent endowment	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiii) Related organizations (iiiiii) Related organizations (iiiiiii) (iiiiii) Related organizations (iiiiiii) (iiiiii) Related organizations (iiiiiii) (iiiiii) Related organizations (iiiiiiii) (iiiiiii) (iiiiiiiiii) (iiiiiiii	С	Term endowment	%									
organization by:  (i) Unrelated organizations  (ii) Related organizations  5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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  2,028,199.  5 Buildings  8,423,750.  1,639,771.  6,783,979  c Leasehold improvements		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  2,028,199, 2,028,199  b Buildings  8,423,750, 1,639,771, 6,783,979  c Leasehold improvements	За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administere	d for the					
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  2,028,199  b Buildings  8,423,750  1,639,771  6,783,979  c Leasehold improvements		organization by:									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  2,028,199,  2,028,199  b Buildings  8,423,750,  1,639,771,  6,783,979  c Leasehold improvements		(i) Unrelated organizations								3a(i)		<u> </u>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  2,028,199,  2,028,199  b Buildings  8,423,750,  1,639,771,  6,783,979  c Leasehold improvements		(ii) Related organizations								3a(ii)		<u> </u>
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)  1a Land  2,028,199.  b Buildings  2,028,750.  1,639,771.  6,783,979  c Leasehold improvements	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
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)  1a Land  2,028,199.  Buildings  Buildings  C Leasehold improvements  (b) Cost or other basis (other)  2,028,199.  2,028,199.  2,028,199.  3,423,750.  1,639,771.  6,783,979				wment f	unds.							
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  2,028,199.  2,028,199.  2,028,199.  2,028,199.  2,028,199.  2,028,199.  2,028,199.  2,028,199.	Par											
basis (investment)         basis (other)         depreciation           1a Land         2,028,199.         2,028,199           b Buildings         8,423,750.         1,639,771.         6,783,979           c Leasehold improvements		Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990, I	Part X, lin	ne 10.				
1a Land       2,028,199.       2,028,199         b Buildings       8,423,750.       1,639,771.       6,783,979         c Leasehold improvements		Description of property	1 ' '		. ,		` '		t	(d) Boo	k valu	ıe
b Buildings 8,423,750. 1,639,771. 6,783,979 c Leasehold improvements			<del></del>	nent)		` '	depr	eciation				
c Leasehold improvements												
					8	,423,750.		1,639,7	71.	6,	783	<u>,979.</u>
	d	Equipment										
e Other 1,054,751. 205,318. 849,433									_			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  9,661,611  Schodulo D (Form 990) 202	<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	X, colun	nn (B), line 10	Oc.)						

Schedule D (Form 990) 2022

Dort VII Investments	Other Securities	
Schedule D (Form 990) 2022	DIMINADORO COUNTI TOURDITTON	

Complete if the organization answered "Yes" of	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) OTHER INVESTMENTS	14,054,997.	COST								
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	14,054,997.									

#### 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)		
Total (Col. (h) must equal Form 000, Part V. col. (R) line 13.)		

# Total. (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)	
(8)	
(9)	
	<u> </u>

## Total. (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					
(1)	Federal income taxes					
(2)	ANNUITIES PAYABLE	282,185.				
(3)	LEASE LIABILITY	23,360.				
(4)	LINE OF CREDIT	2,568,051.				
(5)						
(6)						
(7)						
(8)						
(9)						
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,873,596.				

<sup>2.</sup> 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial State		nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5 <b>D</b> 21	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  † XII   Reconciliation of Expenses per Audited Financial Sta		
rai		-	enses per neturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		1.1
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	00	
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		2e
е 3	Add lines 2a through 2d Subtract line 2a from line 1		
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		
Pai	t XIII Supplemental Information.		· · · · · ·
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b	y; 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 an	y additional information.	
PART	'X, LINE 2:		
THE	FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SE	RVICE AS A	
CUAD	THAD E ODGANIZATION AS DESCRIBED IN SECTION FOLICALISM	NUE TNIMEDNAT	
СПАК	TTABLE ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF	THE INTERNAL	
BEVE	NUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES PU	RSIIANT TO	
	MOD CODE (IRC) AND IS EARLY I ROW I EDUCE INCOME IMADE 101	COUNT 10	
SECT	ION 509(A)(2) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, 1	NO PROVISION	
FOR	INCOME TAXES IS INCLUDED IN THE ACCOMPANYING COMBINED FINA	ANCIAL	
STAT	EMENTS. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HA	E ANY	
MATE	RIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEM	BER 31, 2022.	
_			
PART	Y XI, LINE 2D - OTHER ADJUSTMENTS:		
ם פי מי	ACCIDICATION CODOTAL PUNDS EVALUATED PROVINCE DESCRIPTION		
VECT.	ASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN		
CHAN	GE IN VALUE OF SPLIT-INTEREST AGREEMENTS		
	or or or arranger mondature.		

Schedule D (Form 990) 2022 SPARTANBURG COUNTY FOUNDATION	57-0351398	Page 5
Schedule D (Form 990) 2022 SPARTANBURG COUNTY FOUNDATION  Part XIII Supplemental Information (continued)		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
·		
RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN		

#### 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.

Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public

Inspection

Name of the organization  SPARTANBURG C	Employer identification number 57-0351398						
Part I General Information on Grants a	ınd Assistance						
Does the organization maintain records criteria used to award the grants or assi     Describe in Part IV the organization's propert II Grants and Other Assistance to	stance? ocedures for monit Domestic Organia	oring the use of grant	funds in the United	States.			X Yes No
1 (a) Name and address of organization or government	\$5,000. Part II can (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed.  (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A LIGHT UNTO MY PATH P. O. BOX 6945 SPARTANBURG, SC 29304	83-4134757	501(C)(3)	17,000.	0.			GENERAL SUPPORT
A SPOT OF PRIDE BEAUTIFICATION FUND - 424 E. KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501(C)(3)	5,040.	0.			GENERAL SUPPORT
ADULT LEARNING CENTER, INC. 145 NORTH CHURCH STREET, #82 SPARTANBURG, SC 29306	57-1006834	501(C)(3)	15,341.	0.			GENERAL SUPPORT
AMERICAN RED CROSS UPSTATE SC CHAPTER - 940 GROVE ROAD - GREENVILLE, SC 29605	53-0196605	501(C)(3)	8,769.	0.			GENERAL SUPPORT
ANDERSON UNIVERSITY ANDERSON CENTRAL ANDERSON, SC 29621	57-0324906	501(C)(3)	16,750.	0.			GENERAL SUPPORT
ANGELS CHARGE MINISTRY 95 ASHLEY ST. SPARTANBURG, SC 29307	82-1763094	501(C)(3)	14,000.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	ınd government orç	ganizations listed in th	ne line 1 table				·

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	F.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNUAL MEETING FUND							
424 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501(C)(3)	5,500.	0.			GENERAL SUPPORT
APPALACHIAN STATE UNIVERSITY							
ASU PO BOX 32005, 287 RIVERS STREE		E01 (G) (2)	0.750				GENERAL GURRORE
BOONE, NC 28608	23-7099379	501(C)(3)	8,750.	0.			GENERAL SUPPORT
BALLET SPARTANBURG, INC.							
200 E. ST. JOHN STREET							
SPARTANBURG, SC 29306	57-0658124	501(C)(3)	20,850.	0.			GENERAL SUPPORT
,			,				
BATTLEBETTY FOUNDATION							
PO BOX 277							
FAIRFOREST, SC 29353	83-2015836	501(C)(3)	9,100.	0.			GENERAL SUPPORT
BENJAMIN E. MAYS CONSOLIDATED							
SCHOOL ALUMNI FUND - 424 E.							
KENNEDY STREET - SPARTANBURG, SC							
29302	57-0351398	501(C)(3)	85,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS UPSTATE							
161 EAST KENNEDY STREET				_			
SPARTANBURG, SC 29306	20-4243553	501(C)(3)	18,692.	0.			GENERAL SUPPORT
BIRTHMATTERS							
501 HOWARD ST. SUITE A							
SPARTANBURG, SC 29303	45-4900759	501(C)(3)	7,500.	0.			GENERAL SUPPORT
STARTANDORG, DC 25505	43 4300733	501(0)(3)	7,300.	· ·			GENERAL BULLOKI
BROTHERS RESTORING URBAN HOPE,							
INC 337 LAURELWOOD DRIVE -							
BOILING SPRINGS, SC 29316	20-4793140	501(C)(3)	33,050.	0.			GENERAL SUPPORT
, , , , , , , , , , , , , , , , , , , ,				•			
BUFORD STREET UNITED METHODIST							
CHURCH - 120 EAST BUFORD STREET -							
GAFFNEY, SC 29340	57-0422126	501(C)(3)	5,837.	0.			GENERAL SUPPORT

	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CANCER ASSOCIATION OF SPARTANBURG									
& CHEROKEE COUNTIES, INC PO BOX									
1582 - SPARTANBURG, SC 29304	57-0526068	501(C)(3)	8,000.	0.			GENERAL SUPPORT		
,			1						
CAROLINA PREGNANCY CENTER									
103 METRO DRIVE									
SPARTANBURG, SC 29303	57-0791115	501(C)(3)	50,000.	0.			GENERAL SUPPORT		
CENTER FOR PHILANTHROPY CAPITAL									
CAMPAIGN FUND - 424 E. KENNEDY									
STREET - SPARTANBURG, SC 29302	57-0351398	501(C)(3)	260,500.	0.			GENERAL SUPPORT		
CENTRAL UNITED METHODIST CHURCH									
233 N. CHURCH STREET				_					
SPARTANBURG, SC 29306	57-0314370	CHURCH	65,500.	0.			GENERAL SUPPORT		
CHADMAN CHI MIDAL CENMED									
CHAPMAN CULTURAL CENTER 200 EAST ST. JOHN STREET									
SPARTANBURG, SC 29306	57-0986224	501(C)(3)	252,991.	0.			GENERAL SUPPORT		
SPARIANBURG, SC 29300	37-0300224	501(0/(5/	232,331.	0.			GENERAL SUFFORT		
CHARLESTON SOUTHERN UNIVERSITY									
PO BOX 118087									
CHARLESTON, SC 29406	57-0474291	501(C)(3)	8,500.	0.			GENERAL SUPPORT		
CHILDREN'S ADVOCACY CENTER OF			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
SPARTANBURG, CHEROKEE AND UNION									
COUNTIES, INC 100 WASHINGTON									
PLACE - SPARTANBURG, SC 29302	57-0987436	501(C)(3)	46,161.	0.			GENERAL SUPPORT		
CHILDREN'S CANCER PARTNERS OF THE									
CAROLINAS - 900 S. PINE STREET,									
SUITE F - SPARTANBURG, SC 29302	20-2511033	501(C)(3)	43,250.	0.			GENERAL SUPPORT		
CITIZEN SCHOLAR ANNUAL OPERATION									
FUND - 424 E. KENNEDY STREET -									
SPARTANBURG, SC 29302	57-0351398	501(C)(3)	18,559.	0.			GENERAL SUPPORT		

echedule i (Form 990)							
Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	s and Domestic Go	overnments (Scho	edule I (Form 990), Pa I	rt II.)	Τ
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZEN SCHOLARS GENERAL FUND							
424 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501(C)(3)	110,289.	0.			GENERAL SUPPORT
211111111120110, 20 22002	0, 0001030		110,200.	•			
CITY OF LANDRUM							
100 N. SHAMROCK AVENUE							
LANDRUM, SC 29356	57-6001419	GOVERNMENT	6,800.	0.			GENERAL SUPPORT
·			,				
CITY OF SPARTANBURG							
PO BOX 1749							
SPARTANBURG, SC 29304	57-6000245	GOVERNMENT	22,250.	0.			GENERAL SUPPORT
CLAFLIN UNIVERSITY							
400 MAGNOLIA AVENUE							
ORANGEBURG, SC 29115	57-0314374	501(C)(3)	11,750.	0.			GENERAL SUPPORT
CLEMSON UNIVERSITY							
PO BOX 1889							
CLEMSON, SC 29633	57-6000254	501(C)(3)	66,644.	0.			GENERAL SUPPORT
OLDING AND ODDODONING TO DODODONION							
CLEVELAND OPPORTUNITY FOUNDATION							
501 HOWARD STREET SUITE E	05 1701615	E01/Q\/3\	6 250	,			GENERAL SUPPORT
SPARTANBURG, SC 29303	85-1701615	DUI(C)(3)	6,250.	0.			GENERAL SUPPORT
COLLEGE OF CHARLESTON							
170 CALHOUN STREET							
CHARLESTON, SC 29401	23-7069236	501(C)(3)	13,063.	0.			GENERAL SUPPORT
CIMICIDATON, DC 27401	23 7005230	501(0)(3)	13,003.	0.			PENDINAL BOLLOKI
CONVERSE UNIVERSITY							
580 EAST MAIN STREET							
SPARTANBURG, SC 29302	57-0314380	501(C)(3)	195,765.	0.			GENERAL SUPPORT
222222222222222222222222222222222222222	3, 3314300		133,703.	· · ·			DOLLONI
CROSS ANCHOR YARBOROUGH CHAPEL							
UNITED METHODIST CHURCH - PO BOX 4							
- CROSS ANCHOR, SC 29331	57-0711102	CHURCH	6,043.	0.			GENERAL SUPPORT
,	1		-,,,,,,,			L	Schodulo I (For

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVIDSON COLLEGE							
BOX 7162							
DAVIDSON, NC 28035-7162	56-0529961	501(C)(3)	6,000.	0.			GENERAL SUPPORT
DENTAL FOUNDATION OF NORTH	30 0323301	301(0)(3)	0,000.	•			SERVICE SOLICE
CAROLINA - 1090 FIRST DENTAL							
BUILDING, CAMPUS BOX 7450 - CHAPEL							
HILL, NC 27599-7450	56-6304130	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DUCKS UNLIMITED, INC.							
ONE WATERFOWL WAY							
MEMPHIS, TN 38120	13-5643799	501(C)(3)	40,000.	0.			GENERAL SUPPORT
DUKE UNIVERSITY							
ALUMNI & DEVELOPMENT RECORDS							
DURHAM, NC 27708-0581	56-0532129	501(C)(3)	33,663.	0.			GENERAL SUPPORT
TWEDGE TANTLY MURDADY GENMED AND							
EMERGE FAMILY THERAPY CENTER AND							
TEACHING CLINIC - 138 DILLON DRIVE	57-0979351	E01/G\/3\	5,750.	0.			GENERAL SUPPORT
- SPARTANBURG, SC 29307	37-037331	501(C)(3)	3,730.	0.			GENERAL SUPPORT
EMORY & HENRY COLLEGE							
PO BOX 947							
EMORY, VA 24327-0950	54-0505892	501(C)(3)	14,250.	0.			GENERAL SUPPORT
,							
EMORY UNIVERSITY							
300 BOISFEUILLET JONES CENTER							
ATLANTA, GA 30322-1960	58-0566256	501(C)(3)	11,500.	0.			GENERAL SUPPORT
EVANS TRAINING CENTER							
306 JORDAN CREEK ROAD							
INMAN, SC 29349	27-1144293	501(C)(3)	9,333.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF							
SPARTANBURG - 250 E MAIN STREET -				_			
SPARTANBURG, SC 29306	57-0339440	СНОКСН	1,319,620.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rug
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH							
393 E MAIN STREET							
SPARTANBURG, SC 29302	57-0314439	CHURCH	189,220.	0.			GENERAL SUPPORT
FURMAN UNIVERSITY							
3300 POINSETT HIGHWAY				_			
GREENVILLE, SC 29613	57-0314395	501(C)(3)	39,025.	0.			GENERAL SUPPORT
GARDNER WEBB UNIVERSITY							
PO BOX 955							
BOILING SPRINGS, NC 28017	56-0529972	501(C)(3)	6,500.	0.			GENERAL SUPPORT
GENDER BENDERS							
201 IVY ACRES DRIVE							
PIEDMONT, SC 29673	46-3989884	501(C)(3)	14,000.	0.			GENERAL SUPPORT
GIDI GGOUMG OF WIDDIN MENNINGSER							
GIRL SCOUTS OF MIDDLE TENNESSEE 4522 GRANNY WHITE PIKE							
NASHVILLE, TN 37204	62-0589380	501/C\/3\	9,000.	0.			GENERAL SUPPORT
MASHVILLE, IN 37204	02-0369380	501(C)(3)	9,000.	0.			GENERAL SUPPORT
GRACE COMMUNITY CHURCH OF SC							
2801 PELHAM ROAD							
GREENVILLE, SC 29615	57-1023259	CHURCH	9,000.	0.			GENERAL SUPPORT
GRACE UNITED METHODIST CHURCH							
201 SOUTH CHURCH STREET							
UNION, SC 29379	57-0846086	CHURCH	100,000.	0.			GENERAL SUPPORT
H.A.L.T.E.R.							
PO BOX 1403							
SPARTANBURG, SC 29304	57-0864733	501(C)(3)	86,445.	0.			GENERAL SUPPORT
211111111111111111111111111111111111111	3, 0001/33		00,245.	· ·			
HATCHER GARDEN AND WOODLAND							
PRESERVE, INC PO BOX 2337 -							
SPARTANBURG, SC 29304	57-1069038	501(C)(3)	116,248.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY SMILES OF SPARTANBURG, INC PO BOX 1441 - SPARTANBURG,							
SC 29304	03-0529473	501(C)(3)	21,900.	0.			GENERAL SUPPORT
HEALTHY SMILES OF SPARTANBURG, INC. GENERAL FUND - 424 E. KENNEDY							
STREET - SPARTANBURG, SC 29302	57-0351398	501(C)(3)	8,952.	0.			GENERAL SUPPORT
HELLO FAMILY FUND 424 E. KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501(C)(3)	16,755.	0.			GENERAL SUPPORT
DITELLIMBUNG, DC 23302	37 0331330	501(0/(3/	10,735.	0.			PENERAL BOFFORT
HOPE CENTER FOR CHILDREN							
PO BOX 1731	FR 060446=	E01/G\/2\	005.050	_			
SPARTANBURG, SC 29304-1731	57-0601487	DUT(C)(3)	235,260.	0.			GENERAL SUPPORT
HOPE POINT CHURCH							
P.O. BOX 170151							
SPARTANBURG, SC 29301	42-1575386	CHURCH	100,000.	0.			GENERAL SUPPORT
HOPE REMAINS YOUTH RANCH							
1771 JOHN DODD ROAD							
WELLFORD, SC 29385	26-0554902	501(C)(3)	12,500.	0.			GENERAL SUPPORT
HUB CITY ANIMAL PROJECT 168 W. MAIN STREET							
SPARTANBURG, SC 29306	82-3535935	501(C)(3)	31,000.	0.			GENERAL SUPPORT
,							
HUB CITY FARMER'S MARKET							
248 NORTH CHURCH STREET							
SPARTANBURG, SC 29306	56-2370088	501(C)(3)	19,725.	0.			GENERAL SUPPORT
HUB CITY WRITERS PROJECT, INC.							
186 WEST MAIN STREET							
SPARTANBURG, SC 29306	57-1059259	501(C)(3)	8,050.	0.			GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose	
organization or government (b) EIN (c) INC section (d) Amount of (e) Amount of (e) Amount of (f) Method of (g) Description of (n) Purpose or assistance (book, FMV, appraisal, other)	e of grant tance
J M SMITH FOUNDATION	
101 WEST ST. JOHN STREET, SUITE 305	
SPARTANBURG, SC 29306 57-1046595 501(C)(3) 7,000. 0. GENERAL SUPPOR	RT
JUST BECAUSE FUND	
424 E. KENNEDY STREET	
SPARTANBURG, SC 29302 57-0351398 501(C)(3) 112,000. 0. GENERAL SUPPOR	RT
KEEP THE CHANGE, INC. PO BOX 650723	
STERLING, VA 20165 45-2641038 501(C)(3) 6,000. 0. GENERAL SUPPOR	?Ф
512121110, VII 20105	
LANDER UNIVERSITY	
320 STANLEY AVENUE	
GREENWOOD, SC 29649 13-1921358 501(C)(3) 8,189. 0. GENERAL SUPPOR	RT
I ODM STIND	
LGBT FUND 424 E. KENNEDY STREET	
SPARTANBURG, SC 29302 57-0351398 501(C)(3) 10,500. 0. GENERAL SUPPOR	RТ
LIMESTONE UNIVERSITY	
1115 COLLEGE DRIVE	
GAFFNEY, SC 29340 57-0314402 501(C)(3) 9,023. 0. GENERAL SUPPOR	RT
MEETING STREET ACADEMY	
201 EAST BROAD STREET, SUITE 110	
SPARTANBURG, SC 29306 20-4587841 501(C)(3) 25,850. 0. GENERAL SUPPOR	RT
MENTAL FITNESS, INC.	
PO BOX 402	
SPARTANBURG, SC 29304 20-8489636 501(C)(3) 10,600. 0. GENERAL SUPPOR	RT
MIRACLE HILL MINISTRIES	
490 S PLEASANTBURG DR	
GREENVILLE, SC 29607-2526 57-0425826 501(C)(3) 28,500. 0. GENERAL SUPPOR	RT

Part II Continuation of Grants and Other	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ug
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOBILE MEALS SERVICE OF							
SPARTANBURG COUNTY, INC PO BOX							
461 - SPARTANBURG, SC 29304	57-0653452	501(C)(3)	122,545.	0.			GENERAL SUPPORT
MOUNT MORIAH BAPTIST CHURCH							
PO BOX 6241							
SPARTANBURG, SC 29304	57-1093299	CHURCH	5,100.	0.			GENERAL SUPPORT
MUSC FOUNDATION							
18 BEE STREET MSC 450							
CHARLESTON, SC 29425	57-1031624	501(C)(3)	27,000.	0.			GENERAL SUPPORT
NAZARETH PRESBYTERIAN CHURCH							
680 NAZARETH CHURCH RD. MOORE, SC 29369	57-6024361	СИПРСИ	40,385.	0.			GENERAL SUPPORT
HOOKE, BC 23303	37 0024301	choken	40,303.	٠.			GENERAL BOITORI
NC A&T STATE UNIVERSITY							
1601 E MARKET STREET							
GREENSBORO, NC 27411	56-2249960	501(C)(3)	6,400.	0.			GENERAL SUPPORT
No							
NORTH GREENVILLE UNIVERSITY PO BOX 1892							
TIGERVILLE, SC 29688	57-0314406	501(C)(3)	13,350.	0.			GENERAL SUPPORT
			22,222				
NORTHSIDE DEVELOPMENT GROUP							
PO BOX 3362							
SPARTANBURG, SC 29304	30-0698663	501(C)(3)	335,000.	0.			GENERAL SUPPORT
OAKBROOK PREPARATORY SCHOOL							
190 LINCOLN SCHOOL ROAD							
SPARTANBURG, SC 29301	57-0921126	501(C)(3)	15,000.	0.			GENERAL SUPPORT
·							
OMEGAS OF SPARTANBURG, INC.							
PO BOX 1642	20 44 00 5			_			
SPARTANBURG, SC 29304	38-4128657	сниксн	6,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS FOR ACTIVE LIVING							
PO BOX 6728							
SPARTANBURG, SC 29304	54-2111221	501(C)(3)	179,730.	0.			GENERAL SUPPORT
PIEDMONT CARE, INC. 101 NORTH PINE STREET, SUITE 200							
SPARTANBURG, SC 29302	57-1036204	501(C)(3)	18,000.	0.			GENERAL SUPPORT
PIEDMONT SERTOMA CLUB PO BOX 5041							
SPARTANBURG, SC 29304	23-7143056	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PK OUTREACH INC. 140 HILLS BRIDGE ROAD							
INMAN, SC 29349	57-1026176	501(C)(3)	21,009.	0.			GENERAL SUPPORT
PRAXIS LEADERSHIP, INC. 404 GRANGER DRIVE							
LAGRANGE, GA 30240	85-0523712	501(C)(3)	43,390.	0.			GENERAL SUPPORT
PRESBYTERIAN COLLEGE PO BOX 975 CLINTON, SC 29325	57-0314408	501 (C) (3)	17,309.	0.			GENERAL SUPPORT
elinion, be 25020	37 0311100	301(0)(3)	17,303.	•			CHARLES SOFTON
PRIDE LINK 30 POINTE CIRCLE							
GREENVILLE, SC 29615	83-1095678	501(C)(3)	14,000.	0.			GENERAL SUPPORT
REIDVILLE PRESBYTERIAN CHURCH 340 COLLEGE STREET							
REIDVILLE, SC 29375	23-7366967	CHURCH	6,451.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE PO BOX 3000							
BOONE, NC 28607	58-1437002	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	s and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVANTS FOR SIGHT							
PO BOX 2122							
GREENVILLE, SC 29602	27-0837500	CHURCH	13,164.	0.			GENERAL SUPPORT
SOUTH CAROLINA SCHOOL FOR THE DEAF			<i>'</i>				
AND BLIND FOUNDATION, INC 355							
CEDAR SPRINGS ROAD - SPARTANBURG,							
sc 29302	57-0693592	501(C)(3)	171,740.	0.			GENERAL SUPPORT
SOUTH CAROLINA STATE UNIVERSITY							
300 COLLEGE STREET, PO BOX 7386							
ORANGEBURG, SC 29117	23-7113930	501(C)(3)	10,300.	0.			GENERAL SUPPORT
SOUTHSIDE CHRISTIAN SCHOOL							
2211 WOODRUFF ROAD	74-3095222	E01/G\/3\	25 000	0.			GENERAL GURRORM
SIMPSONVILLE, SC 29681	74-3095222	501(C)(3)	25,000.	٠.			GENERAL SUPPORT
SPARTANBURG ACADEMIC MOVEMENT							
349 EAST MAIN STREET, SUITE 101							
SPARTANBURG, SC 29302	45-2104341	501(C)(3)	625,381.	0.			GENERAL SUPPORT
DIANTANDONG, DC 25302	45 2104541	301(0)(3)	023,301.	<u> </u>			GENERAL BULLORI
SPARTANBURG AREA CONSERVANCY							
100 E MAIN STREET, SUITE 7B							
SPARTANBURG, SC 29306	57-0885225	501(C)(3)	70,869.	0.			GENERAL SUPPORT
·			<u> </u>				
SPARTANBURG ART MUSEUM							
200 EAST SAINT JOHN STREET							
SPARTANBURG, SC 29306	23-7041876	501(C)(3)	74,741.	0.			GENERAL SUPPORT
SPARTANBURG COMMUNITY COLLEGE							
HEALTHY SMILES OF SPARTANBURG							
SPARTANBURG, SC 29304	57-0751500	501(C)(3)	59,437.	0.			GENERAL SUPPORT
CDADMANDIDG COMMINITAL COLLEGE							
SPARTANBURG COMMUNITY COLLEGE							
FOUNDATION - 107 COMMUNITY COLLEGE	E7 0751500	E01/G)/3\	300 675	_			GENEDAL GUDDODE
DR SPARTANBURG, SC 29303	57-0751500	DOT(C)(3)	320,675.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T ago
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG COMMUNITY INDICATORS PROJECT FUND - 424 E. KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501(C)(3)	325,000.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY BAPTIST ASSOCIATION - PO BOX 3433 - SPARTANBURG, SC 29304	27-0816289		75,650.	0.			GENERAL SUPPORT
SPARIANBURG, SC 29304	27-0010209	301(C)(3)	75,650.	0.			GENERAL SUFFURI
SPARTANBURG COUNTY FIRST STEPS 900 SOUTH PINE STREET SPARTANBURG, SC 29302	57-1097869	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY HISTORICAL ASSOCIATION, INC PO BOX 887 - SPARTANBURG, SC 29304	57-6025123	501(C)(3)	69,949.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY PUBLIC LIBRARIES - 151 S. CHURCH STREET - SPARTANBURG, SC 29306	57-6000940	GOVERNMENT	53,250.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY SCHOOL DISTRICT RP DAWKINS MIDDLE FACULTY FUND MOORE, SC 29369	57-0741993		77,610.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY SCHOOL DISTRICT SEVEN - MCCRACKEN JR. HIGH SCHOOL BETA CLUB - SPARTANBURG, SC 29307	57-6000942	GOVERNMENT	7,500.	0.			GENERAL SUPPORT
SPARTANBURG DAY SCHOOL 1701 SKYLYN DRIVE			, .				
SPARTANBURG, SC 29307	57-0371816	501(C)(3)	553,022.	0.			GENERAL SUPPORT
SPARTANBURG METHODIST COLLEGE 1000 POWELL MILL ROAD			40.0==	_			
SPARTANBURG, SC 29301	57-0314415	pu1(C)(3)	68,875.	0.			GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
SPARTANBURG PHILHARMONIC							
200 EAST ST. JOHN STREET							
SPARTANBURG, SC 29306	57-0485556	501(C)(3)	80,144.	0.			GENERAL SUPPORT
221111111120110, 20 22000	0, 010000		55,211.	•			
SPARTANBURG REGIONAL HEALTHCARE							
SYSTEM FOUNDATION - 101 E. WOOD							
STREET - SPARTANBURG, SC 29303	57-0937166	501(C)(3)	172,363.	0.			GENERAL SUPPORT
,			1,				
SPARTANBURG SCIENCE CENTER							
200 EAST ST. JOHN STREET							
SPARTANBURG, SC 29306	57-0661215	501(C)(3)	11,100.	0.			GENERAL SUPPORT
SPEAKING DOWN BARRIERS							
PO BOX 7133							
SPARTANBURG, SC 29304	47-4421330	501(C)(3)	27,742.	0.			GENERAL SUPPORT
ST. LUKE'S FREE MEDICAL CLINIC,							
INC PO BOX 3466 - SPARTANBURG,							
SC 29304	57-0943232	501(C)(3)	148,154.	0.			GENERAL SUPPORT
ST. PAUL THE APOSTLE CATHOLIC							
SCHOOL - 152 ALABAMA STREET -							
SPARTANBURG, SC 29302	57-1055848	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ST. PAUL THE APOSTLE CATHOLIC							
CHURCH - 161 NORTH DEAN STREET -							
SPARTANBURG, SC 29302	57-0327879	сниксн	10,700.	0.			GENERAL SUPPORT
STRENGTHENING VOICESGRASSROOTS							
LEADERSHIP DEVELOPMENT FUND - 424							
E. KENNEDY STREET - SPARTANBURG,							
SC 29302	57-0351398	501(C)(3)	7,000.	0.			GENERAL SUPPORT
TEMPLE B'NAI ISRAEL							
146 HEYWOOD AVENUE							
SPARTANBURG, SC 29302	57-6022286	501(C)(3)	45,305.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Do		and Domestic Go	vernments (Sch	edule I (Form 990) Pa		3, 0331330
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BETHLEHEM CENTER							
РО ВОХ 3501							
SPARTANBURG, SC 29304	57-0314367	501(C)(3)	94,350.	0.			GENERAL SUPPORT
THE CITADEL FOUNDATION							
171 MOULTRIE STREET							
CHARLESTON, SC 29409	57-6020493	501(C)(3)	8,000.	0.			GENERAL SUPPORT
THE EPISCOPAL CHURCH OF THE ADVENT							
SPARTANBURG, SC 29302	57-0747726	CHURCH	77,525.	0.			GENERAL SUPPORT
THE ETV ENDOWMENT OF SC, INC. 401 E. KENNEDY STREET, SUITE B-1 SPARTANBURG, SC 29302	57-0657549	501(C)(3)	8,624.	0.			GENERAL SUPPORT
THE GLENN SPRINGS PRESERVATION SOCIETY - PO BOX 571 - PAULINE, SC							
29374	81-5248161	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE GROUP OF 100, INC. 824 E. MAIN STREET SPARTANBURG, SC 29302	58-2480621	501(C)(3)	17,000.	0.			GENERAL SUPPORT
THE KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION - CAMPUS BOX 3440 -	56-6001393	E01/G)/3\	112 000	0.			GENERAL SUPPORT
CHAPEL HILL, NC 27599-3400	30-0001393	501(0)(3)	113,000.	0.			GENERAL SUFFORT
THE LEUKEMIA AND LYMPHOMA SOCIETY LLS-NORTH CAROLINA							
NEW YORK, NY 10087-2443	13-5644916	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE NOBLE TREE FOUNDATION.ORG	EB 4004055	F01/G)/3	5.000				
SPARTANBURG, SC 29302	57-1091856	501(C)(3)	5,200.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ago
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PROUD MARY THEATER COMPANY							
578 WEST MAIN STREET							
SPARTANBURG, SC 29301	82-2196578	501(C)(3)	6,000.	0.			GENERAL SUPPORT
THE SHEPHERD'S CENTER OF	02 2130370	301(0)(3)	0,000.	••			
SPARTANBURG, SC, INC 393 E.							
MAIN STREET - SPARTANBURG, SC							
29302	57-0691077	501(C)(3)	36,150.	0.			GENERAL SUPPORT
THE SPARTANBURG COUNTY FOUNDATION	3, 00310,,	501(0)(0)	30,230.	•			
TRUSTEE PROVIDED FUND - 424 E.							
KENNEDY STREET - SPARTANBURG, SC							
29302	57-0351398	501(C)(3)	7,000.	0.			GENERAL SUPPORT
			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
THE SPARTANBURG LITTLE THEATRE							
200 E. ST. JOHN STREET							
SPARTANBURG, SC 29306	57-6002713	501(C)(3)	11,000.	0.			 GENERAL SUPPORT
,			, -				
THE SPARTANBURG SOUP KITCHEN, INC.							
136 SOUTH FOREST STREET							
SPARTANBURG, SC 29306	27-0530812	501(C)(3)	21,119.	0.			GENERAL SUPPORT
,							
THORNWELL HOME FOR CHILDREN							
302 SOUTH BROAD STREET							
CLINTON, SC 29325	57-0314418	501(C)(3)	5,100.	0.			GENERAL SUPPORT
			·				
TOTAL MINISTRIES							
976 S. PINE STREET							
SPARTANBURG, SC 29302	57-0771620	501(C)(3)	35,001.	0.			GENERAL SUPPORT
TRINITY UNITED METHODIST CHURCH							
1920 HORSESHOE FALLS ROAD							
ENOREE, SC 29335	57-1112841	CHURCH	25,554.	0.			GENERAL SUPPORT
UNION PRESBYTERIAN CHURCH							
101 WEST SOUTH STREET							
UNION, SC 29379	37-1879923	сниксн	28,031.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ı ağ
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITARIAN UNIVERSALIST CHURCH OF							
SPARTANBURG - PO BOX 1942 -							
SPARTANBURG, SC 29304	57-0947382	CHURCH	6,789.	0.			GENERAL SUPPORT
UNITED MITOCHONDRIAL DISEASE			, -				
FOUNDATION INC 8085 SALTSBURG							
ROAD, SUITE 201 - PITTSBURGH, PA							
15239	25-1767180	501(C)(3)	30,000.	0.			GENERAL SUPPORT
UNITED WAY OF THE PIEDMONT, INC.							
PO BOX 5624							
SPARTANBURG, SC 29304	57-0314377	501(C)(3)	34,880.	0.			GENERAL SUPPORT
	0. 00220			••			
UNIVERSITY OF NEW HAMPSHIRE							
11 GARRISON AVENUE							
DURHAM, NH 03824	02-0437506	501(C)(3)	9,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA							
CASHIERS OFFICE							
SPARTANBURG, SC 29303	57-0555699	501(C)(3)	30,525.	0.			GENERAL SUPPORT
UPSTATE FAMILY RESOURCE CENTER							
1850 OLD FURNACE ROAD	06-1806404	E01/G\/2\	67 200	0			GENERAL GURRORE
BOILING SPRINGS, SC 29316	06-1806404	501(C)(3)	67,200.	0.			GENERAL SUPPORT
UPSTATE FOREVER							
507 PETTIGRU STREET							
GREENVILLE, SC 29601-3116	57-1070433	501(C)(3)	101,550.	0.			GENERAL SUPPORT
,							
UPSTATE PRIDE							
PO BOX 9128							
GREENVILLE, SC 29604	27-1102951	501(C)(3)	19,000.	0.			GENERAL SUPPORT
UPSTATE WARRIOR SOLUTION							
PO BOX 27232							
GREENVILLE, SC 29616	46-1699670	501(C)(3)	33,634.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
USC UNION										
PO DRAWER 729										
UNION, SC 29379	57-6001153	501(C)(3)	22,850.	0.			GENERAL SUPPORT			
USC UPSTATE										
C/O CARI LANGSTON										
SPARTANBURG, SC 29303	57-0555699	501(C)(3)	34,700.	0.			GENERAL SUPPORT			
USC UPSTATE FOUNDATION										
USC UPSTATE ACHIEVE PROGRAM										
SPARTANBURG, SC 29303	57-0555699	501(C)(3)	344,120.	0.			GENERAL SUPPORT			
WESTERN CAROLINA UNIVERSITY			,							
1 UNIVERSITY DRIVE, 110 H.F.										
ROBINSON BUILDING - CULLOWHEE, NC										
28723	56-6001440	501(C)(3)	6,000.	0.			GENERAL SUPPORT			
WESTMINSTER PRESBYTERIAN CHURCH										
309 FERNWOOD DRIVE										
SPARTANBURG, SC 29307	57-0424982	CHURCH	12,000.	0.			GENERAL SUPPORT			
WINTHROP UNIVERSITY										
304 TILLMAN HALL, 638 OAKLAND AVENU	ī									
ROCK HILL, SC 29733	23-7378001	501(C)(3)	9,453.	0.			GENERAL SUPPORT			
			, , , , , ,							
WOFFORD COLLEGE										
429 N. CHURCH STREET										
SPARTANBURG, SC 29303	57-0314422	501(C)(3)	103,464.	0.			GENERAL SUPPORT			
WOMEN GIVING FOR SPARTANBURG FUND										
424 E. KENNEDY STREET										
SPARTANBURG, SC 29302	57-0351398	501(C)(3)	26,200.	0.			GENERAL SUPPORT			
YMCA OF GREATER SPARTANBURG										
151 RIBAULT STREET										
SPARTANBURG, SC 29302	57-0314425	501(C)(3)	60,481.	0.			GENERAL SUPPORT			
			1 33,101.	· · ·			Oak adala I/Farra 0			

Part II Continuation of Grants and Other			and Domestic Go	vernments (Sche	edule I (Form 990). Pa		37 0331330
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE OF SPARTANBURG							
PO BOX 1314							
SPARTANBURG, SC 29304	84-0385934	501(C)(3)	12,954.	0.			GENERAL SUPPORT
YOUTH SPORTS BUREAU, U.S.A.							
PO BOX 5103							
SPARTANBURG, SC 29304	57-0932542	501(C)(3)	7,500.	0.			GENERAL SUPPORT
KIDS UPSTATE							
PO BOX 2794							
SPARTANBURG, SC 29304	57-0862226	501(C)(3)	67,686.	0.			GENERAL SUPPORT
CHARLES LEA CENTED FOINDAMION							
CHARLES LEA CENTER FOUNDATION,							
INC 195 BURDETTE STREET -		504 (5) (2)	45.005				
SPARTANBURG, SC 29307	57-0793478	501(C)(3)	17,825.	0.			GENERAL SUPPORT
JUMPSTART SOUTH CAROLINA							
PO BOX 1050							
SPARTANBURG, SC 29304	26-3023664	501/0\/3\	17,750.	0.			GENERAL SUPPORT
BFARTANBURG, SC 29304	20-3023004	501(0)(3)	17,730.	0.			GENERAL SUFFORT
SALVATION ARMY OF SPARTANBURG							
PO BOX 2909							
SPARTANBURG, SC 29304	58-0660607	501(C)(3)	5,869.	0.			GENERAL SUPPORT
BOB JONES UNIVERSITY							
1700 WADE HAMPTON BOULEVARD							
GREENVILLE, SC 29614-0001	57-1088101	501(C)(3)	10,000.	0.			GENERAL SUPPORT
STONE SOUP STORYTELLING INSTITUTE							
134 S. MAIN STREET	F7 0064306	E01/G)/3)	F 600	_			GENERAL GURRORE
WOODRUFF, SC 29388	57-0864306	DUI(C)(3)	5,692.	0.			GENERAL SUPPORT
BLOOM UPSTATE, INC.,							
PO BOX 2374							
SPARTANBURG, SC 29304	82-2158330	501(C)(3)	20,018.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ı agı
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG HUMANE SOCIETY							
150 DEXTER ROAD							
SPARTANBURG, SC 29303	57-0481019	501(C)(3)	88,451.	0.			GENERAL SUPPORT
,			, .				
CITIZEN SCHOLARS INSTITUTE							
PO BOX 6266							
SPARTANBURG, SC 29304	81-3296125	501(C)(3)	276,235.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES -							
SPARTANBURG - PO BOX 117 -							
SPARTANBURG, SC 29304	44-0610626	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES -							
HARTWELL, GA - 2288 LIGHTWOOD ROAD	44 0610626	E01/G\/2\	21 500	_			GENERAL GURRORE
- HARTWELL, GA 30643	44-0610626	501(C)(3)	31,502.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES -							
INDIAN TRAIL - 1027 ONYX LANE -							
INDIAN TRAIL, NC 28079	44-0610626	501(C)(3)	20,000.	0.			GENERAL SUPPORT
INDIAN IMILE, No 20075	11 0010020	301(3)(3)	20,000.	••			
FELLOWSHIP OF CHRISTIAN ATHLETES -							
ROCK HILL - PO BOX 525 - ROCK							
HILL, SC 29731	44-0610626	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF SOUTH							
CAROLINA-MOUNTAINS TO MIDLANDS,							
INC GREENVILLE - 3 INDEPENDENCE							
POINTE, SUITE 106 - GREENVILLE, SC	57-0314433	501(C)(3)	7,000.	0.			GENERAL SUPPORT
MAYO CLINIC							
PO BOX 450							
ALBERT LEA, MN 56007	41-6011702	501(C)(3)	1,500,000.	0.			GENERAL SUPPORT
RACIAL EQUITY FUND							
424 E. KENNEDY STREET	E7 0251200	E01/G\/3\	75 000	_			CEMEDAL GIDDODE
SPARTANBURG, SC 29302	57-0351398	DOT(C)(2)	75,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ug
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOFFORD COLLEGE ATHLETICS							
429 N. CHURCH STREET							
SPARTANBURG, SC 29303	57-0314422	501(C)(3)	23,600.	0.			GENERAL SUPPORT
Eliminatione, Be 23000	3, 0311122	301(3)(3)	23,000.	•			DINDIGIT BOTTON
HABITAT FOR HUMANITY OF							
SPARTANBURG - 2270 SOUTH PINE							
STREET - SPARTANBURG, SC 29302	57-0849669	501(C)(3)	97,349.	0.			GENERAL SUPPORT
,			,				
SPARTANBURG HOUSING							
170 ARCH STREET							
SPARTANBURG, SC 29303	82-3170687	501(C)(3)	52,571.	0.			GENERAL SUPPORT
TUNNEL TO TOWERS FOUNDATION							
2361 HYLAN BOULEVARD							
STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF SOUTH CAROLINA							
MOUNTAINS TO MIDLANDS -							
SPARTANBURG - 330 SCOUT DRIVE -							
SPARTANBURG, SC 29301	57-0314433	501(C)(3)	6,000.	0.			GENERAL SUPPORT
LEADERSHIP SPARTANBURG ALUMNI							
ASSOCIATION FUND - 424 E. KENNEDY							
STREET - SPARTANBURG, SC 29302	57-0351398	501(C)(3)	20,257.	0.			GENERAL SUPPORT
PALMETTO COUNCIL, BOY SCOUTS OF							
AMERICA - 420 S. CHURCH STREET -							
SPARTANBURG, SC 29306	22-1576300	501(C)(3)	26,187.	0.			GENERAL SUPPORT
COMMUNITY IMPACT FUND							
424 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501(C)(3)	806,266.	0.			GENERAL SUPPORT
SPARTANBURG MUSIC FOUNDATION FUND							
424 E. KENNEDY STREET		504 (5) (2)		_			
SPARTANBURG, SC 29302	57-0351398	pu1(C)(3)	80,199.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPLIFT OUTREACH CENTER							
PO BOX 171375							
SPARTANBURG, SC 29301	84-2137645	501(C)(3)	25,500.	0.			GENERAL SUPPORT
FAVOR UPSTATE							
355 WOODRUFF ROAD, SUITE 303							
GREENVILLE, SC 29607	20-1724061	501(C)(3)	26,000.	0.			GENERAL SUPPORT
MILE HOMELEGG DEDTOD DDOTEGE DDA							
THE HOMELESS PERIOD PROJECT DBA THE PERIOD PROJECT - PO BOX 402 -							
GREENVILLE, SC 29602	47-5144792	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA CHARITIES, INC.							
104 S MAIN STREET STE 110							
GREENVILLE, SC 29601-2788	57-1110542	501(C)(3)	29,000.	0.			GENERAL SUPPORT
DANIEL JENKINS ACADEMY							
2670 BONDS AVENUE							
NORTH CHARLESTON, SC 29405	57-6000322	501(C)(3)	10,500.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES -							
UNION - PO BOX 1110 - UNION, SC 29379-2015	44-0610626	E01/Q\/2\	8,000.	0.			GENERAL SUPPORT
29379-2015	44-0010020	501(C)(3)	8,000.	0.			GENERAL SUPPORT
CHEROKEE COUNTY SCHOOL DISTRICT							
141 TWIN LAKE ROAD							
GAFFNEY, SC 29341	57-6001580	501(C)(3)	5,500.	0.			GENERAL SUPPORT
·			,				
UNIVERSITY OF NORTH CAROLINA -							
CHAPEL HILL - PO BOX 1080 - CHAPEL							
HILL, NC 27514-1080	59-1711424	501(C)(3)	8,000.	0.			GENERAL SUPPORT
SPARTANBURG JUNETEENTH, INC. FUND							
424 E. KENNEDY STREET	F7 0351365	E01/G)/2)	10.000	_			GENERAL GUERORE
SPARTANBURG, SC 29302	57-0351398	bot(c)(3)	10,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ı agı
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COKER UNIVERSITY							
300 E. COLLEGE AVENUE							
HARTSVILLE, SC 29550	57-0324916	501(C)(3)	5,750.	0.			GENERAL SUPPORT
,							
ROTARY INTERNATIONAL DISTRICT 7750							
7201 WINSLOW DRIVE							
WAXHAW, NC 28173	57-0750229	501(C)(3)	64,813.	0.			GENERAL SUPPORT
PROJECT R.E.S.T.							
236 UNION STREET							
SPARTANBURG, SC 29302	57-0760599	501(C)(3)	23,486.	0.			GENERAL SUPPORT
ONE GDADEN NOVIDG TNG							
ONESPARTANBURG INC. 105 N. PINE STREET							
	57-0251910	E01/G\/3\	201 005	0.			GENERAL SUPPORT
SPARTANBURG, SC 29304	37-0231910	501(C)(3)	201,895.	0.			GENERAL SUPPORT
MEDICAL COLLEGE OF GEORGIA							
1120 15TH STREET							
AUGUSTA, GA 30912	56-0532129	501(C)(3)	7,000.	0.			GENERAL SUPPORT
,			,,,,,,,				
MUSC SCHOOL OF PHARMACY							
1 SOUTH PARK CIRCLE, BUILDING 1, S	J						
CHARLESTON, SC 29407	57-1031624	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ST. PAUL UNITED METHODIST CHURCH							
1320 FERNWOOD GLENDALE ROAD							
SPARTANBURG, SC 29307	57-0439646	CHURCH	5,969.	0.			GENERAL SUPPORT
REFORMED UNIVERSITY FELLOWSHIP							
PO BOX 890004	EO 1812101	501 (9) (2)	6 000	_			
CHARLOTTE, NC 28289-0004	58-1713181	D01(C)(3)	6,200.	0.			GENERAL SUPPORT
ST. MATTHEW'S EPISCOPAL CHURCH							
101 ST. MATTHEWS LANE							
SPARTANBURG, SC 29301	57-0524255	CHURCH	11,560.	0.			GENERAL SUPPORT
211111111111111111111111111111111111111	2, 0321233		1 11,500.	· ·			Ochodala I/Farra 0/

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ı ağ
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAUTY MARKS FOR GIRLS							
431 E KENNEDY ST.							
SPARTANBURG, SC 29302	82-5487846	501(C)(3)	6,000.	0.			GENERAL SUPPORT
,			,				
ELOHIMS FOUNDATION							
530 UNITED CIRCLE							
GREER, SC 29651	32-0320580	501(C)(3)	11,000.	0.			GENERAL SUPPORT
UNIVERSITY OF GEORGIA							
105 BUSINESS SERVICES BLDG.				_			
ATHENS, GA 30602	58-6033837	501(C)(3)	6,000.	0.			GENERAL SUPPORT
MARY H. WRIGHT MEMORIAL STATUE							
FUND - 424 E. KENNEDY STREET -							
SPARTANBURG, SC 29302	57-0351398	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ETIMITEDORO, SO ESSUE	3, 0331330	301(0)(3)	20,000.	•			DINDIGHT BOTTONT
JOHN AND NORA FEATHERSTON DONOR							
ADVISED FUND - 424 E. KENNEDY							
STREET - SPARTANBURG, SC 29302	57-0351398	501(C)(3)	24,315.	0.			GENERAL SUPPORT
·			·				
ROCK ISLAND-MILAN EDUCATION							
FOUNDATION - 2101 SIXTH AVENUE -							
ROCK ISLAND, IL 61201	36-3504459	501(C)(3)	14,985.	0.			GENERAL SUPPORT
LAKE SUMMIT COMMUNITY FOUNDATION							
FUND - 424 E. KENNEDY STREET -				_			
SPARTANBURG, SC 29302	57-0351398	501(C)(3)	38,750.	0.			GENERAL SUPPORT
DEDVELEY ALMEDNAMINE GOVOOL							
BERKELEY ALTERNATIVE SCHOOL							
106 S LIVE OAK DR MONCKS CORNER, SC 29461	57-6000313	501/0\/3\	5,500.	0.			GENERAL SUPPORT
MONORD CORNER, SC 23401	37 0000313	501(0)(3)	3,300.	0.			PERENTE BOLFORT
SPARTANBURG TERRACE TENANTS							
ASSOCIATION - PO BOX 6905 -							
SPARTANBURG, SC 29304	57-0961574	501(C)(3)	13,300.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ugo r
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE UNIVERSITY OF							
PENNSYLVANIA - PENN MEDICINE							
DEVELOPMENT, BASSER CENTER FOR				_			
BRCA - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	200,000.	0.			GENERAL SUPPORT
EMILY CART COCHRAN FUND							
424 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501(C)(3)	601,285.	0.			GENERAL SUPPORT
·			·				
LUCILE CART BOYLE FUND							
424 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501(C)(3)	601,285.	0.			GENERAL SUPPORT
WALMED M CARM IN BANKIY BUND							
WALTER M. CART, JR. FAMILY FUND 424 E. KENNEDY STREET							
	57-0351398	E01/G\/3\	601 205	0.			GENERAL SUPPORT
SPARTANBURG, SC 29302	37-0331396	501(C)(3)	601,285.	0.			GENERAL SUPPORT
ROB CART FAMILY FUND							
424 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501(C)(3)	601,285.	0.			GENERAL SUPPORT
2212121222120, 20 25002	0, 000200			-			021.21.2
WILLS EYE FOUNDATION							
840 WALNUT ST., SUITE 1510							
PHILADELPHIA, PA 19107	59-3794523	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALOTIAN CHARITABLE EVENTS, INC.							
101 ALOTIAN DRIVE							
ROLAND, AR 72135	83-1757253	501(C)(3)	30,000.	0.			GENERAL SUPPORT
PALMETTO PROJECT							
6296 RIVERS AVENUE, SUITE 100	57_0007001	501(C)(3)	26 000	_			CENEDAI CUDDODO
CHARLESTON, SC 29406	57-0807801	DOT(C)(3)	26,000.	0.			GENERAL SUPPORT
UPSTATE WORKFORCE FUTURES							
CORPORATION (ACHIEVE PROGRAM) - 220 EAST KENNEDY STREET -							
SPARTANBURG, SC 29302	61-1614418	501(C)(3)	26,180.	0.			GENERAL SUPPORT
DITECTIONS, DC 25502	1 01 1014410	Por(c/(3/	20,100.	٠.			GENERAL SUFFORT

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	s and Domestic Go	<b>overnments</b> (Scho I	edule I (Form 990), Pa I	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG YOUTH THEATRE FUND							
424 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOMES OF HOPE							
3 DUNEAN STREET							
GREENVILLE, SC 29611	57-1069688	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF THE SPARTANBURG COUNTY			1				
PUBLIC LIBRARY CAPITAL							
IMPROVEMENTS FUND - 424 E. KENNEDY							
STREET - SPARTANBURG, SC 29302	57-0351398	501(C)(3)	250,000.	0.			GENERAL SUPPORT
SALUDA COMMUNITY LAND TRUST, INC.							
PO BOX 732							
SALUDA, NC 28773	20-8869652	501(C)(3)	16,000.	0.			GENERAL SUPPORT
ST. LUKE'S EPISCOPAL CHURCH							
2245 HUGUENOT TRAIL							
POWHATAN, VA 23139	54-0856687	CHURCH	10,000.	0.			GENERAL SUPPORT
THE POST AND COURIER PUBLIC							
SERVICE AND INVESTIGATIVE							
REPORTING FUND - 424 E. KENNEDY							
STREET - SPARTANBURG, SC 29302	57-0351398	501(C)(3)	50,000.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY HISTORICAL							
ASSOCIATION - PO BOX 887 -				_			
SPARTANBURG, SC 29304	57-6025123	501(C)(3)	8,000.	0.			GENERAL SUPPORT
UGD BOUNDAMION THE DESTANATES							
VSP FOUNDATION, INC. DESIGNATED							
FUND - 424 E. KENNEDY STREET -	F7 0251200	E01/G)/3)	67.005	_			GENERAL GURRORE
SPARTANBURG, SC 29302	57-0351398	DUI(C)(3)	67,995.	0.			GENERAL SUPPORT
SPARTANBURG YOUTH THEATRE							
200 EAST ST. JOHN STREET							
SPARTANBURG, SC 29306	57-6002713	501(C)(3)	5,560.	0.			GENERAL SUPPORT
DIIMIIMDONG, DC 29300	37 0002/13	Por(C)(3)	1 3,300.	<u> </u>	L	L	Schodulo I (For

<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
			assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
57-6000942	501(C)(3)	8,000.	0.			GENERAL SUPPORT
	57-6000942	57-6000942 501(C)(3)	57-6000942 501(C)(3) 8,000.	57-6000942 501(C)(3) 8,000. 0.	57-6000942 501(C)(3) 8,000. 0.	57-6000942 501(C)(3) 8,000. 0.

(a) Type of grant or assistance	<b>(b)</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	620	616,042.	0.		
ON OUR AND IT IS	020	010,042.	0.		
Part IV Supplemental Information. Provide the information	roquired in Part Llin	o 2: Part III. column	(b): and any other ac	Iditional information	
PART I, LINE 2:	required in Fart i, iiii	e z, r ar iii, columii	(b), and any other ac	antona momaton.	
THE ORGANIZATION MAKES DISTRIBUTIONS TO VARIOUS	LOCAL NON-PROFI	TS AT THE			
DIRECTION OF FUND ADVISORS, ORGANIZATIONS MUST B	E 501(C)(3) ORG	SANIZATIONS			
IN ORDER TO RECEIVE FUNDING. IN THE EVENT THAT F	UNDS ARE KNOWN	TO MISUSED,			
FUTURE DISTRIBUTIONS WILL NOT BE MADE.					

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number SPARTANBURG COUNTY FOUNDATION 57-0351398

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		х
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?	2		х
3	Indicate which, if any, of the following the 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				l
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:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	7		Х
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	reportable			reported as deferred on prior Form 990	
(1) TROY M. HANNA	(i)	205,788.	0.	0.	24,695.	0.	230,483.	0.	
PRESIDENT & CEO/ ASST. SEC	(ii)	0.	0.	0.	0.	0.	0,	0,	
(2) MARY L. THOMAS	(i)	183,350.	0.	0.	22,002.	0.	205,352.	0,	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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 PROVIDES THE PRESIDENT AND CEO A NEMBERSHIP TO SPARTANBURG  COUNTRY CLUB AND THE PIEDMONT CLUB, FOR DEVELOPMENT PURPOSES, ANY PERSONAL  EXPENSES INCURRED ARE REIMBURSED TO THE FOUNDATION.	Part III   Supplemental Information
THE FOUNDATION PROVIDES THE PRESIDENT AND CEO A MEMBERSHIP TO SPARTANBURG  COUNTRY CLUB AND THE PIEDMONT CLUB, FOR DEVELOPMENT PURPOSES. ANY PERSONAL	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.
COUNTRY CLUB AND THE PIEDMONT CLUB, FOR DEVELOPMENT PURPOSES. ANY PERSONAL	PART I, LINE 1A:
	THE FOUNDATION PROVIDES THE PRESIDENT AND CEO A MEMBERSHIP TO SPARTANBURG
EXPENSES INCURRED ARE REIMBURSED TO THE POUNDATION.	COUNTRY CLUB AND THE PIEDMONT CLUB, FOR DEVELOPMENT PURPOSES. ANY PERSONAL
	EXPENSES INCURRED ARE REIMBURSED TO THE FOUNDATION.

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

SPARTANBURG COUNTY FOUNDATION

Inspection Employer identification number

57-0351398

Pai	t 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 de noncash contribu		_	s
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	27	2,014,903.	FMV			
10	Securities - Closely held stock			, , .				
11	Securities - Partnership, LLC, or							
••								
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
.0	TRACT TO A CONTRACT OF THE CON							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles							
20	Food inventory							
21	Drugs and medical supplies							
22	Taxidermy							
23	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )	ation during	the tay year far a	antributions				
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	:83, Part V, L	onee Acknowledg	ement 29			V	NI.
20-	Division the constitution of the constitution of the least			antani in Dant I. linaa 4 dana	00 ++ :t		Yes	No
зua	During the year, did the organization receive b							
	must hold for at least 3 years from the date of			· · · · · · · · · · · · · · · · · · ·		00-		x
	exempt purposes for the entire holding period	7				30a		$\stackrel{f \wedge}{\vdash}$
	If "Yes," describe the arrangement in Part II.			-£	tiaa0	0.4		v
31	Does the organization have a gift acceptance				tions?	31	-+	Х
32a	Does the organization hire or use third parties		_					v
_	contributions?					32a		Х
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) foi	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							

LHA

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

### **SCHEDULE O** (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 57-0351398

SPARTANBURG COUNTY FOUNDATION	57-0351398
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
RESIDENTS BY PROMOTING PHILANTHROPY, ENCOURAGING COMMUNITY ENGAGEMENT,	
AND RESPONDING TO COMMUNITY NEEDS.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
INITIATIVES: NONPROFIT CONNECT, NONPROFIT CAPACITY BUILDING BOOT CAMP,	
DONOR CONNECT, THE SPARTANBURG INTERFAITH ALLIANCE, GRASSROOTS	
LEADERSHIP DEVELOPMENT INSTITUTE AND ALUMNI ASSOCIATION, AND MINORITY	
BUSINESS CONNECT. THE FOUNDATION DEVELOPED AND LAUNCHED THREE NEW	
INITIATIVES: NONPROFIT CAPACITY BUILDING BOOT CAMP TO PROVIDE SMALL	
AND/OR NEW ORGANIZATIONS WITH THE FUNDAMENTALS OF OPERATING A	
NONPROFIT, MINORITY BUSINESS CONNECT TO INCREASE THE SOCIAL CAPITAL OF	
MINORITY BUSINESS OWNERS AND ENTREPRENEURS, AND THE HIGHLAND	
NEIGHBORHOOD LEADERSHIP DEVELOPMENT INSTITUTE TO EQUIP RESIDENT WITH	
THE TOOLS AND TRAINING NEEDED TO STRENGTHEN THEIR COLLECTIVE VOICE AND	
CREATE POSITIVE CHANGE IN THEIR NEIGHBORHOOD. ADDITIONALLY, THE	
FOUNDATION INTRODUCED A NEW GRANTMAKING STRATEGY FOCUSED ON THE CORE	
AREAS OF THE FOUNDATION'S VISION: QUALITY OF LIFE, ECONOMIC MOBILITY,	
AND EDUCATIONAL ACHIEVEMENT.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE COMPLETE 990 AND ALL SCHEDULES ARE PROVIDED TO THE BOARD OF	
TRUSTEES FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING. AFTER APPROVAL BY	
THE TRUSTEES, THE FOUNDATION'S PRESIDENT & CEO SIGNS THE RETURN AND	
AUTHORIZES FILING.	

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization	Employer identification number
SPARTANBURG COUNTY FOUNDATION	57-0351398
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.	
ALL DAMOS.	
TORK COO. DIDT VI. GROWTON D. LINE 15	
FORM 990, PART VI, SECTION B, LINE 15:	
A.)THE EXECUTIVE & GOVERNANCE COMMITTEE AND THE FULL BOARD ARE INVOLVED IN	
THE DECISION MAKING. B.) COMPARISONS ARE BASED ON AN ANNUAL STUDY CONDUCTED	
BY THE COUNCIL ON FOUNDATIONS, AND ON OTHER COMPARATIVE DATA. C.) 50TH	
PERCENTILE	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST, THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE FOR	
INSPECTIONS 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 AND ALSO ON WWW.SPCF.ORG AND	
WWW.GUIDESTAR.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -48,168.	
RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN 490,889.	
TOTAL TO FORM 990, PART XI, LINE 9 442,721.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Schedule O (Form 990) 2022

### **SCHEDULE R** (Form 990)

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.

Department of the Treasury Internal Revenue Service

SPARTANBURG, SC 29302

SPARTANBURG, SC 29302

424 E KENNEDY STREET

SPARTANBURG REAL HOLDINGS LLC - 57-0351398

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

SPARTANBURG COUNTY

FOUNDATION

Name of the organization  SPARTANBURG COUNTY	SPARTANBURG COUNTY FOUNDATION  ation of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.  (a)  (b)  (c)  Legal domicile (state or foreign country)  Findary activity  Findary activity  Findary activity  Findary activity  Findary activity  Findary activity  SPARTANBURG COUNTY  SPARTANBURG COUNTY				
Part I Identification of Disregarded Entities. Com	plete if the organization answered "Yes	s" on Form 990, Part IV, line 33.		<b>'</b>	
(a) Name, address, and EIN (if applicable) of disregarded entity	` '	Legal domicile (state or	1 ''	1 ' '	Direct controlling
WINGO PARK LLC - 57-0351398  424 E KENNEDY STREET  SPARTANBURG SC 29302	REAL ESTATE INVESTMENT	SOUTH CAROLINA			SPARTANBURG COUNTY FOUNDATION

SOUTH CAROLINA

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.

REAL ESTATE INVESTMENT

(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	(f) Direct controlling entity	Section 5 contr enti	rolled
				501(c)(3))		Yes	No
HABISREUTINGER & BLACK FOUNDATION -							
20-5799183, 424 E KENNEDY STREET,					SPARTANBURG		İ
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		Х
BALMER FOUNDATION - 56-2206524							
424 E KENNEDY STREET					SPARTANBURG		İ
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		Х
NOBLE TREE FOUNDATION - 57-1091856							
424 E KENNEDY STREET					SPARTANBURG		
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		Х
JUDY BRADSHAW CHILDREN'S FOUNDATION -							
57-1066485, 424 E KENNEDY STREET,	7				SPARTANBURG		ĺ
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		Х

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

Schedule R (Form 990) 2022

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

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	<b>(b)</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	Section 5 contr organiz	olled zation?
BEN M. CART FOUNDATION - 46-1035516				33.(5)(5))		Yes	No
424 E KENNEDY STREET	1				SPARTANBURG		
SPARTANBURG SC 29302	_ SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		х
TENA AND FRED OATES FOUNDATION - 57-1066228				,			
424 E KENNEDY STREET	1				SPARTANBURG		
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		х
BARNET FOUNDATION - 58-2319535				·			
424 E KENNEDY STREET	1				SPARTANBURG		
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		Х
FALATOK FOUNDATION - 26-0641848				·			
424 E KENNEDY STREET	1				SPARTANBURG		
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		Х
BENEVOLENT FOUNDATION - 54-2082667							
424 E KENNEDY STREET	1				SPARTANBURG		
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		Х
BAIN FOUNDATION - 57-1060455							
424 E KENNEDY STREET	7				SPARTANBURG		
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		Х
ZIMMERLI FOUNDATION - 57-1018476							
424 E KENNEDY STREET	1				SPARTANBURG		
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		Х
PERRIN FOUNDATION - 57-1089465							
424 E KENNEDY STREET	1				SPARTANBURG		
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		Х
IVEY FOUNDATION - 81-4673524							
424 E KENNEDY STREET					SPARTANBURG		
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		Х
	1						
	_						
	]						
	_						

		O I - I - if II i I i	IIX/II F 000	Deat D/ Pers 04 Income 2 Income	for a second contract of the second
David 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	i one or more related
	organizations treated as a partnership during the tax year.	3	,	,	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	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	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-	-								
-									
	-								

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s	Х	
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)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) BALMER FOUNDATION, INC.	S	86,065.	
(2) BALMER FOUNDATION, INC.	С	250,000.	
(3) THE BARNET FOUNDATION TRUST, INC.	С	152,857.	
<u>(4)</u>			
<u>(5)</u>			
(6)			

Page 3

Schedule R (Form 990) 2022 SPARTANBURG COUNTY FOUNDATION 57-0351398 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000