

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Form 990 header section A-M containing organization name, address, identification numbers, and tax status.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include Governance (mission, members, revenue), Revenue (contributions, program service, investment), Expenses (grants, salaries, fundraising), and Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature, preparer name, address, and date.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 12,301,481. including grants of \$ 10,798,650. ) (Revenue \$ 1,899,885. ) 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.

IN 2020, THE FOUNDATION AWARDED GRANTS THROUGH ITS GRANTMAKING PROGRAM AND DISASTER RELIEF FUND TO 33 NONPROFIT ORGANIZATIONS TO IMPROVE THE LIVES OF SPARTANBURG COUNTY RESIDENTS AND ADDRESS THE IMPACTS OF COVID-19. WE ENGAGED OVER 1,400 COMMUNITY MEMBERS VIRTUALLY THROUGH THE

4b (Code: ) (Expenses \$ including grants of \$ ) (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 12,301,481.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body... 1b Enter the number of voting members included on line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records TROY M HANNA - (864) 582-0138 424 E KENNEDY STREET, SPARTANBURG, SC 29302

**Part VII 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN E. BAUKNIGHT, IV CHAIR	2.00	X		X				0.	0.	0.
(2) SHERYL M. BOOKER VICE CHAIR	2.00	X		X				0.	0.	0.
(3) NANCY BAIN COTE SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(4) VIC BAILEY, III TRUSTEE	2.00	X						0.	0.	0.
(5) BERT D. BARRE TRUSTEE	2.00	X						0.	0.	0.
(6) CATHY H. MCCABE TRUSTEE	2.00	X						0.	0.	0.
(7) ROBERT RICHARDSON TRUSTEE	2.00	X						0.	0.	0.
(8) TROY M. HANNA PRESIDENT & CEO/ ASST. SEC	40.00			X				213,757.	0.	25,651.
(9) MARY L. THOMAS CHIEF OPERATING OFFICER	40.00			X				156,295.	0.	18,755.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows for 1b, 1c, and 1d.

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like THE BOYD COMPANY, ENCORE, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>	942,090.			
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	20,880,341.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,775,964.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		21,822,431.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		2,713,198.		2,713,198.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>		102,671.		
	<b>c</b>	Gain or (loss) .....	<b>7c</b>		-102,671.		
<b>d</b>	Net gain or (loss) .....		-102,671.		-102,671.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	FEES	900099	1,892,085.	1,892,085.		
	<b>b</b>	OTHER INCOME	900099	8,525.		8,525.	
	<b>c</b>	TRUST INCOME	900099	7,800.	7,800.		
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		1,908,410.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		26,341,368.	1,899,885.	0.	2,619,052.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,192,142.	10,192,142.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	606,508.	606,508.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	370,052.	164,386.	144,412.	61,254.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	461,072.	46,468.	414,604.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,462.	21,174.	58,161.	4,127.
<b>9</b> Other employee benefits .....	113,066.	28,684.	78,791.	5,591.
<b>10</b> Payroll taxes .....	55,753.	14,144.	38,852.	2,757.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	72,194.	18,315.	50,309.	3,570.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,031,898.	996,034.	5,167.	30,697.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	107,645.	27,846.	75,560.	4,239.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	76,942.	19,520.	53,618.	3,804.
<b>17</b> Travel .....	985.	250.	686.	49.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	24,072.	8,126.	4,519.	11,427.
<b>20</b> Interest .....	23,914.	6,067.	16,665.	1,182.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	122,803.	31,155.	85,576.	6,072.
<b>23</b> Insurance .....	41,631.	10,562.	29,011.	2,058.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> EQUIPMENT	107,825.	27,230.	75,288.	5,307.
<b>b</b> DUES TO OTHER ORGANIZAT	38,871.	19,555.	12,074.	7,242.
<b>c</b> BAD DEBT	28,828.	7,314.	20,089.	1,425.
<b>d</b> COMMUNITY FUND ANNUAL C	20,078.	20,078.		
<b>e</b> All other expenses	35,928.	35,923.	5.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,615,669.	12,301,481.	1,163,387.	150,801.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,012,380.	<b>1</b>	4,687,798.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	3,431,812.	<b>3</b>	2,779,140.
	<b>4</b> Accounts receivable, net .....	3,403.	<b>4</b>	4,965.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 11,303,686.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,210,034.	5,622,264.	<b>10c</b> 10,093,652.
	<b>11</b> Investments - publicly traded securities .....	151,184,537.	<b>11</b>	176,461,706.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	12,422,589.	<b>12</b>	14,018,168.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,586,187.	<b>15</b>	2,556,549.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	181,263,172.	<b>16</b>	210,601,978.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	516,072.	<b>17</b>	65,042.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	27,580,440.	<b>21</b>	30,653,693.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	324,522.	<b>25</b>	5,362,892.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	28,421,034.	<b>26</b>	36,081,627.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	17,199,811.	<b>27</b>	14,500,201.
	<b>28</b> Net assets with donor restrictions .....	135,642,327.	<b>28</b>	160,020,150.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	152,842,138.	<b>32</b>	174,520,351.
<b>33</b> Total liabilities and net assets/fund balances .....	181,263,172.	<b>33</b>	210,601,978.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	26,341,368.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,615,669.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	12,725,699.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	152,842,138.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,638,216.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-8,050.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	2,322,348.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	174,520,351.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
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? \_\_\_\_\_  
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  Consolidated basis  Both consolidated and separate basis
- c** 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? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2020)

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

Department of the Treasury  
Internal Revenue Service

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 university: \_\_\_\_\_
- 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11,842,566.	12,998,377.	16,465,171.	29,383,814.	21,822,431.	92,512,359.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11,842,566.	12,998,377.	16,465,171.	29,383,814.	21,822,431.	92,512,359.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						92,512,359.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	11,842,566.	12,998,377.	16,465,171.	29,383,814.	21,822,431.	92,512,359.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,839,612.	3,205,319.	2,015,339.	2,854,755.	2,713,198.	13,628,223.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	10,036,736.	9,570,001.		1,737,285.	1,908,410.	23,252,432.
<b>11 Total support.</b> Add lines 7 through 10						129,393,014.

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	71.50 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	72.20 %

**16a 33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

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

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

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

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

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

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.)

Lined area for supplemental information with multiple horizontal lines.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN CREDIT ACCEPTANCE  100 DUNBAR STREET, SUITE 400  SPARTANBURG, SC 29306	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BALMER FOUNDATION, INC.  850 NAZARETH CHURCH ROAD  SPARTANBURG, SC 29301	\$ 907,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BLUE MERIDIAN PARTNERS  477 MADISON AVENUE, FLOOR 6  NEW YORK, NY 10022	\$ 3,170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ESTATE OF NEWTON G. HARDIE  1405 BROOKS AVENUE  RALEIGH, NC 27607	\$ 878,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	INMAN FIRST BAPTIST CHURCH  14 N HOWARD STREET  INMAN, SC 29349	\$ 570,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MR. THOMAS P. NEDEROSTEK  106 SOUTH POINTE COURT  MOORE, SC 29369	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SPARTANBURG COMMUNITY COLLEGE FOUNDATION  PO BOX 4386  SPARTANBURG, SC 29305-8668	\$ 575,493.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	UNION LAURENS COMMISSION FOR HIGHER EDUCATION GENERAL FUND  PO BOX 729  UNION, SC 29379	\$ 450,459.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ARCADIA FOUNDATION  221 MONTGOMERY DRIVE  SPARTANBURG, SC 29302	\$ 2,804,704.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	MR. AND MRS. JOHN P. FARIS, JR.  1157 WOODBURN ROAD  SPARTANBURG, SC 29302	\$ 777,436.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	STOCK _____ _____ _____	\$ 2,804,704.	11/30/20
10	STOCK _____ _____ _____	\$ 777,436.	12/22/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-d). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a, 1b, and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,028,199.		2,028,199.
b Buildings		8,395,516.	1,095,237.	7,300,279.
c Leasehold improvements				
d Equipment				
e Other		879,971.	114,797.	765,174.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,093,652.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) OTHER INVESTMENTS	14,018,168.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	14,018,168.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	331,676.
(3) LEASE LIABILITY	31,216.
(4) LINE OF CREDIT	5,000,000.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,362,892.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	36,055,552.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	6,638,216.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	3,075,968.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	9,714,184.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	26,341,368.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	26,341,368.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	14,377,339.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	8,050.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	753,620.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	761,670.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,615,669.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	13,615,669.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A CHARITABLE ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN 3,044,221.  
 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 31,747.

**Part XIII** Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XI, LINE 2D 3,075,968.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN 753,620.

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A SPOT OF PRIDE BEAUTIFICATION FUND - 424 E KENNEDY ST - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	7,390.	0.			GENERAL SUPPORT
ADULT LEARNING CENTER, INC. 145 NORTH CHURCH STREET, #82 SPARTANBURG, SC 29306	57-1006834	501 (C) (3)	64,008.	0.			GENERAL SUPPORT
ANDERSON INTERFAITH MINISTRIES 1202 SOUTH MURRAY AVENUE ANDERSON, SC 29624	57-0896524	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
ANDERSON UNIVERSITY 316 BOULEVARD ANDERSON, SC 29621	57-0324906	501 (C) (3)	15,152.	0.			GENERAL SUPPORT
ANDREW AND KATHLEEN BABB FAMILY FUND - 424 E KENNEDY ST - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	30,000.	0.			GENERAL SUPPORT
ANGELS CHARGE MINISTRY 95 ASHLEY ST. SPARTANBURG, SC 29307	82-1763094	501 (C) (3)	15,452.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 192.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2020

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL ALLIES, INC. 820 GOSSETT ROAD SPARTANBURG, SC 29307	57-1098821	501 (C) (3)	20,500.	0.			GENERAL SUPPORT
ANNUAL MEETING FUND 424 E KENNEDY ST SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	5,100.	0.			GENERAL SUPPORT
ARCADIA MASONIC LODGE PO BOX 123 DRAYTON, SC 29333	23-7537719	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
ARCH MINISTRIES PO BOX 143 ARCADIA, SC 29320	81-0610647	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
BALL4GOOD 110 TURNBERRY DRIVE SPARTANBURG, SC 29306	81-5156661	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
BALLET SPARTANBURG, INC. 200 E. ST. JOHN STREET SPARTANBURG, SC 29306	57-0658124	501 (C) (3)	11,350.	0.			GENERAL SUPPORT
BETHLEHEM BAPTIST CHURCH PO BOX 229 ROEBUCK, SC 29376	57-0428737	CHURCH	5,747.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE UPSTATE, INC. - 161 EAST KENNEDY STREET - SPARTANBURG, SC 29306	20-4243553	501 (C) (3)	24,037.	0.			GENERAL SUPPORT
BIRTHMATTERS PO BOX 5163 SPARTANBURG, SC 29304	45-4900759	501 (C) (3)	7,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF THE UPSTATE, INC. - PO BOX 2794 - SPARTANBURG, SC 29304	57-0862226	501 (C) (3)	33,649.	0.			GENERAL SUPPORT
BPW OF SC 319 OLD TOWN ROAD SPARTANBURG, SC 29301	57-6034573	501 (C) (3)	5,035.	0.			GENERAL SUPPORT
BROTHERS RESTORING URBAN HOPE, INC. - 337 LAURELWOOD DRIVE - BOILING SPRINGS, SC 29316	20-4793140	501 (C) (3)	23,647.	0.			GENERAL SUPPORT
BUFORD STREET UNITED METHODIST CHURCH - 120 EAST BUFORD STREET - GAFFNEY, SC 29340	57-0422126	CHURCH	5,932.	0.			GENERAL SUPPORT
CAMELBACK VENTURES 612 ANDREW HIGGINS BLVD, THIRD FLOOR NEW ORLEANS, LA 70130	46-3169470	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
CAMPBELL UNIVERSITY 143 MAIN STREET BUIES CREEK, NC 27506	56-0529940	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
CANCER ASSOCIATION OF SPARTANBURG & CHEROKEE COUNTIES, INC. - 295 EAST MAIN STREET, SUITE #100 - SPARTANBURG, SC 29304	57-0526068	501 (C) (3)	26,470.	0.			GENERAL SUPPORT
CATHARINE HARDWICK JOHNSTON MEMORIAL FUND - 424 E KENNEDY ST - SPARTANBURG, SC 29304	57-0351398	501 (C) (3)	19,390.	0.			GENERAL SUPPORT
CENTER FOR PHILANTHROPY CAPITAL CAMPAIGN FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	235,600.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL PRESBYTERIAN CHURCH 1404 NORTH BLVD ANDERSON, SC 29621	57-0324911	CHURCH	5,000.	0.			GENERAL SUPPORT
CENTRAL UNITED METHODIST CHURCH 233 N. CHURCH STREET SPARTANBURG, SC 29306	57-0314370	CHURCH	18,244.	0.			GENERAL SUPPORT
CHAPMAN CULTURAL CENTER 200 EAST ST. JOHN STREET SPARTANBURG, SC 29306	57-0986224	501 (C) (3)	334,525.	0.			GENERAL SUPPORT
CHAPMAN CULTURAL CENTER OPERATING ENDOWMENT FUND - 424 E KENNEDY ST - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	59,250.	0.			GENERAL SUPPORT
CHARLES LEA CENTER FOUNDATION, INC. FOUNDER'S FUND HONORING MARIANNA BLACK HABIS - 424 E KENNEDY ST - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	75,250.	0.			GENERAL SUPPORT
CHARLESTON SOUTHERN UNIVERSITY PO BOX 118087 CHARLESTON, SC 29406	57-0474291	501 (C) (3)	6,625.	0.			GENERAL SUPPORT
CHEROKEE COUNTY SCHOOL DISTRICT 141 TWIN LAKE ROAD GAFFNEY, SC 29341	57-6001580	501 (C) (3)	5,000.	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)	37,695.	0.			GENERAL SUPPORT
CHILDREN'S CANCER PARTNERS ALLI HOY REMEMBRANCE FUND - 424 E KENNEDY ST - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS - 1855 EAST MAIN STREET, SUITE 14, BOX 101 - SPARTANBURG, SC 29307	20-2511033	501 (C) (3)	8,750.	0.			GENERAL SUPPORT
CHILDREN'S MUSEUM OF THE UPSTATE, INC. - 130 MAGNOLIA STREET - SPARTANBURG, SC 29306	57-1025453	501 (C) (3)	26,000.	0.			GENERAL SUPPORT
CHRISTMAS IN ACTION SPARTANBURG PO BOX 5852 SPARTANBURG, SC 29304	56-2015602	501 (C) (3)	11,000.	0.			GENERAL SUPPORT
CITIZEN SCHOLAR ANNUAL OPERATION FUND - 424 E KENNEDY ST - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	220,574.	0.			GENERAL SUPPORT
CITIZEN SCHOLARS GENERAL FUND 424 E KENNEDY ST SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	5,050.	0.			GENERAL SUPPORT
CITY OF LANDRUM 100 N. SHAMROCK AVENUE LANDRUM, SC 29356	57-6001419	GOVERNMENT	7,000.	0.			GENERAL SUPPORT
CLAFLIN UNIVERSITY 400 MAGNOLIA AVENUE ORANGEBURG, SC 29115	57-0314374	501 (C) (3)	19,000.	0.			GENERAL SUPPORT
CLEMSON UNIVERSITY 391 COLLEGE AVE., STE. 203 CLEMSON, SC 29634	57-0426335	501 (C) (3)	74,243.	0.			GENERAL SUPPORT
COLLETON COUNTY HISTORICAL AND PRESERVATION SOCIETY - 205 CHURCH STREET - WALTERBORO, SC 29488	57-0991788	501 (C) (3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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CONVERSE COLLEGE OFFICE OF DEVELOPMENT, 580 EAST MAIN STREET - SPARTANBURG, SC 29302	57-0314380	501 (C) (3)	281,661.	0.			GENERAL SUPPORT
CROSS ANCHOR YARBOROUGH CHAPEL UNITED METHODIST CHURCH - PO BOX 98 - CROSS ANCHOR, SC 29331	57-0711102	CHURCH	6,258.	0.			GENERAL SUPPORT
DENTAL FOUNDATION OF NORTH CAROLINA - 1090 FIRST DENTAL BUILDING, CAMPUS BOX 7450 - CHAPEL HILL, NC 27599-7450	56-6304130	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
DIVINITY CARE FACILITY INC. 446 ARCH STREET SPARTANBURG, SC 29301	58-2388864	501 (C) (3)	5,500.	0.			GENERAL SUPPORT
EMORY & HENRY COLLEGE PO BOX 950 EMORY, VA 24327-0950	54-0505892	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
EMORY UNIVERSITY 200 DOWMAN DRIVE ATLANTA, GA 30322	58-0566256	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
EPWORTH CHILDRENS HOME 2900 MILLWOOD AVENUE COLUMBIA, SC 29250	57-0314389	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
ERSKINE COLLEGE 2 WASHINGTON STREET DUE WEST, SC 29639	57-0314390	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 117 SPARTANBURG, SC 29304	44-0610626	501 (C) (3)	41,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH OF SPARTANBURG - 250 E MAIN STREET - SPARTANBURG, SC 29306	57-0339440	CHURCH	39,000.	0.			GENERAL SUPPORT
FIRST FLIGHT ALLIANCE 113 METRO DRIVE ANDERSON, SC 29621	45-5324894	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 393 E. MAIN STREET SPARTANBURG, SC 29302	57-0314439	CHURCH	216,769.	0.			GENERAL SUPPORT
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 29613	57-0314395	501 (C) (3)	11,200.	0.			GENERAL SUPPORT
GIRL SCOUTS OF SOUTH CAROLINA-MOUNTAINS TO MIDLANDS, INC. - 412 EAST BUTLER ROAD - MAULDIN, SC 29662	57-0314433	501 (C) (3)	14,600.	0.			GENERAL SUPPORT
GOFORTH RECOVERY PO BOX 6560 SPARTANBURG, SC 29302	82-4428586	501 (C) (3)	28,800.	0.			GENERAL SUPPORT
GRACE METHODIST CHURCH 201 SOUTH CHURCH STREET UNION, SC 29379	57-0846086	CHURCH	15,000.	0.			GENERAL SUPPORT
GRACE PRESBYTERIAN CHURCH BUILDING FUND - 424 E KENNEDY ST - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	100,000.	0.			GENERAL SUPPORT
GREENVILLE TECHNICAL COLLEGE PO BOX 5616 GREENVILLE, SC 29606-5106	57-0565961	501 (C) (3)	5,813.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H.A.L.T.E.R. PO BOX 1403 SPARTANBURG, SC 29304	57-0864733	501 (C) (3)	27,790.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF SPARTANBURG, INC. - 2270 SOUTH PINE STREET - SPARTANBURG, SC 29302	57-0849669	501 (C) (3)	138,600.	0.			GENERAL SUPPORT
HATCHER GARDEN AND WOODLAND PRESERVE, INC. - PO BOX 2337 - SPARTANBURG, SC 29304	57-1069038	501 (C) (3)	123,113.	0.			GENERAL SUPPORT
HEALTHY SMILES OF SPARTANBURG, INC. - PO BOX 1441 - SPARTANBURG, SC 29304	03-0529473	501 (C) (3)	40,311.	0.			GENERAL SUPPORT
HEALTHY SMILES OF SPARTANBURG, INC. GENERAL FUND - 424 E KENNEDY ST - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	7,259.	0.			GENERAL SUPPORT
HOPE CENTER FOR CHILDREN PO BOX 1731 SPARTANBURG, SC 29304	57-0601487	501 (C) (3)	278,309.	0.			GENERAL SUPPORT
HOPE POINT CHURCH PO BOX 170151 SPARTANBURG, SC 29301	42-1575386	CHURCH	21,500.	0.			GENERAL SUPPORT
HOPE REMAINS YOUTH RANCH 1771 JOHN DODD ROAD WELLFORD, SC 29385	26-0554902	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
HOSPICE AND PALLIATIVE CARE FOUNDATION - 1398 BOILING SPRINGS ROAD - SPARTANBURG, SC 29333	57-1107253	501 (C) (3)	11,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUB CITY ANIMAL PROJECT 120 DUNBAR ST., SUITE 200 SPARTANBURG, SC 29302	82-3535935	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
HUB CITY HOG FEST, INC. PO BOX 1290 SPARTANBURG, SC 29304	47-2576751	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
HUB CITY WRITERS PROJECT, INC. 186 WEST MAIN STREET SPARTANBURG, SC 29306	57-1059259	501 (C) (3)	55,427.	0.			GENERAL SUPPORT
IMPACT SPORTS INTERNATIONAL PO BOX 5765 SPARTANBURG, SC 29304	20-3995547	501 (C) (3)	5,500.	0.			GENERAL SUPPORT
JM SMITH FOUNDATION 101 W. SAINT JOHN STREET, SUITE 305 SPARTANBURG, SC 29306	57-1046595	501 (C) (3)	1,754,382.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF GREATER SC 530 HOWELL ROAD, SUITE 103 GREENVILLE, SC 29615	57-0511131	501 (C) (3)	6,187.	0.			GENERAL SUPPORT
KAPPA ALPHA ORDER EDUCATIONAL FOUNDATION - PO BOX 1865 - LEXINGTON, VA 24450	75-1783690	501 (C) (3)	6,200.	0.			GENERAL SUPPORT
KEEP THE CHANGE, INC. PO BOX 650723 STERLING, VA 20165	45-2641038	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
LAKE JUNALUSKA ASSEMBLY INC. PO BOX 67 LAKE JUNALUSKA, NC 28745	56-0547461	501 (C) (3)	7,411.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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LANDER UNIVERSITY 320 STANLEY AVENUE GREENWOOD, SC 29649	13-1921358	501 (C) (3)	15,533.	0.			GENERAL SUPPORT
LEADERSHIP SPARTANBURG ALUMNI ASSOCIATION - PO BOX 2561 - SPARTANBURG, SC 29302	57-0898673	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
LENOIR-RHYNE UNIVERSITY 625 7TH AVENUE HICKORY, NC 28601	56-0556753	501 (C) (3)	9,000.	0.			GENERAL SUPPORT
LIMESTONE COLLEGE 1115 COLLEGE DRIVE GAFFNEY, SC 29340	57-0314402	501 (C) (3)	6,895.	0.			GENERAL SUPPORT
MAIN STREET UNITED METHODIST CHURCH - 211 NORTH MAIN STREET - GREENWOOD, SC 29646	57-0381871	CHURCH	5,200.	0.			GENERAL SUPPORT
MARY AND MARTHA SERVICES, INC. 2380 NEW CUT CIRCLE SPARTANBURG, SC 29303	82-2397876	501 (C) (3)	6,500.	0.			GENERAL SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA BURSAR'S OFFICE - 1 SOUTH PARK CIRCLE, BUILDING 1, STE. 402 - CHARLESTON, SC 29407	57-6028985	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
MERRIE WOODE FOUNDATION INC. 100 MERRIE-WOODE RD. SAPPHIRE, NC 28744	62-1055955	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
MIDDLE TYGER COMMUNITY CENTER 84 GROCE ROAD LYMAN, SC 29365	57-1077940	501 (C) (3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRACLE HILL MINISTRIES 227 HENDERSON STREET GAFFNEY, SC 29341	57-0425826	501 (C) (3)	26,100.	0.			GENERAL SUPPORT
MIRACLE HILL MINISTRIES, INC. 189 N. FOREST STREET SPARTANBURG, SC 29301	57-0425826	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
MOBILE MEALS SERVICE OF SPARTANBURG COUNTY, INC. - PO BOX 461 - SPARTANBURG, SC 29304	57-0653452	501 (C) (3)	66,433.	0.			GENERAL SUPPORT
NAZARETH PRESBYTERIAN CHURCH 680 NAZARETH CHURCH RD. MOORE, SC 29369	57-6024361	CHURCH	126,058.	0.			GENERAL SUPPORT
NEW DAY, INC. OF SPARTANBURG 325 S. CHURCH STREET SPARTANBURG, SC 29306	57-0840012	501 (C) (3)	12,000.	0.			GENERAL SUPPORT
NEW LIFE BAPTIST CHURCH 350 OLD FURNACE ROAD BOILING SPRINGS, SC 29316	20-5333834	CHURCH	33,600.	0.			GENERAL SUPPORT
NEWSRING CHURCH PO BOX 1407 ANDERSON, SC 29622	26-4189337	CHURCH	5,000.	0.			GENERAL SUPPORT
NORTHSIDE DEVELOPMENT CORPORATION PO BOX 3362 SPARTANBURG, SC 29304	30-0698663	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
ONE SPARTANBURG FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	150,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE SPARTANBURG, INC. 105 NORTH PINE STREET SPARTANBURG, SC 29302	57-0251910	501 (C) (3)	40,000.	0.			GENERAL SUPPORT
PALMETTO COUNCIL BOY SCOUTS OF AMERICA, INC. - 420 S. CHURCH STREET - SPARTANBURG, SC 29306	22-1576300	501 (C) (3)	19,619.	0.			GENERAL SUPPORT
PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304	54-2111221	501 (C) (3)	497,293.	0.			GENERAL SUPPORT
PAWS PRAYERS & PROMISES 685 CARRIAGE ROW TRYON, NC 28782	47-4613589	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
PFEIFFER UNIVERSITY 48380 US 52 MISENHEIMER, NC 28109	56-0582999	501 (C) (3)	8,000.	0.			GENERAL SUPPORT
PIEDMONT CARE, INC. 101 NORTH PINE STREET, SUITE 200 SPARTANBURG, SC 29302	57-1036204	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
PIEDMONT SERTOMA CLUB PO BOX 5041 SPARTANBURG, SC 29304	43-1155565	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
PK OUTREACH INC. 140 HILLS BRIDGE ROAD INMAN, SC 29349	57-1026176	501 (C) (3)	30,000.	0.			GENERAL SUPPORT
PRESBYTERIAN CHURCH USA FOUNDATION 200 E. 12TH STREET JEFFERSONVILLE, IN 47130	23-1440115	501 (C) (3)	178,714.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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PRESBYTERIAN COLLEGE PO BOX 975 CLINTON, SC 29325	57-0314408	501 (C) (3)	42,327.	0.			GENERAL SUPPORT
REIDVILLE PRESBYTERIAN CHURCH 340 COLLEGE STREET REIDVILLE, SC 29375	23-7366967	CHURCH	9,561.	0.			GENERAL SUPPORT
RELIANT MISSION 11002 LAKE HART DRIVE, SUITE 100 ORLANDO, FL 32832	52-1707002	501 (C) (3)	20,900.	0.			GENERAL SUPPORT
SAFE HOMES - RAPE CRISIS COALITION 236 UNION STREET SPARTANBURG, SC 29302	57-0760599	501 (C) (3)	67,849.	0.			GENERAL SUPPORT
SC GOVERNOR'S SCHOOL FOR SCIENCE AND MATHEMATICS FOUNDATION - 1122 LADY STREET, SUITE 700 - COLUMBIA, SC 29201	57-0881347	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
SC SCHOOL FOR THE DEAF AND THE BLIND FOUNDATION, INC. - 355 CEDAR SPRINGS ROAD - SPARTANBURG, SC 29302	57-0693592	501 (C) (3)	120,921.	0.			GENERAL SUPPORT
SCCF DR. JOHN SMITH AND NORA BETH FEATHERSTON FAMILY MEMORIAL SCHOLARSHIP FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC	57-0351398	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
SCCF THE PUTSY AND JOHN WARDLAW EMERGENCY FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	50,500.	0.			GENERAL SUPPORT
SIDEWALK HOPE INC. PO BOX 154 SPARTANBURG, SC 29304	82-0999755	501 (C) (3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA HUNTERS AND LAND OWNERS FOR THE HUNGRY - 507 AMELIA AVENUE - SPARTANBURG, SC 29302	02-0726554	501 (C) (3)	7,250.	0.			GENERAL SUPPORT
SOUTH CAROLINA NATURE CONSERVANCY 801 GERVAIS STREET, SUITE 202 COLUMBIA, SC 29201	53-0242652	501 (C) (3)	10,200.	0.			GENERAL SUPPORT
SOUTH CAROLINA STATE UNIVERSITY 300 COLLEGE STREET, PO BOX 7386 ORANGEBURG, SC 29117	23-7113930	501 (C) (3)	8,000.	0.			GENERAL SUPPORT
SOUTHEASTERN CHILDREN'S HOME PO BOX 339 DUNCAN, SC 29334	23-7061916	501 (C) (3)	31,000.	0.			GENERAL SUPPORT
SOUTHSIDE BAPTIST CHURCH 445 SUNSET ROAD LANDRUM, SC 29356	57-0324934	CHURCH	5,000.	0.			GENERAL SUPPORT
SPARTANBURG ACADEMIC MOVEMENT 349 EAST MAIN STREET, SUITE 101 SPARTANBURG, SC 29302	45-2104341	501 (C) (3)	25,300.	0.			GENERAL SUPPORT
SPARTANBURG AREA CONSERVANCY 100 E MAIN STREET, SUITE 7B SPARTANBURG, SC 29306	57-0885225	501 (C) (3)	10,100.	0.			GENERAL SUPPORT
SPARTANBURG ART MUSEUM 200 EAST SAINT JOHN STREET SPARTANBURG, SC 29306	23-7041876	501 (C) (3)	61,292.	0.			GENERAL SUPPORT
SPARTANBURG BLM MURAL FUND 424 E KENNEDY ST SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG COMMUNITY COLLEGE PO BOX 5632 SPARTANBURG, SC 29304	57-0751500	501 (C) (3)	10,254.	0.			GENERAL SUPPORT
SPARTANBURG COMMUNITY COLLEGE FOUNDATION - 107 COMMUNITY COLLEGE DR. - SPARTANBURG, SC 29303	57-0751500	501 (C) (3)	478,488.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY COMMISSION FOR HIGHER EDUCATION - 800 UNIVERSITY WAY - SPARTANBURG, SC 29306	57-6026593	501 (C) (3)	140,685.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY DISASTER RELIEF FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	75,850.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY HISTORICAL ASSOCIATION, INC. - PO BOX 887 - SPARTANBURG, SC 29304	57-6025123	501 (C) (3)	48,940.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY SCHOOL DISTRICT 1300 E. BLACKSTOCK ROAD MOORE, SC 29369	57-0741993	GOVERNMENT	95,920.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY SCHOOL DISTRICT SEVEN - PO BOX 970 - SPARTANBURG, SC 29304	57-6000942	GOVERNMENT	245,000.	0.			GENERAL SUPPORT
SPARTANBURG DAY SCHOOL 1701 SKYLYN DRIVE SPARTANBURG, SC 29307	57-0371816	501 (C) (3)	200,578.	0.			GENERAL SUPPORT
SPARTANBURG HIGH SCHOOL GENERAL SCHOLARSHIP FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG METHODIST COLLEGE 1000 POWELL MILL ROAD SPARTANBURG, SC 29301	57-0314415	501 (C) (3)	101,983.	0.			GENERAL SUPPORT
SPARTANBURG PHILHARMONIC 200 EAST ST. JOHN STREET SPARTANBAURG, SC 29306	57-0485556	501 (C) (3)	10,180.	0.			GENERAL SUPPORT
SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION - 101 E. WOOD STREET - SPARTANBURG, SC 29303	57-0937166	501 (C) (3)	44,500.	0.			GENERAL SUPPORT
SPARTANBURG SCIENCE CENTER 200 EAST ST. JOHN STREET SPARTANBURG, SC 29306	57-0061215	501 (C) (3)	7,800.	0.			GENERAL SUPPORT
SPEAKING DOWN BARRIERS PO BOX 7133 SPARTANBURG, SC 29304	47-4421330	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
ST. ANDREWS UNIVERSITY 1700 DOGWOOD MILE STREET LAURINBURG, NC 28352	58-1662222	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
ST. LEO UNIVERSITY, INC. PO BOX 6665 SAINT LEO, FL 33574-6665	53-0196617	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
ST. LUKE'S FREE MEDICAL CLINIC, INC. - PO BOX 3466 - SPARTANBURG, SC 29304	57-0943232	501 (C) (3)	73,693.	0.			GENERAL SUPPORT
ST. LUKE'S HOSPITAL FOUNDATION 89 W. MILLS STREET, SUITE B COLUMBUS, NC 28722	56-1757097	501 (C) (3)	6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PAUL THE APOSTLE CATHOLIC CHURCH - 161 NORTH DEAN STREET - SPARTANBURG, SC 29302	57-0327879	CHURCH	25,973.	0.			GENERAL SUPPORT
STANLY COMMUNITY COLLEGE 141 COLLEGE DRIVE ALBEMARLE, NC 28001	56-0994111	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
STRENGTHENING VOICES--GRASSROOTS LEADERSHIP DEVELOPMENT FUND - 424 E. KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
TEMPLE B'NAI ISRAEL 146 HEYWOOD AVENUE SPARTANBURG, SC 29302	57-6022286	501 (C) (3)	12,600.	0.			GENERAL SUPPORT
TEMPLE EDUCATION MINISTRIES, INC. 13255 ASHEVILLE HWY. INMAN, SC 29349	57-1100099	501 (C) (3)	23,040.	0.			GENERAL SUPPORT
THE ADVENT FOUNDATION 141 ADVENT STREET SPARTANBURG, SC 29302	57-0747726	501 (C) (3)	227,625.	0.			GENERAL SUPPORT
THE BETHLEHEM CENTER PO BOX 3501 SPARTANBURG, SC 29304	57-0314367	501 (C) (3)	25,850.	0.			GENERAL SUPPORT
THE CHARLES LEA CENTER FOUNDATION, INC. - 195 BURDETTE STREET - SPARTANBURG, SC 29307	57-0793478	501 (C) (3)	15,175.	0.			GENERAL SUPPORT
THE CHILDREN'S MUSEUM OF THE UPSTATE-SPARTANBURG - 300 COLLEGE STREET - GREENVILLE, SC 29601	57-1025453	501 (C) (3)	8,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CITADEL 171 MOULTRIE STREET CHARLESTON, SC 29409	57-6020493	501 (C) (3)	6,500.	0.			GENERAL SUPPORT
THE CITADEL FOUNDATION 171 MOULTRIE STREET CHARLESTON, SC 29409	57-6020493	501 (C) (3)	30,750.	0.			GENERAL SUPPORT
THE CONSERVATORS' CENTER, INC. PO BOX 882 MEBANE, NC 27302	56-2149941	501 (C) (3)	27,000.	0.			GENERAL SUPPORT
THE ENCOURAGING WORD PO BOX 2110 SPARTANBURG, SC 29304	20-1829608	501 (C) (3)	100,500.	0.			GENERAL SUPPORT
THE EPISCOPAL CHURCH OF THE ADVENT 141 ADVENT STREET SPARTANBURG, SC 29302	57-0747726	CHURCH	89,565.	0.			GENERAL SUPPORT
THE ETV ENDOWMENT OF SC, INC. 401 E. KENNEDY STREET, SUITE B-1 SPARTANBURG, SC 29302	57-0657549	501 (C) (3)	5,958.	0.			GENERAL SUPPORT
THE GLENN SPRINGS PRESERVATION SOCIETY - PO BOX 571 - PAULINE, SC 29374	81-5248161	501 (C) (3)	59,883.	0.			GENERAL SUPPORT
THE GROUP OF 100, INC. PO BOX 3524 SPARTANBURG, SC 29304	58-2480621	501 (C) (3)	12,000.	0.			GENERAL SUPPORT
THE LEUKEMIA AND LYMPHOMA SOCIETY 201 N. TRYON STREET CHARLOTTE, NC 28202	13-5644916	501 (C) (3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NOBLE TREE FOUNDATION.ORG 130 BURNETT DRIVE SPARTANBURG, SC 29302	57-1091856	501 (C) (3)	9,800.	0.			GENERAL SUPPORT
THE SALVATION ARMY 1529 JOHN B. WHITE SR. BLVD. SPARTANBURG, SC 29301	58-0660607	501 (C) (3)	9,143.	0.			GENERAL SUPPORT
THE SERVICE AND SACRIFICE ENDOWMENT FUND, IN HONOR OF, MAJOR GENERAL DARWIN H. S - 424 EAST KENNEDY STREET - SPARTANBURG, SC	57-0351398	501 (C) (3)	76,000.	0.			GENERAL SUPPORT
THE SHEPHERD'S CENTER OF SPARTANBURG, SC, INC. - 393 E. MAIN STREET - SPARTANBURG, SC 29302	57-0691077	501 (C) (3)	11,000.	0.			GENERAL SUPPORT
THE SPARTANBURG COUNTY FOUNDATION COMMUNITY FUND - 424 E. KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	88,688.	0.			GENERAL SUPPORT
THE SPARTANBURG HUMANE SOCIETY 150 DEXTER ROAD SPARTANBURG, SC 29303	57-0481019	501 (C) (3)	35,143.	0.			GENERAL SUPPORT
THE SPARTANBURG LITTLE THEATRE 200 E. ST. JOHN STREET SPARTANBURG, SC 29306	57-6002713	501 (C) (3)	7,800.	0.			GENERAL SUPPORT
THE SPARTANBURG SOUP KITCHEN, INC. 136 SOUTH FOREST STREET SPARTANBURG, SC 29306	27-0530812	501 (C) (3)	39,606.	0.			GENERAL SUPPORT
TOTAL MINISTRIES 976 S. PINE STREET SPARTANBURG, SC 29302	57-0771620	501 (C) (3)	27,409.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREES COALITION PO BOX 6835 SPARTANBURG, SC 29304	20-8872959	501 (C) (3)	9,750.	0.			GENERAL SUPPORT
TRINITY UNITED METHODIST CHURCH 1920 HORSESHOE FALLS ROAD ENOREE, SC 29335	57-1112841	CHURCH	43,821.	0.			GENERAL SUPPORT
TYGER RIVER CHAPEL FOUNDATION PO BOX 5732 SPARTANBURG, SC 29304	46-3562825	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
UNC CHAPEL HILL PO BOX 309 CHAPEL HILL, NC 27514	59-1711424	501 (C) (3)	14,813.	0.			GENERAL SUPPORT
UNION LAURENS COMMISSION FOR HIGHER EDUCATION NURSING PROGRAM FUND - 424 EAST KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	450,459.	0.			GENERAL SUPPORT
UNITARIAN UNIVERSALIST CHURCH OF SPARTANBURG - PO BOX 1942 - SPARTANBURG, SC 29304	57-0947382	CHURCH	12,750.	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)	75,024.	0.			GENERAL SUPPORT
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - 1400 SPRING GARDEN STREET - GREENSBORO, NC 27412	56-6001468	501 (C) (3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH CAROLINA 800 UNIVERSITY WAY SPARTANBURG, SC 29303	57-6026593	501 (C) (3)	22,888.	0.			GENERAL SUPPORT
UPSTATE FAMILY RESOURCE CENTER 1850 OLD FURNACE ROAD BOILING SPRINGS, SC 29316	06-1806404	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
UPSTATE WARRIOR SOLUTION 3 CALEDON COURT, SUITE A2 GREENVILLE, SC 29615	46-1699670	501 (C) (3)	7,100.	0.			GENERAL SUPPORT
USC- UNION PO DRAWER 729 UNION, SC 29379	57-6001153	501 (C) (3)	14,778.	0.			GENERAL SUPPORT
USC UPSTATE 800 UNIVERSITY WAY SPARTANBURG, SC 29303	57-0555699	501 (C) (3)	25,405.	0.			GENERAL SUPPORT
USC UPSTATE FOUNDATION 800 UNIVERSITY WAY SPARTANBURG, SC 29303	57-0555699	501 (C) (3)	367,086.	0.			GENERAL SUPPORT
VIRGINIA EPISCOPAL SCHOOL 400 VES ROAD LYNCHBURG, VA 24503	54-0506431	501 (C) (3)	5,375.	0.			GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH 309 FERNWOOD DRIVE SPARTANBURG, SC 29307	57-0424982	CHURCH	13,550.	0.			GENERAL SUPPORT
WINTHROP UNIVERSITY 304 TILLMAN HALL ROCK HILL, SC 29733	23-7378001	501 (C) (3)	13,938.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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WOFFORD COLLEGE 429 N. CHURCH STREET SPARTANBURG, SC 29303	57-0314422	501 (C) (3)	95,623.	0.			GENERAL SUPPORT
WOMEN GIVING FOR SPARTANBURG FUND 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	40,700.	0.			GENERAL SUPPORT
YMCA OF GREATER SPARTANBURG 151 RIBAUT ST. SPARTANBURG, SC 29302	57-0314425	501 (C) (3)	24,586.	0.			GENERAL SUPPORT
YOUNG LIFE OF SPARTANBURG PO BOX 1314 SPARTANBURG, SC 29304	84-0385934	501 (C) (3)	20,229.	0.			GENERAL SUPPORT
YOUTH SPORTS BUREAU, U.S.A. PO BOX 5103 SPARTANBURG, SC 29304	57-0932542	501 (C) (3)	8,000.	0.			GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	539	606,508.	0.		

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

SCH I, SUPPLEMENTAL EXPLANATIONS

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

**Part IV Supplemental Information**

OF THE GRANT FUNDED PROGRAM. THE BOARD OF TRUSTEES RECEIVES A FORMAL WRITTEN REPORT AND PRESENTATION ON THE EFFECTIVENESS OF ITS GRANT ALLOCATIONS EACH YEAR.

SUPPORTING ORGANIZATION GRANTS ARE FIRST APPROVED BY THE BOARD OF THE SUPPORTING ORGANIZATION. GRANTS ARE FURTHER REVIEWED BY THE SPARTANBURG COUNTY FOUNDATION TO DETERMINE THAT THE GRANTEE ORGANIZATION IS EXEMPT UNDER 501(C)(3), OR QUALIFIES AS A CHURCH OR AS A GOVERNMENTAL AGENCY. IF THE GRANTEE MEETS ONE OF THESE REQUIREMENTS, THE GRANT IS APPROVED WITHOUT FURTHER MONITORING. IF NOT, THE GRANT IS DENIED. THE SPARTANBURG COUNTY FOUNDATION BOARD OF TRUSTEES REVIEWS GRANTS AT THEIR REGULARLY SCHEDULED MEETINGS.

DONOR ADVISED FUND GRANTS ARE REVIEWED BY THE SPARTANBURG COUNTY FOUNDATION TO DETERMINE THAT THE GRANTEE ORGANIZATION IS EXEMPT UNDER 501(C)(3), OR QUALIFIES AS A CHURCH OR AS A GOVERNMENTAL AGENCY. IF THE GRANTEE MEETS ONE OF THESE REQUIREMENTS, THE GRANT IS APPROVED WITHOUT FURTHER MONITORING. IF NOT, THE GRANT IS DENIED. THE SPARTANBURG COUNTY FOUNDATION BOARD OF TRUSTEES REVIEWS GRANTS AT THEIR REGULARLY SCHEDULED MEETINGS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>SPARTANBURG COUNTY FOUNDATION</b>	Employer identification number <b>57-0351398</b>
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**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TROY M. HANNA PRESIDENT & CEO/ ASST. SEC	(i)	213,757.	0.	0.	25,651.	0.	239,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY L. THOMAS CHIEF OPERATING OFFICER	(i)	156,295.	0.	0.	18,755.	0.	175,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATIONS PAYS SOCIAL CLUB DUES FOR THE PRESIDENT POSITION TO

CONDUCT ORGANIZATION BUSINESS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	16	4,775,964. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

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

RESIDENTS BY PROMOTING PHILANTHROPY, ENCOURAGING COMMUNITY ENGAGEMENT,  
AND RESPONDING TO COMMUNITY NEEDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FOLLOWING INITIATIVES: NONPROFIT CONNECT, DONOR CONNECT, THE  
SPARTANBURG INTERFAITH ALLIANCE, GRASSROOTS LEADERSHIP ALUMNI  
ASSOCIATION AND REAL TALK FORUMS. IN ADDITION TO CONNECTING VIRTUALLY,  
THE FOUNDATION PARTNERED WITH REGENESIS HEALTHCARE AND SPARTANBURG  
REGIONAL HEALTHCARE TO PROVIDE COVID-19 TESTING OVER THE SUMMER AND FLU  
VACCINES IN THE FALL. ADDITIONALLY, THROUGH COMMUNITY FOCUS GROUPS AND  
A PROGRAMMING COMMITTEE, THE FOUNDATION DEVELOPED AN OPERATIONAL PLAN  
FOR SOUTH CAROLINA'S FIRST CENTER FOR PHILANTHROPY, A PLACE WHERE  
NONPROFITS, DONORS, AND COMMUNITY CAN COME TOGETHER TO EXPLORE  
SOLUTIONS AND TACKLE COMMUNITY ISSUES.

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

A COPY OF FORM 990 AND ALL ATTACHMENTS ARE PROVIDED TO THE BOARD OF  
TRUSTEES FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING. AFTER REVIEW AND  
APPROVAL BY THE TRUSTEES, THE FOUNDATION'S PRESIDENT SIGNS THE RETURN.

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

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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## REFERENCE.

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

THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY REVIEWS SALARIES OF ALL STAFF. THE COMMITTEE USES A NATIONAL COMPENSATION SURVEY FOR NONPROFIT ORGANIZATIONS AND OTHER COMPARATIVE DATA. THE RESULTS ARE PRESENTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL.

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	31,747.
RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN	2,290,601.
TOTAL TO FORM 990, PART XI, LINE 9	2,322,348.

FORM 990, PART XII, LINE 2(C)

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization <p style="text-align: center;">SPARTANBURG COUNTY FOUNDATION</p>	Employer identification number <p style="text-align: center;">57-0351398</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WINGO PARK LLC - 57-0351398 424 E KENNEDY STREET SPARTANBURG, SC 29302	REAL ESTATE INVESTMENT	SOUTH CAROLINA	7,800.	779,061.	SPARTANBURG COUNTY FOUNDATION
SPARTANBURG REAL HOLDINGS LLC - 57-0351398 424 E KENNEDY STREET SPARTANBURG, SC 29302	REAL ESTATE INVESTMENT	SOUTH CAROLINA			SPARTANBURG COUNTY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HABISREUTINGER & BLACK FOUNDATION - 20-5799183, 424 E KENNEDY STREET, SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
BALMER FOUNDATION - 56-2206524 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
NOBLE TREE FOUNDATION - 57-1091856 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
JUDY BRADSHAW CHILDREN'S FOUNDATION - 57-1066485, 424 E KENNEDY STREET, SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BEN M. CART FOUNDATION - 46-1035516 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
TENA AND FRED OATES FOUNDATION - 57-1066228 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
BARNET FOUNDATION - 58-2319535 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
FALATOK FOUNDATION - 26-0641848 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
BENEVOLENT FOUNDATION - 54-2082667 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
BAIN FOUNDATION - 57-1060455 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
ZIMMERLI FOUNDATION - 57-1018476 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
PERRIN FOUNDATION - 57-1089465 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X
IVEY FOUNDATION - 81-4673524 424 E KENNEDY STREET SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	SPARTANBURG COUNTY FOUNDATION		X

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

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

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

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



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

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

**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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BALMER FOUNDATION	c	907,500.	
(2)			
(3)			
(4)			
(5)			
(6)			

**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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information