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Form	<b>990</b>

Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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



A	For th	e 2021 calendar year, or tax year beginning and	ending									
B	Check if applicab	le: C Name of organization		D Employer identified	cation number							
	Addre											
	Name			57-0351398								
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r								
	Final returr	424 E KENNEDY STREET		(864) 582-01	38							
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	29,684,828.							
	Amer	SFARTANBORG, SC 23302		H(a) Is this a group re								
	Appli tion pend	F Name and address of principal officer: INOT M HANNA		for subordinates	6? Yes X No							
	-			H(b) Are all subordinates in	ncluded? Yes No							
		xempt status: 🗴 501(c)(3) 🚺 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) c	or 527	If "No," attach a	list. See instructions							
		ite: WWW.SPCF.ORG		H(c) Group exemptio								
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1943	A State of legal domicile: SC							
Pa	art I	Summary										
é	1	Briefly describe the organization's mission or most significant activities: THE SPA		GOUNTY								
anc		FOUNDATION IS COMMITTED TO IMPROVING THE LIVES OF SPARTANBURG										
Activities & Governance	2	Check this box $\blacktriangleright$ if the organization discontinued its operations or disposed of more than 25% of its net assets.										
20 So	3				7							
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		19								
ties	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		90								
tivi	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.							
Ac	/a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.							
	- <sup>-</sup>			Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		21,822,431.	24,647,756.							
one	9	Program service revenue (Part VIII, line 2g)		0.	0.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,610,527.	2,711,374.							
ě	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,908,410.	2,191,432.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,341,368.	29,550,562.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,798,650.	14,658,345.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,083,405.	1,276,277.							
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	٥.							
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25)	131.									
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,733,614.	2,275,282.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,615,669.	18,209,904.							
	19	Revenue less expenses. Subtract line 18 from line 12		12,725,699.	11,340,658.							
S OF	1		Ве	ginning of Current Year	End of Year							
Net Assets	20	Total assets (Part X, line 16)		210,601,978.	213,613,348.							
t As	21	Total liabilities (Part X, line 26)		36,081,627.	17,002,751.							
	art II	Net assets or fund balances. Subtract line 21 from line 20		174,520,351.	196,610,597.							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date				
Here	TROY M HANNA, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	AMY BIBBY	AMY BIBBY	11/09/22	self-employed P00445891			
Preparer	Firm's name 🕒 FORVIS, LLP			Firm's EIN 🕨 44-0160260			
Use Only	Firm's address 🖕 500 RIDGEFIELD COURT						
	ASHEVILLE, NC 28806	Phone no. (828) 254-2254					
May the II	RS discuss this return with the preparer shown abov	/e? See instructions		X Yes	No		
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2	2021)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	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 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expension	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expense	s, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$15,493,025. including grants of \$14,658,345. ) (Revenue	\$2	,183,012.
	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 2021, THE FOUNDATION AWARDED GRANTS THROUGH ITS GRANTMAKING PROGRAM		
	AND DISASTER RELIEF FUND TO 237 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		
4c	(Code:) (Expenses \$) (Revenue	•\$	
44	Other program services (Describe on Schedule $\Omega$ )		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Beyenue \$	)	
4d 4e	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses ▶ 15,493,025.	)	

Form 990 (2021)

Part IV Checklist of Required Schedules

SPARTANBURG COUNTY FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<u> </u>
2	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	- 10		<u> </u>
13		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
		20a 20b		<u> </u>
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
~ '	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	1
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				()

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Form 990 (2	
Part IV	Che

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
<b>h</b>	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	t 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	<u></u>		
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
a	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
с		10	х	
_	(gambling) winnings to prize winners?	1c		

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2021.05000 SPARTANBURG COUNTY FOUNDA 30013241

Form 990 (2021)

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	990 (2021) SPARTANBURG COUNTY FOUNDATION 57-03513	98	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
C Co		50		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		x
<b>L</b>	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand	-		
		14a		x
14a				<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		0000	
100007	7	Eorn	~ <b>44()</b>	(2021)

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7 Form **990** (2021) 2021.05000 SPARTANBURG COUNTY FOUNDA 30013241

Form	990 (2021) SPARTANBURG COUNTY FOUNDATION		57-0351		Р	age <b>6</b>							
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for	a "No" i	respon	se							
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.												
	Check if Schedule O contains a response or note to any line in this Part VI					X							
Sec	tion A. Governing Body and Management												
					Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7									
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7									
2													
	officer, director, trustee, or key employee?												
3													
	of officers, directors, trustees, or key employees to a management company or other person?												
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. 4		x							
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X							
6	Did the organization have members or stockholders?			6		x							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or										
	more members of the governing body?			7a		x							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or										
	persons other than the governing body?			7b		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea												
а	The governing body?			8a	х								
b	Each committee with authority to act on behalf of the governing body?			8b	х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read												
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			. 9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re												
			,		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a		X							
	If "Yes," did the organization have written policies and procedures governing the activities of such ch												
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b									
11a	<b>1a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.												
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13												
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х								
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es." d	escribe										
	on Schedule O how this was done	, ,		12c	Х								
13	Did the organization have a written whistleblower policy?			13	Х								
14	Did the organization have a written document retention and destruction policy?			14	Х								
15	Did the process for determining compensation of the following persons include a review and approva	by in	dependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official			15a	х								
b	Other officers or key employees of the organization			15b	Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a										
	taxable entity during the year?			16a		х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's										
	exempt status with respect to such arrangements?			16b									
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed NONE												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	id 990	-T (section 501(c)(	3)s only)	availal	ble							
	for public inspection. Indicate how you made these available. Check all that apply.												
	X Own website X Another's website X Upon request Other (explain	on So	hedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd finan	cial								
	statements available to the public during the tax year.		,										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨										
	TROY M HANNA - (864) 582-0138												
_	424 E KENNEDY STREET, SPARTANBURG, SC 29302												
132006	12-09-21			Forn	990 o	(2021)							
	8					,							
611	09 797738 3001324357 2021.05000 SPARTANB	JRG	COUNTY FO	UNDA	. 30	013							

Form 990 (2	2021) SPARTANBURG COUNTY FOUNDATION	57-0351398	Page 7									
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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization	's tax year.									

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do					ane	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)					n an	compensation	compensation	amount of
	week				a director/trustee)			from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) TROY M. HANNA	40.00	_				1				
PRESIDENT & CEO/ ASST. SECY				x				213,757.	0.	44,493.
(2) MARY L. THOMAS	40.00									
CHIEF OPERATING OFFICER				х				186,298.	0.	37,752.
(3) SHERYL M. BOOKER	2.00									
CHAIR		х		х				٥.	0.	0.
(4) BERT D. BARRE	2.00									
VICE CHAIR		Х		х				٥.	0.	0.
(5) NANCY BAIN COT	2.00									
SECRETARY/TREASURER		Х		x				0.	0.	0.
(6) VIC BAILEY, III	2.00									
TRUSTEE		Х						0.	0.	0.
(7) CATHY H. MCCABE	2.00									
TRUSTEE		Х						0.	0.	0.
(8) ERIKA MCJIMPSEY	2.00									
TRUSTEE		Х						0.	0.	0.
(9) ROBERT RICHARDSON	2.00									
TRUSTEE		Х						0.	0.	0.
						<u> </u>				
				<u> </u>	<u> </u>	-				
				$\vdash$	-	-	-			
122007 12 00 21	1		I	I	1	1	I.	1		Eorm <b>990</b> (2021)

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Form 990 (2021)

	1990 (2021) SPARTANBURG C	OUNTY FOUN	DAT	ION						57-03	5139	8	P	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)(B)(C)(D)(E)Name and titleAveragePosition (do not check more than oneReportableReportable								(F) Estimated			ed		
		hours per week (list any hours for related organizations	box	, unle: cer ar	ss per	s person is both an a director/trustee)			compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensatio from related organizations (W-2/1099-MIS 1099-NEC)	l s	com fr org	nount other pensa om th anizat d relat	ation e ion
		below line)	In dividual t	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former					anizati	
16	Subtotal								400,055.		0.		82	245.
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 400,055.		0. 0.	0.		
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	ed ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	!		Yes	2 <b>No</b>
3	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for su</i>	ich individual										3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4	X	
<u> </u>	rendered to the organization? <i>If "Yes." com</i>											5		х
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	ensat	ion fro	om	
	(A) Name and business								(B) Description of s		С	(C ompe	<b>;)</b> nsatio	n
314	BOYD COMPANY EXCHANGE ST, SPARTANBURG, SC 2930	16						4	CONSTRUCTION SERVI	CES			176,	809.
JOSEPH RYAN MCGAHA 298 BOITER RD, DUNCAN, SC 29334								1	LANDSCAPING SERVIC	ES			155,	108.
	Total number of independent contractors for			nite	1+0	ther				are then				
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	JU III	me	. 10		ie lis 2	leu	above, who received mo	ne ulali				

132008 12-09-21

				TANBURG COU	NTY I	FOUNDATION			57-035139	8 Page <b>9</b>
Pa	rt V	/111	Statement of Re	venue						
			Check if Schedule O	contains a resp	onse (	or note to any line		(B)	(C)	
							<b>(A)</b> Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 51
S S	1 a Federated campaigns1a									
rant	-	b		1b						
, G		с	Fundraising events							
ar A			Related organizations			442,500.				
s, G		е	Government grants (contr	ibutions) <b>1e</b>						
tion S		f	All other contributions, gifts,	grants, and						
ibu The			similar amounts not included			24,205,256.				
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		-	Noncash contributions included in			1,116,055.				
ũ g		h	Total. Add lines 1a-1f				24,647,756.			
	~	_				Business Code				
/ice		a b								
Ser		c								
m Ver		d								
Be		e								
Pro		f	All other program service	revenue						
			Total. Add lines 2a-2f							
	3		Investment income (includ	ding dividends,	intere	st, and				
	4 5		other similar amounts)			►	2,845,640.			2,845,640
			Income from investment of	of tax-exempt b	ond p	roceeds 🕨 🕨				
			Royalties							
	_			(i) Rea	al	(ii) Personal				
	6	a	Gross rents	6a						
		D	Less: rental expenses	6b 6c						
		c d	Rental income or (loss) Net rental income or (loss)	· · · · ·						
			Gross amount from sales of	(i) Secur	ties	(ii) Other				
	•	-	assets other than inventory	7a						
		b	Less: cost or other basis							
ne			and sales expenses	7b		134,266.				
venue		с	Gain or (loss)	7c		-134,266.				
d)		d	Net gain or (loss)		···· <u>·····</u>	►	-134,266.			-134,266
Other R	8	а	Gross income from fundraising	ng events (not						
ð			including \$							
			contributions reported on							
		Ŀ.	Part IV, line 18							
			Less: direct expenses Net income or (loss) from							
			Gross income from gamin							
	•	-	Part IV, line 19	-						
		b	Less: direct expenses							
			Net income or (loss) from			►				
			Gross sales of inventory, I							
			and allowances		10a					
			Less: cost of goods sold							
		с	Net income or (loss) from	sales of invento	ory	<b>&gt;</b>				
S			FFFC			Business Code	2 0 6 7 4 1 2	2.067.410		
Miscellaneous Revenue	11		FEES			900099 900099	2,067,412. 115,600.	2,067,412.		
scellaneo <u>Revenue</u>		b	TRUST INCOME OTHER INCOME			900099	8,420.	115,600.		8,420
sce Bev		•				500055	0,420.			0,420
Ξ			All other revenue				2,191,432.			
	12		Total revenue. See instruction				29,550,562.	2,183,012.	0.	2,719,794.
132009						F 1	- •		•	Form <b>990</b> (2021

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

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### Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 14,011,860 14,011,860 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 646,485, 646,485. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 400,055 trustees, and key employees 162,650. 206,715 30,690. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 605,738. Other salaries and wages 70,225. 518,568. 16,945. 7 8 Pension plan accruals and contributions (include 59,853 section 401(k) and 403(b) employer contributions) 82,123 18,339. 3,931. 134,879 30,120, 98,303 6,456. Other employee benefits 9 53,482. 9,256. 41,852. 2,374. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 58,792, 24,690, 32,000 2,102. С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,366,678 290,502 925,555 150,621. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 110,446. 23,638. 61,705. 25,103. 13 Office expenses \_\_\_\_\_ Information technology 14 Royalties 15 6,954. 145,270 32,440. 105,876 16 Occupancy 1,495 334 1,089 72. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19,086 32,823. 12,505. 1,232. Conferences, conventions, and meetings ..... 19 37,533. 8,381, 27,355 1,797. 20 Interest Payments to affiliates 21 318,528 71,130, 232,151 15,247. 22 Depreciation, depletion, and amortization ..... 49,461 11,045. 36,048 2,368. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) EQUIPMENT 70,298, 15,698, 51,235 3,365. а DUES TO OTHER ORGANIZAT 40,909 9,513 946. 30,450 b COMMUNITY FUND ANNUAL C 18,209, 18,209, С GRASSROOTS LEADERSHIP D 17,000. 17,000 d 7,840 9,005 -1,093 -72. All other expenses е 18,209,904 15,493,025 2,446,748 270,131. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

132010 12-09-21

## 18361109 797738 3001324357

Form 990 (2021)

Form 990 (			
Part X	Bal	ance	Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,687,798.	1	6,308,352.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	2,779,140.	3	2,420,920.		
	4	Accounts receivable, net			4,965.	4	4,162.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			10,093,652.	10c	9,904,471.
	11	Investments - publicly traded securities			176,461,706.	11	176,754,967.
	12	Investments - other securities. See Part IV, lir			14,018,168.	12	15,528,842.
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	2,556,549.	15	2,691,634.		
	16	Total assets. Add lines 1 through 15 (must e	210,601,978.	16	213,613,348.		
	17	Accounts payable and accrued expenses	65,042.	17	9,484.		
	18	Grants payable		18			
	19					19	
	20	Tax-exempt bond liabilities			20 652 602	20	13,263,504.
	21	Escrow or custodial account liability. Comple			30,653,693.	21	15,205,504.
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su		00			
Lial	00	controlled entity or family member of any of t		22 23			
	23 24	Secured mortgages and notes payable to un Unsecured notes and loans payable to unrela				23 24	
	24 25	Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on li					
		- f O - h - sh - h - D			5,362,892.	25	3,729,763.
	26				36,081,627.	26	17,002,751.
		Organizations that follow FASB ASC 958, o			, ,		
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			14,500,201.	27	15,879,644.
Bal	28	Net assets with donor restrictions			160,020,150.	28	180,730,953.
pu		Organizations that do not follow FASB ASC					
μ		and complete lines 29 through 33.					
, c	29	Capital stock or trust principal, or current fun	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			174,520,351.	32	196,610,597.
	33	Total liabilities and net assets/fund balances			210,601,978.	33	213,613,348.

Form 990 (2021)

132011 12-09-21

Form	990 (2021) SPARTANBURG COUNTY FOUNDATION	57-03513	398	Pa	<sub>ae</sub> 12
	t XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29	,550	562.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18	,209,	904.
3	Revenue less expenses. Subtract line 2 from line 1	3	11	,340,	658.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	174	,520,	351.
5	Net unrealized gains (losses) on investments	5	9	,323,	981.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	,425,	606.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	196	,610,	596.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

(Form 990)

## **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.

OMB No. 1545-0047	
2021	

	Open to Public Inspection								
Employer	Employer identification number								
	57-0351398								

								nformation.		Open to Public Inspection	
Nan	ne of t	the organizati							Employer	identification number	
		0		NBURG COUNTY FO	OUNDATION						
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructior			
The	organ										
1			-			•		I)(A)(i).			
2	$\square$										
3	$\square$						)(b)(1)(A)(ii	i).			
4	$\square$								)(iii). Enter	the hospital's name.	
-			0		,				·/···/·	,	
5		•		or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		I Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.       Inspection         e of the organization       Employer identification number         SPARTANBURG COUNTY FOUNDATION       57-0351398         rt I       Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
6	If there solved  Control to the solution of the test of the solution of the s										
7	the Nervenie Service										
		-		•		5			5		
8					(1)(A)(vi). (Complete Par	t II.)					
9		-				-	ed in conju	inction with a	land-grant	college	
		university:	-					-	-		
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from	
		activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment	
		income and ι	inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	ganization a	after June 30, 1975.	
		See section	<b>509(a)(2).</b> (Cor	mplete Part III.)							
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).			
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box on	
		_lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b				-				-		-	
			-			ame perso	ns that co	ntrol or mana	ge the supp	ported	
	_	¬ ~	. ,	•							
С			-						lly integrate	ed with,	
	_	7									
d			-						-		
			-			-		-	an attentiv	/eness	
		- ·	,	,	• •						
е		_	Ũ					Type I, Type	II, Type III		
	E.e.t.										
			••	•							
<u> </u>		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization	ı	. ,	(described on lines 1-10	Yes	ing document? No	support (see i	-	support (see instructions)	
					above (see instructions))	100					
Tota	al										

57-0351398 Page **2** 

 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	12,998,377.	16,465,171.	29,383,814.	21,822,431.	24,647,756.	105,317,549.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	12,998,377.	16,465,171.	29,383,814.	21,822,431.	24,647,756.	105,317,549.
	The portion of total contributions		,,	,	,,		
U	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)						825,642.
6	Public support. Subtract line 5 from line 4.						104,491,907.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	12,998,377.	16,465,171.	29,383,814.	21,822,431.	24,647,756.	105,317,549.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,205,319.	2,015,339.	2,854,755.	2,713,198.	2,845,640.	13,634,251.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital	0.550.001					
	assets (Explain in Part VI.)	9,570,001.		1,737,285.	1,908,410.	2,191,432.	
	Total support. Add lines 7 through 10		<u> </u>				134,358,928.
	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for th	-					
Se	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2021 (I			olumn (f))		14	77.77 %
	Public support percentage from 2020					15	71.50 %
	a 33 1/3% support test - 2021. If the c						,,,
	stop here. The organization qualifies						
k	<b>33 1/3% support test - 2020.</b> If the c		-				······································
	and <b>stop here.</b> The organization qual					,	
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization	-	
k	o 10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	k this box and <b>st</b>	<b>op here.</b> Explain ii	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	; ►
						Schedule A	(Form 990) 2021

Schedule A (i offi 330) 202

132022 01-04-22

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

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

Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6							
	<b>Total.</b> Add lines 1 through 5						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	•					·
-	check this box and stop here						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves		•			1 1	
17	Investment income percentage for 20			line 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						line 1 / is not
	more than 33 1/3%, check this box ar	-	•				▶∟
b	<b>33 1/3% support tests - 2020.</b> If the	-					
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n ala not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
13202	3 01-04-22		17	7		Sched	dule A (Form 990) 2021

2021.05000 SPARTANBURG COUNTY FOUNDA 30013241

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

## 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

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

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132024 01-04-21

| 10b | | Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 SPARTANBURG CC Part IV Supporting Organizations (continued	2
Part IV Supporting Organizations (continued	d)

Yes

1

2

No

11 Has the organization accepted a gift or contribution from any of the following persons?				
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and				
11c below, the governing body of a supported organization?	11a			
<b>b</b> A family member of a person described on line 11a above?	11b			
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
detail in Part VI.	11c			

1	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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

### ition(s) organ Section D. All Type III Supporting Organizations

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

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2021

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2021.05000 SPARTANBURG COUNTY FOUNDA 30013241

hedule A (Form 990) 2021 SPARTANBURG COUNTY FOUNDATION			57-0351398 Pa
art V Type III Non-Functionally Integrated 509(a)(3) Support Check here if the organization satisfied the Integral Part Test as a qualify			Port VI) Soc instruction
All other Type III non-functionally integrated supporting organizations mu			Part VI). See Instruction
		Bections A through E.	(B) Current Year
ction A - Adjusted Net Income		(A) Prior Year	(optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Schedule A (Form 990) 2021

					••••••••
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

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**Current Year** 

Schedule A (Form 990) 2021

Section D - Distributions

Schedule A	Form 990) 2021 SPARTANBURG COUNTY FOUNDATION	57-0351398	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 1 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 a 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional	and 2; Part IV, Section Section B, line 1e; Pa	C, rt V,
	(See instructions.)		
132028 01-04-2	22	Schedule A (Form 9	90) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Ν

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**202**<sup>-</sup>

Employer identification number

57	- 0	3	51	3	9	8

lame	of the	organization	

Organization type (check or	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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.

SPARTANBURG COUNTY FOUNDATION

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

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

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

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

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

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

Schedule B (Form 990) (2021)

SPARTANB	URG COUNTY FOUNDATION	5	7-0351398
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		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,420,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,663,949.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,760,995.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,967,487.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

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24 2021.05000 SPARTANBURG COUNTY FOUNDA 30013241

Schedule B (Form 990) (2021) Name of organization

Schedule B (Form 990) (2021)

SPARTANB	URG COUNTY FOUNDATION	5	7-0351398
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$2,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$1,000,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$1,188,486.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

18361109 797738 3001324357

25 2021.05000 SPARTANBURG COUNTY FOUNDA 30013241

## Schedule B (Form 990) (2021)

Name of organization

Page **2** 

Employer identification number

Name of or	ganization		Employer identification number
SPARTANB	URG COUNTY FOUNDATION		57-0351398
Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

2021.05000 SPARTANBURG COUNTY FOUNDA 30013241

Schedule	B (Form 990) (2021)		Page 4
Name of o	rganization		Employer identification number
Partane	BURG COUNTY FOUNDATION Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	(a) through (e) and the following line entr , charitable, etc., contributions of <b>\$1,000 or le</b>	57-0351398 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ss for the year. (Enter this info. once.) \$
(a) No.	Ose duplicate copies of Part III II additiona		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2021)

18361109 797738 3001324357

27 2021.05000 Spartanburg County Founda 30013241

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SCHEDULE	)
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Department of the Treasury

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.



Internal Revenue Service Name of the organization

Employer identification number

	SPARTANBURG COUNTY FOUNDATIO		57-0351398			
Pa	t I Organizations Maintaining Donor Advised	I Funds or Othe	r Similar Funds o	or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line					
		(a) Donor ad	vised funds	(b) Funds and other accounts		
1	Total number at end of year		196			
2	Aggregate value of contributions to (during year)		9,240,501.			
3	Aggregate value of grants from (during year)		3,698,550.			
4	Aggregate value at end of year		60,305,092.			
5	Did the organization inform all donors and donor advisors in w	riting that the asset		d funds		
	are the organization's property, subject to the organization's e	•				
6	Did the organization inform all grantees, donors, and donor ac					
-	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?	-				
Pa						
1	Purpose(s) of conservation easements held by the organizatio			,		
•	Preservation of land for public use (for example, recreat			a historically important land area		
	Protection of natural habitat	ion of codeationy		a certified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation con	tribution in the form of	a conservation easement on the last		
~	day of the tax year.			Held at the End of the Tax Year		
а						
b						
	Number of conservation easements on a certified historic stru					
с С						
d	Number of conservation easements included in (c) acquired at					
2	listed in the National Register					
3	Number of conservation easements modified, transferred, rele	ased, extinguished,	or terminated by the c	rganization during the tax		
4	year ► Number of states where property subject to conservation ease	amont is located				
4 5	Does the organization have a written policy regarding the period		oction bandling of			
5	violations, and enforcement of the conservation easements it			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		and enforcing conse			
U		and ing of violation.	s, and emotoring conse	reation casements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations and	l onforcing conconvativ	an assemants during the year		
'	S	ing of violations, and		on easements during the year		
8	Does each conservation easement reported on line 2(d) above	satisfy the requiren	pents of section 170(h)			
U	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservatio					
Ū	balance sheet, and include, if applicable, the text of the footnot		-			
	organization's accounting for conservation easements.	ote to the organization				
Pa	t III Organizations Maintaining Collections of	Art, Historical	reasures, or Oth	er Similar Assets.		
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958		revenue statement an	d balance sheet works		
	of art, historical treasures, or other similar assets held for publ					
	service, provide in Part XIII the text of the footnote to its finance			•		
b	If the organization elected, as permitted under FASB ASC 958					
5	art, historical treasures, or other similar assets held for public	•				
	provide the following amounts relating to these items:	stanon, couoallo				
				¢.		
	(i) Revenue included on Form 990, Part VIII, line 1			<b>N</b> .		
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea		ar accote for financial (			
2	-			Jan, provide		
~	the following amounts required to be reported under FASB AS	e e		► ¢		
a ⊾	Revenue included on Form 990, Part VIII, line 1					
U	ASSELS INCIDUED IN FUTH 330. Fail A					

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

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	~	-	~	~	~	~	_

<u>Sche</u>		COUNTY FOUNDAT						57-035			age <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	<sup>r</sup> Simila	Assets	conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	k any of the	following that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	i 🗌	Loan or exc	change progra	am					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how th	nev further tl	he organizatio	n's exen	not purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	-		-	-						
•	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrange								_		
	reported an amount on Form 990, Par			o organizatio				, · , .			
<b>1</b> a	Is the organization an agent, trustee, custodia		liary for	contribution	is or other ass	sets not i	ncluded				
14	on Form 990, Part X?								Yes	X	No
h	If "Yes," explain the arrangement in Part XIII a									L	] 110
D D			nowing t	abic.					Amoun	t	
с	Beginning balance						1c			-	
	Additions during the year										
f	Distributions during the year										
	Ending balance Did the organization include an amount on Fo							x	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa		f the organization an	sword	"Ves" on Fr	orm 990 Part	IV line 1					
		(a) Current year		Prior year	(c) Two year			/ears back	(e) Fou	r vears	back
10	Beginning of year balance	(4) 64.1611 964.	(~)		(0)	o suon	(,	ouro suon	(0) + 00	jeure	Such
b	Contributions										
ر ام	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
t	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curr	•	e (line 1ç	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	nd administer	ed for th	e organiza	ation		<u> </u>	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		L
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answered		-								
	Description of property	(a) Cost or o basis (investr			t or other	• • •	ccumulate preciation	ed	( <b>d)</b> Boo	k valu	е
	Land		nenty		(other)	ue	SIECIALION		n	,028,	199
	Land				2,028,199.		1 260	100			
	Buildings			8	3,423,750.		1,369,	100.	1	,054,	042.
	Leasehold improvements										
	Equipment				001 005		1 - 0	455		0.01	<u> </u>
	Other				981,085.		159,	455.	-		630.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, colun</u>	nn (B), line 1	'0c.)				9	,904,	471.

Schedule D (Form 990) 2021

132052 10-28-21

(a) Departmention of ecourity or ectogory and a		1b. 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	15 500 040	20.0m
(A) OTHER INVESTMENTS	15,528,842.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)	15 520 042	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)         Part VIII         Investments - Program Related.	15,528,842.	1. Cas Form 000, Dart V, line 12
Complete if the organization answered "Yes" or		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.		
Complete if the organization answered "Yes" or	n Form 990 Part IV line 1	1d See Form 990 Part X line 15
-	escription	(b) Book value
(1)		
(2)		
(3)		
(3) (4)		
(3) (4) (5)		
(3) (4) (5) (6)		
(3) (4) (5) (6) (7)		
(3) (4) (5) (6) (7) (8)		
(3) (4) (5) (6) (7) (8) (9)		
(3) (4) (5) (6) (7) (8)	15.)	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 3		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line The second		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line The second		1e or 11f. See Form 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line The second		1e or 11f. See Form 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line The second		1e or 11f. See Form 990, Part X, line 25. (b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) ANNUITIES PAYABLE		1e or 11f. See Form 990, Part X, line 25. (b) Book value 362,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 7 Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) ANNUITIES PAYABLE (3) LEASE LIABILITY (4) LINE OF CREDIT		1e or 11f. See Form 990, Part X, line 25. (b) Book value 362 , 30 ,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line The second		1e or 11f. See Form 990, Part X, line 25. (b) Book value 362 , 30 ,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Term 990, Part X, col. (Column 10, column 10, colu		1e or 11f. See Form 990, Part X, line 25. (b) Book value 362 , 30 ,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Term 990, Part X, col. (B) line 10, Part 990, Part 10, Part 9		1e or 11f. See Form 990, Part X, line 25. (b) Book value 362 , 30 ,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 7 Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) ANNUITIES PAYABLE (3) LEASE LIABILITY (4) LINE OF CREDIT (5) (6)		1e or 11f. See Form 990, Part X, line 25. (b) Book value 362 , 30 ,

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 ... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 SPARTANBURG COUNTY B				57-03513	898 Page <b>4</b>
Par	rt XI Reconciliation of Revenue per Audite	d Financial Statem	ents With F	Revenue per Re <sup>-</sup>	turn.	
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited finan	cial statements			1	40,300,150.
2	Amounts included on line 1 but not on Form 990, Part VI	II, line 12:				
а	Net unrealized gains (losses) on investments		<b>2</b> a	9,323,982.		
b	Donated services and use of facilities		<b>2</b> b			
с	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d	1,425,606.		
е	•				2e	10,749,588.
3	Subtract line <b>2e</b> from line <b>1</b>				3	29,550,562.
4	Amounts included on Form 990, Part VIII, line 12, but not	on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII					
b	Other (Describe in Part XIII.)					0
	Add lines 4a and 4b				4c	0.
5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form</i> rt XII Reconciliation of Expenses per Audite	<u>990. Part I, line 12.)</u>	onte With	Evnancas nar E	5 Deturn	29,550,562.
Fai				Expenses per r	ietum.	
	Complete if the organization answered "Yes" on F					19 200 004
1	Total expenses and losses per audited financial statemer				1	18,209,904.
2	Amounts included on line 1 but not on Form 990, Part IX,					
a	Donated services and use of facilities					
a	Prior year adjustments					
ر ام	Other losses					
a	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>				20	Ο.
е З	•				2e 3	18,209,904.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not 0				3	
т 9	Investment expenses not included on Form 990, Part VII		4a			
b	Other (Describe in Part XIII.)					
	Add lines <b>4a</b> and <b>4b</b>				4c	0.
	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For				5	18,209,904.
Pa	rt XIII Supplemental Information.	<u>III 000, 1 art 1, 1110 10.,</u>				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; P	art III. lines 1a and 4: Pa	rt IV. lines 1b a	nd 2b: Part V. line 4	: Part X. line	2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete th		-		,,	
		,				
PART	FX, LINE 2:					
THE	FOUNDATION HAS BEEN RECOGNIZED BY THE INTER	RNAL REVENUE SERVI	CE AS A			
CHAR	RITABLE ORGANIZATION AS DESCRIBED IN SECTION	N 501(C)(3) OF THE	INTERNAL			
REVE	ENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL	INCOME TAXES PURSU	ANT TO			
SECT	TION 509(A)(2) OF THE INTERNAL REVENUE CODE	. ACCORDINGLY, NO	PROVISION			
FOR	INCOME TAXES IS INCLUDED IN THE ACCOMPANYIN	NG COMBINED FINANC	IAL			
STAT	TEMENTS. THE FOUNDATION HAS DETERMINED THAT	IT DOES NOT HAVE	ANY			
MATE	SRIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIO	ONS AS OF DECEMBER	31, 2021.			
<b>D</b>						
PART	T XI, LINE 2D - OTHER ADJUSTMENTS:					
<b>D-</b>			1 220 -22			
RECI	LASSIFICATION SPECIAL FUNDS EXCLUDED FROM TA	AX RETURN	1,338,733.			
01133			06 073			
	IGE IN VALUE OF SPLIT-INTEREST AGREEMENTS		86,873.		0.1	(F
132054	4 10-28-21	31			Schedule D	) (Form 990) 2021
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<sup>2021.05000</sup> SPARTANBURG COUNTY FOUNDA 30013241

Schedule D (Form 990) 2021 SPARTANBURG COUNTY FOUNDATION		57-0351398	Page 5
Schedule D (Form 990) 2021         SPARTANBURG COUNTY FOUNDATION           Part XIII         Supplemental Information (continued)			
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,425,606.		
	_,,		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN			
		Schedule D (Forn	n <b>990) 202</b> 1

132055 10-28-21

SCHEDULE I		G	rants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-00-	47
(Form 990)		Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		2021	
Department of the Treasury		Compi		Attach to For				Open to Publ	lic
Internal Revenue Service			Go to www.ii	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection	
Name of the organization	SPARTANBURG CO	OUNTY FOUNDATI	ON					Employer identification nu 57-0351398	mber
Part I General Inform	nation on Grants a	nd Assistance							
1 Does the organization	n maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on	
criteria used to award	d the grants or assis	stance?						X Yes	No
2 Describe in Part IV th	e organization's pro	ocedures for monito	oring the use of grant	funds in the United	States.				
		-	ations and Domestic be duplicated if additi			anization answered "Y	es" on Form 990, Parl	IV, line 21, for any	
<b>1 (a)</b> Name and addres or govern		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
A SPOT OF PRIDE BEAU FUND - 424 E. KENNED									
SPARTANBURG, SC 2930	2	57-0351398	501 (C) (3)	5,040.	0.			GENERAL SUPPORT	
ADULT LEARNING CENTE 145 NORTH CHURCH STR SPARTANBURG, SC 2930	ЕЕТ, #82	57-1006834	501 (C) (3)	12,070.	0.			GENERAL SUPPORT	
AMERICAN RED CROSS U CHAPTER - 940 GROVE	PSTATE SC ROAD -								
GREENVILLE, SC 29605		53-0196605	501 (C) (3)	9,270.	0.			GENERAL SUPPORT	
ANDERSON UNIVERSITY 316 BOULEVARD ANDERSON, SC 29621		57-0324906	501 (C) (3)	15,000.	0.			GENERAL SUPPORT	
ANDERSON, SC 29021		57 0524500	501 (C/ (5/	15,000.	0.			SEMERAL SOLLORI	
ANGELS CHARGE MINIST 95 ASHLEY ST. SPARTANBURG, SC 2930		82-1763094	501 (C) (3)	50,150.	0.			GENERAL SUPPORT	
ANIMAL ALLIES, INC. 820 GOSSETT ROAD SPARTANBURG, SC 2930	7	57-1098821	501 (C) (3)	7,300.	0.			GENERAL SUPPORT	
· · · · · ·				,	0.				237.
<ul><li>2 Enter total number of</li><li>3 Enter total number of</li></ul>	( ) ( )	•						······ <b>[</b>	0.
	other organizations		Ianic						· · ·

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57-0351398 Page 1

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of (e) Amount of (f) Method of			(g) Description of	(h) Purpose of grant
organization or government	(2)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
APPALACHIAN STATE UNIVERSITY							
ASU PO BOX 32005, 287 RIVERS STREE	ſ						
BOONE, NC 28608	23-7099379	501 (C) (3)	6,500.	0.			GENERAL SUPPORT
B.A.R.S ACADEMY							
291 PROMISED LAND DRIVE							
SPARTANBURG, SC 29306	80-0398926	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
BALLET SPARTANBURG, INC.							
200 E. ST. JOHN STREET							
SPARTANBURG, SC 29306	57-0658124	501 (C) (3)	11,800.	0.			GENERAL SUPPORT
,			, .				
BATTLEBETTY FOUNDATION							
PO BOX 277							
FAIRFOREST, SC 29353	83-2015836	501 (C) (3)	7,600.	0.			GENERAL SUPPORT
BENJAMIN E. MAYS CONSOLIDATED							
SCHOOL ALUMNI FUND - 424 E.							
KENNEDY STREET - SPARTANBURG, SC							
29302	57-0351398	501 (C) (3)	20,150.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS UPSTATE							
161 EAST KENNEDY STREET							
SPARTANBURG, SC 29306	20-4243553	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
BLACK ECONOMIC MOBILITY COALITION							
145 NORTH CHURCH ST.							
SPARTANBURG, SC 29306	86-2062016	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
BLOOM UPSTATE							
132 CLARENCE CIR							
MOORE, SC 29369-9646	82-2158330	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
,,,	22 2200000	(0, (0,	10,000.	<b>.</b>			
BOYS AND GIRLS CLUBS OF THE							
UPSTATE, INC PO BOX 2794 -							
SPARTANBURG, SC 29304	57-0862226	501 (C) (3)	53,909.	Ο.			GENERAL SUPPORT

Schedul	e I (Form 990)	SPARTANBURG	COUNTY	FOUNDATION
	<b>o</b>			

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROTHERS RESTORING URBAN HOPE, INC. – 337 LAURELWOOD DRIVE – BOILING SPRINGS, SC 29316	20-4793140	501 (C) (3)	66,219.	0.			GENERAL SUPPORT
BUFORD STREET UNITED METHODIST CHURCH - 120 EAST BUFORD STREET - GAFFNEY, SC 29340	57-0422126	CHURCH	5,838.	0.			GENERAL SUPPORT
BUSINESS AND PROFESSIONAL WOMEN OF SOUTH CAROLINA – 108 LANSDALE DRIVE – SPARTANBURG, SC 29302	57-6036344	501 (C) (3)	5,276.	0.			GENERAL SUPPORT
CALVARY REDEMPTION CENTER 927 HOWARD STREET SPARTANBURG, SC 29303-2833	57-1071840	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
CANCER ASSOCIATION OF SPARTANBURG & CHEROKEE COUNTIES, INC PO BOX 1582 - SPARTANBURG, SC 29304	57-0526068	501 (C) (3)	36,825.	0.			GENERAL SUPPORT
CENTER FOR PHILANTHROPY CAPITAL CAMPAIGN FUND - 424 E. KENNEDY STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	282,500.	0.			GENERAL SUPPORT
CENTRAL UNITED METHODIST CHURCH 233 N. CHURCH STREET SPARTANBURG, SC 29306	57-0314370	CHURCH	123,169.	0.			GENERAL SUPPORT
CHAPMAN CULTURAL CENTER 200 EAST ST. JOHN STREET SPARTANBURG, SC 29306	57-0986224	501 (C) (3)	248,888.	0.			GENERAL SUPPORT
CHARLESTON SOUTHERN UNIVERSITY 9200 UNIVERSITY BLVD. CHARLESTON, SC 29406	57-0474291	501 (C) (3)	14,048.	0.			GENERAL SUPPORT

57-0351398 Page 1

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of (e) Amount of (f) Method of			(g) Description of	(h) Purpose of grant
organization or government	(2)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CHEEKWOOD ESTATE AND GARDENS							
1200 FORREST PARK DRIVE	60.0607001		10.000				
NASHVILLE, TN 37205 CHILDREN'S ADVOCACY CENTER OF	62-0627921	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
SPARTANBURG, CHEROKEE AND UNION							
COUNTIES, INC 100 WASHINGTON							
PLACE - SPARTANBURG, SC 29302	57-0987436	501 (C) (3)	8,859.	Ο.			GENERAL SUPPORT
,			,				
CHILDREN'S CANCER PARTNERS OF THE							
CAROLINAS - 900 S. PINE STREET,							
SUITE F - SPARTANBURG, SC 29302	20-2511033	501 (C) (3)	12,000.	0.			GENERAL SUPPORT
CHRISTMAS IN ACTION SPARTANBURG							
PO BOX 5852			10.050	0			
SPARTANBURG, SC 29304	56-2015602	501 (C) (3)	18,079.	0.			GENERAL SUPPORT
CITIZEN SCHOLAR ANNUAL OPERATION							
FUND - 424 E. KENNEDY STREET -							
SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	94,773.	Ο.			GENERAL SUPPORT
,							
CITIZEN SCHOLARS GENERAL FUND							
424 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	115,517.	0.			GENERAL SUPPORT
CITY OF LANDRUM							
100 N. SHAMROCK AVENUE	55 6001410		14 500				
LANDRUM, SC 29356	57-6001419	GOVERNMENT	14,720.	0.			GENERAL SUPPORT
CITY OF SPARTANBURG							
PO BOX 1749							
SPARTANBURG, SC 29304	57-6000245	GOVERNMENT	31,000.	0.			GENERAL SUPPORT
	2. 2000213						
CLEMSON UNIVERSITY							
PO BOX 1889							
CLEMSON, SC 29633	57-6000254	501 (C) (3)	65,977.	0.			GENERAL SUPPORT

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(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of (e) Amount of (f) Method of			(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CLEVELAND OPPORTUNITY FOUNDATION							
501 HOWARD STREET SUITE E							
SPARTANBURG, SC 29303	85-1701615	501 (C) (3)	6,750.	0.			GENERAL SUPPORT
COASTAL COMMUNITY FOUNDATION							
1691 TURNBULL AVENUE							
N. CHARLESTON, SC 29405	23-7390313	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
COLLEGE OF CHARLECTION							
COLLEGE OF CHARLESTON							
170 CALHOUN STREET	23-7069236	501 (C) (2)	10 605	٥.			GENERAL SUPPORT
CHARLESTON, SC 29424	23-1003230	DUT (C) (3)	18,625.	0.			GENERAL SUPPORT
COLUMBIA COLLEGE							
1301 COLUMBIA COLLEGE ROAD							
COLUMBIA, SC 29203	57-0324915	501 (C) (3)	5,750.	0.			GENERAL SUPPORT
	37 0321913	501 (0) (0)	5,150.	••			
COMMUNITYWORKS, INC.							
PO BOX 17826							
GREENVILLE, SC 29606	26-0421563	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
,							
CONVERSE COLLEGE							
580 E. MAIN STREET							
SPARTANBURG, SC 29302	57-0314380	501 (C) (3)	18,878.	0.			GENERAL SUPPORT
CONVERSE UNIVERSITY							
580 EAST MAIN STREET							
SPARTANBURG, SC 29302	57-0314380	501 (C) (3)	152,887.	0.			GENERAL SUPPORT
CREATIVE ADVANCEMENT CENTERS							
131 SUNNY RAY DRIVE							
DUNCAN, SC 29334	58-2061227	501 (C) (3)	7,245.	0.			GENERAL SUPPORT
CROSS ANCHOR YARBOROUGH CHAPEL							
UNITED METHODIST CHURCH - PO BOX 4							
- CROSS ANCHOR, SC 29331	57-0711102	СНПВСН	5,766.	0.			GENERAL SUPPORT
CROBB ANCHOR, BC 29331	57-0711102	CHORCH	5,700.	U.			PENEIVAL SOFFORT

Schedule I (Form 990)	SPARTANBURG	COUNTY	FOUNDATION
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(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant								
(a) Name and address of organization or government	<b>(b)</b> EIN	(C) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CRYSTAL SPRINGS RAVINE IMPROVEMENT								
FUND - 424 E. KENNEDY STREET -								
SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	6,840.	0.			GENERAL SUPPORT	
DISTRICT SEVEN FOUNDATION FUND								
424 E. KENNEDY STREET								
SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	11,591.	0.			GENERAL SUPPORT	
DREAMS FORE KIDS, INC.								
5400 DORCHESTER ROAD								
GREENSBORO, NC 27407	85-3449852	501 (C) (3)	20,000.	0.			GENERAL SUPPORT	
·								
DUCKS UNLIMITED, INC.								
ONE WATERFOWL WAY								
MEMPHIS, TN 38120	13-5643799	501 (C) (3)	50,000.	0.			GENERAL SUPPORT	
DUKE UNIVERSITY								
614 CHAPEL DR. ANNEX; BOX 90581								
DURHAM, NC 27708-0581	56-0532129	501 (C) (3)	33,056.	0.			GENERAL SUPPORT	
EDWARD VIA COLLEGE OF OSTEOPATHIC								
MEDICINE - 350 HOWARD ST								
SPARTANBURG, SC 29303	54-2052107	501 (C) (3)	29,000.	0.			GENERAL SUPPORT	
EPWORTH CHILDRENS HOME								
PO BOX 50466								
COLUMBIA, SC 29250	57-0314389	501 (C) (3)	10,000.	0.			GENERAL SUPPORT	
		(, (,	,	- •				
ERSKINE COLLEGE								
2 WASHINGTON STREET								
DUE WEST, SC 29639	57-0314390	501 (C) (3)	5,500.	0.			GENERAL SUPPORT	
EVANS TRAINING CENTER								
306 JORDAN CREEK ROAD								
INMAN, SC 29349	27 1144202	501 (C) (3)	10,000.	0.			GENERAL SUPPORT	

Schedul	e I (Form 990)	SPARTANBURG	COUNTY	FOUNDATION
	<b>o</b>			

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FELLOWSHIP OF CHRISTIAN ATHLETES							
PO BOX 117							
SPARTANBURG, SC 29304	44-0610626	501 (C) (3)	23,500.	0.			GENERAL SUPPORT
FERNWOOD BAPTIST CHURCH GENERAL							
ENDOWMENT FUND - 424 E. KENNEDY							
STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF							
SPARTANBURG - 250 E MAIN STREET -							
SPARTANBURG, SC 29306	57-0339440	CHURCH	269,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH							
393 E MAIN STREET							
SPARTANBURG, SC 29302	57-0314439	CHURCH	241,580.	0.			GENERAL SUPPORT
FORT HILL PRESBYTERIAN CHURCH							
101 EDGEWOOD AVENUE							
CLEMSON, SC 29631-1403	57-6004172	CHURCH	12,500.	0.			GENERAL SUPPORT
FURMAN UNIVERSITY							
3300 POINSETT HIGHWAY							
GREENVILLE, SC 29613	57-0314395	501 (C) (3)	17,825.	0.			GENERAL SUPPORT
G B HODGE MD, MEMORIAL NURSING							
EDUCATION FUND - 424 E. KENNEDY							
STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	41,237.	0.			GENERAL SUPPORT
,,,							
ENDER BENDERS							
01 IVY ACRES DRIVE							
PIEDMONT, SC 29673	46-3989884	501 (C) (3)	12,000.	0.			GENERAL SUPPORT
SIRL SCOUTS OF SOUTH							
CAROLINA-MOUNTAINS TO MIDLANDS,							
INC 412 EAST BUTLER ROAD -							
MAULDIN, SC 29662	57-0314433	501 (C) (3)	20,500.	٥.			GENERAL SUPPORT

Schedule I (Form 990)	SPARTANBURG	COUNTY	FOUNDATION
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Schedule I (Form 990)       SPARTANBORG COUNTY FOUNDATION       57-0351398       Page 1         Part II       Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)       57-0351398       Page 1							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL DEVELOPMENT GROUP							
120 HIWASSEE CIRCLE							
RELIANCE, TN 37369	20-5988003	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
GOFORTH RECOVERY							
PO BOX 6560							
SPARTANBURG, SC 29302	82-4428586	501 (C) (3)	22,250.	0.			GENERAL SUPPORT
GRACE PRESBYTERIAN CHURCH							
PO BOX 285							
DRAYTON, SC 29333	37-1843070	CHURCH	184,172.	0.			GENERAL SUPPORT
GRACE UNITED METHODIST CHURCH							
201 SOUTH CHURCH STREET							
JNION, SC 29379	57-0846086	CHURCH	115,000.	0.			GENERAL SUPPORT
GREER RELIEF AND RESOURCES AGENCY,							
INC PO BOX 1303 - GREER, SC							
29652-1303	57-0370331	501 (C) (3)	35,000.	٥.			GENERAL SUPPORT
H.A.L.T.E.R.							
PO BOX 1403							
SPARTANBURG, SC 29304	57-0864733	501 (C) (3)	54,394.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF		(, (,					
SPARTANBURG, INC 2270 SOUTH							
PINE STREET - SPARTANBURG, SC							
29302	57-0849669	501 (C) (3)	15,175.	0.			GENERAL SUPPORT
			,				
ATCHER GARDEN AND WOODLAND							
PRESERVE, INC PO BOX 2337 -							
SPARTANBURG, SC 29304	57-1069038	501 (C) (3)	37,451.	0.			GENERAL SUPPORT
			.,	· · ·			
HEALTHY SMILES OF SPARTANBURG,							
INC PO BOX 1441 - SPARTANBURG,							
SC 29304	03-0529473	501 (C) (3)	39,455.	٥.			GENERAL SUPPORT

Part II Continuation of Grants and Other A		gamzations					
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY SMILES OF SPARTANBURG,							
INC. GENERAL FUND - 424 E. KENNEDY							
STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	7,525.	0.			GENERAL SUPPORT
HELLO FAMILY FUND							
24 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	103,448.	٥.			GENERAL SUPPORT
HOPE CENTER FOR CHILDREN							
PO BOX 1731							
SPARTANBURG, SC 29304-1731	57 - 0601487	501 (C) (3)	43,219.	0.			GENERAL SUPPORT
IOPE POINT CHURCH							
185 ASHEVILLE HWY	40 1575206		60.000	0			GENERAL GURRORM
SPARTANBURG, SC 29303	42-1575386	CHURCH	60,000.	0.			GENERAL SUPPORT
HOPE REMAINS YOUTH RANCH							
771 JOHN DODD ROAD							
VELLFORD, SC 29385	26-0554902	501 (C) (3)	26,205.	٥.			GENERAL SUPPORT
HUB CITY FARMERS' MARKET							
248 N. CHURCH ST							
SPARTANBURG, SC 29306	56-2370088	501 (C) (3)	15,280.	0.			GENERAL SUPPORT
UB CITY FARMER'S MARKET							
48 NORTH CHURCH STREET							
SPARTANBURG, SC 29306	56-2370088	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
			.,				
UB CITY WRITERS PROJECT, INC.							
86 WEST MAIN STREET							
PARTANBURG, SC 29306	57-1059259	501 (C) (3)	5,100.	0.			GENERAL SUPPORT
MPACT SPORTS INTERNATIONAL							
PO BOX 5765							
SPARTANBURG, SC 29304	20-3995547	501 (C) (3)	5,500.	0.			GENERAL SUPPORT
r			· · · · ·	- •			

(a) Nome and address of		(c) IRC section	(d) Amount of	(a) Amount of	(f) Motherd of	(a) Description of	(b) Durpage of grant
(a) Name and address of organization or government	<b>(b)</b> EIN	if applicable	cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
J M SMITH FOUNDATION							
101 WEST ST. JOHN STREET, SUITE 305	i						
SPARTANBURG, SC 29306	57-1046595	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
JUST BECAUSE FUND							
124 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	53,500.	0.			GENERAL SUPPORT
KAPPA ALPHA ORDER EDUCATIONAL							
FOUNDATION - PO BOX 1865 -							
LEXINGTON, VA 24450	75-1783690	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
KEEP THE CHANGE, INC.							
PO BOX 650723							
STERLING, VA 20165	45-2641038	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
LANDER UNIVERSITY							
320 STANLEY AVENUE	12 1001250	E01 (G) (2)	7 050	0.			
GREENWOOD, SC 29649	13-1921358	501 (C) (3)	7,952.	0.			GENERAL SUPPORT
LANDRUM PRESBYTERIAN CHURCH							
404 RUTHERFORD STREET							
LANDRUM, SC 29356	57-1086719	CHURCH	25,000.	0.			GENERAL SUPPORT
LGBT FUND							
424 E. KENNEDY STREET			0.050				
SPARTANBURG, SC 29302	57-0351398	5UI (C) (3)	8,850.	0.			GENERAL SUPPORT
LIMESTONE UNIVERSITY							
1115 COLLEGE DRIVE							
GAFFNEY, SC 29340	57-0314402	501 (C) (3)	7,513.	٥.			GENERAL SUPPORT
COCAL INITIATIVES SUPPORT							
CORPORATION (LISC) - 28 LIBERTY ST	12 2020000		07.000				
34TH FL - NEW YORK, NY 10005-1444	13-3030229	DAT (C) (3)	27,993.	0.			GENERAL SUPPORT

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(8) =	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ARCH OF DIMES INC.							
PO BOX 18819							
ATLANTA, GA 31126	13-1846366	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
MEDICAL UNIVERSITY OF SOUTH							
AROLINA BURSAR'S OFFICE - 1 SOUTH							
PARK CIRCLE, BUILDING 1, STE. 402							
CHARLESTON, SC 29407	57-6028985	501 (C) (3)	22,500.	Ο.			GENERAL SUPPORT
MEETING STREET ACADEMY							
201 EAST BROAD STREET, SUITE 110							
SPARTANBURG, SC 29306	20-4587841	501 (C) (3)	26,300.	0.			GENERAL SUPPORT
IENTAL FITNESS, INC.							
PO BOX 402							
SPARTANBURG, SC 29304	20-8489636	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
MIDDLE TYGER COMMUNITY CENTER							
34 GROCE ROAD			10 500	0			
YMAN, SC 29365	57-1077940	501 (C) (3)	12,500.	0.			GENERAL SUPPORT
MIRACLE HILL MINISTRIES							
190 S PLEASANTBURG DR							
GREENVILLE, SC 29607-2526	57-0425826	501 (C) (3)	42,000.	0.			GENERAL SUPPORT
,		(0) (0)	,	••			
OBILE MEALS SERVICE OF							
SPARTANBURG COUNTY, INC PO BOX							
161 - SPARTANBURG, SC 29304	57-0653452	501 (C) (3)	125,532.	0.			GENERAL SUPPORT
NOONLIGHT COMMUNITY FOUNDATION							
PO BOX 161013							
BIG SKY, MT 59716	80-0941705	501 (C) (3)	14,000.	Ο.			GENERAL SUPPORT
USC FOUNDATION							
.8 BEE STREET MSC 450							
HARLESTON, SC 29425	57-1031624	501 (C) (3)	27,000.	Ο.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	57-0351398 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAZARETH PRESBYTERIAN CHURCH 580 NAZARETH CHURCH RD.							
MOORE, SC 29369	57-6024361	CHURCH	84,526.	0.			GENERAL SUPPORT
NEW HOPE BAPTIST CHURCH PO BOX 100 CROSS ANCHOR, SC 29331	57-0624595	CHURCH	10,983.	0.			GENERAL SUPPORT
NEW LIFE BAPTIST CHURCH 350 OLD FURNACE ROAD							
BOILING SPRINGS, SC 29316	20-5333834	CHURCH	33,600.	0.			GENERAL SUPPORT
NORTH CAROLINA STATE UNIVERSITY 2016 HARRIS HALL, CAMPUS BOX 7302							
RALEIGH, NC 27695-7302	56-6049503	501 (C) (3)	5,500.	0.			GENERAL SUPPORT
NORTH GREENVILLE UNIVERSITY PO BOX 1892							
TIGERVILLE, SC 29688	57-0314406	501 (C) (3)	5,813.	0.			GENERAL SUPPORT
NORTHSIDE DEVELOPMENT GROUP PO BOX 3362							
SPARTANBURG, SC 29304	30-0698663	501 (C) (3)	350,000.	0.			GENERAL SUPPORT
NSDAR PO BOX 98286							
WASHINGTON, DC 20090-8286	53-0205923	501 (C) (3)	9,400.	٥.			GENERAL SUPPORT
ONE SPARTANBURG FUND 424 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	150,000.	0.			GENERAL SUPPORT
PALMETTO AREA COUNCIL BOY SCOUTS OF AMERICA - 420 S. CHURCH ST							
SPARTANBURG, SC 29306	22-1576300	501 (C) (3)	10,494.	0.			GENERAL SUPPORT

Schedule I (Form 990)	SPARTANBURG	COUNTY	FOUNDATION
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(a) Name and address of organization or government PALMETTO COUNCIL BOY SCOUTS OF AMERICA, INC 420 S. CHURCH STREET - SPARTANBURG, SC 29306 PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304 PARTNERS FOR ACTIVE LIVING GENERAL FUND - 424 E. KENNEDY STREET -		(c) IRC section if applicable 501 (C) (3) 501 (C) (3)	(d) Amount of cash grant 11,143. 1,071,186.	(e) Amount of noncash assistance 0.	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance GENERAL SUPPORT
AMERICA, INC 420 S. CHURCH STREET - SPARTANBURG, SC 29306 PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304 PARTNERS FOR ACTIVE LIVING GENERAL	54-2111221						GENERAL SUPPORT
STREET - SPARTANBURG, SC 29306 PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304 PARTNERS FOR ACTIVE LIVING GENERAL	54-2111221						GENERAL SUPPORT
STREET - SPARTANBURG, SC 29306 PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304 PARTNERS FOR ACTIVE LIVING GENERAL	54-2111221						GENERAL SUPPORT
PO BOX 6728 SPARTANBURG, SC 29304 PARTNERS FOR ACTIVE LIVING GENERAL		501 (C) (3)	1,071,186.	0.			
PO BOX 6728 SPARTANBURG, SC 29304 PARTNERS FOR ACTIVE LIVING GENERAL		501 (C) (3)	1,071,186.	0.			
PARTANBURG, SC 29304		501 (C) (3)	1,071,186.	0.			
	57-0351398						GENERAL SUPPORT
	57-0351398						
	57-0351398						
SPARTANBURG, SC 29302		501 (C) (3)	12,626.	0.			GENERAL SUPPORT
			,••.				
PAUL J. AND NANCY B. COT DONOR							
ADVISED FUND - 424 E. KENNEDY							
STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	42,825.	0.			GENERAL SUPPORT
PENLAND SCHOOL OF CRAFT							
POST OFFICE BOX 37	56 0622049	501 (C) (3)	8,000.	0.			CENEDAL CUDDOD
PENLAND, NC 28765-0037	56-0625948	501 (C) (3)	8,000.	0.			GENERAL SUPPORT
PFEIFFER UNIVERSITY							
PO BOX 960; 48380 US 52							
MISENHEIMER, NC 28109	56-0582999	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
DIEDMONT CADE INC							
PIEDMONT CARE, INC. 101 NORTH PINE STREET, SUITE 200							
SPARTANBURG, SC 29302	57-1036204	501 (C) (3)	17,500.	0.			GENERAL SUPPORT
	3, 1000204		1,,500.				Series Series
PIEDMONT SERTOMA CLUB							
PO BOX 5041							
SPARTANBURG, SC 29304	23-7143056	501 (C) (3)	13,500.	0.			GENERAL SUPPORT
PINE STREET SCHOOL FOUNDATION							
PO BOX 7213							
SPARTANBURG, SC 29304	27-1018261	501 (C) (3)	6,600.	0.			GENERAL SUPPORT

Schedule I (Form 990)	SPARTANBURG	COUNTY	FOUNDATION
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(a) Name and address of				(a) A mount of	(f) Mathad of	(a) Description of	(h) Durrage of succet
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PK OUTREACH INC.							
140 HILLS BRIDGE ROAD							
INMAN, SC 29349	57-1026176	501 (C) (3)	30,000.	0.			GENERAL SUPPORT
PRAXIS LEADERSHIP, INC.							
404 GRANGER DRIVE							
LAGRANGE, GA 30240	85-0523712	501 (C) (3)	30,934.	0.			GENERAL SUPPORT
PRESBYTERIAN COLLEGE							
PO BOX 975							
CLINTON, SC 29325	57-0314408	501 (C) (3)	18,163.	0.			GENERAL SUPPORT
PRIDE LINK							
30 POINTE CIRCLE							
GREENVILLE, SC 29615	83-1095678	501 (C) (3)	12,000.	0.			GENERAL SUPPORT
	03 1053070	301 (0) (3)	12,000.				
PROJECTHANDUP							
BHA INVITATIONAL, 8333 ROYAL RIDGE							
IRVING, TX 75063	90-0705496	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
REIDVILLE PRESBYTERIAN CHURCH							
340 COLLEGE STREET							
REIDVILLE, SC 29375	23-7366967	CHURCH	5,922.	0.			GENERAL SUPPORT
RUTH'S GLEANINGS							
147 CHAPEL STREET							
SPARTANBURG, SC 29303	82-4277688	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
	02 12,7000						Serioni
SAFE HOMES - RAPE CRISIS COALITION							
236 UNION STREET							
SPARTANBURG, SC 29302	57-0760599	501 (C) (3)	6,259.	Ο.			GENERAL SUPPORT
SC SCHOOL FOR THE DEAF AND THE							
BLIND FOUNDATION, INC 355 CEDAR							
SPRINGS ROAD - SPARTANBURG, SC							
29302	57-0693592	501 (C) (3)	20,000.	Ο.			GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purp							
organization or government	(5) =	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SC STATE UNIVERSITY FOUNDATION							
INC PO BOX 7305 - ORANGEBURG,							
sc 29117	23-7113930	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
SCCF THE PUTSY AND JOHN WARDLAW							
EMERGENCY FUND - 424 E. KENNEDY							
STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
SERVANTS FOR SIGHT							
PO BOX 2122							
GREENVILLE, SC 29602	27-0837500	CHURCH	10,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA ACADEMY OF SCIENCE							
2015 MARION STREET							
COLUMBIA, SC 29201	57-6025114	501 (C) (3)	5,767.	0.			GENERAL SUPPORT
SOUTH CAROLINA SCHOOL FOR THE DEAF							
AND BLIND FOUNDATION, INC 355							
CEDAR SPRINGS ROAD - SPARTANBURG,							
SC 29302	57-0693592	501 (C) (3)	95,221.	0.			GENERAL SUPPORT
SOUTHSIDE CHRISTIAN SCHOOL							
2211 WOODRUFF ROAD							
SIMPSONVILLE, SC 29681	74-3095222	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
CRARMANDIDG AGADENTO NOVENENT							
SPARTANBURG ACADEMIC MOVEMENT							
349 EAST MAIN STREET, SUITE 101	45 0104241	E01 (0) (2)	104 500	_			GENERAL GURRORM
SPARTANBURG, SC 29302	40-2104341	501 (C) (3)	104,500.	0.			GENERAL SUPPORT
SPARTANBURG ACADEMIC MOVEMENT FUND							
424 E. KENNEDY STREET							
	E7 02E1200	501 (C) (3)	100 000	0.			CENEDAL CUDDODM
SPARTANBURG, SC 29302	2/-0321338	DUI (C) (3)	100,000.	0.			GENERAL SUPPORT
SPARTANBURG AREA CONSERVANCY							
100 E MAIN STREET, SUITE 7B							
SPARTANBURG, SC 29306	57-0885225	501 (C) (3)	42,175.	0.			GENERAL SUPPORT
JIANIANDONG, DC 23300	57-0005225		<u>44,1/5</u>	U.			SENERAL SUPPORT

Schedul	e I (Form 990)	SPARTANBURG	COUNTY	FOUNDATION
	<b>o</b>			

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG ART MUSEUM							
200 EAST SAINT JOHN STREET							
SPARTANBURG, SC 29306	23-7041876	501 (C) (3)	22,450.	0.			GENERAL SUPPORT
SPARTANBURG COMMUNITY COLLEGE							
PO BOX 5632							
SPARTANBURG, SC 29304	57-0751500	501 (C) (3)	64,731.	0.			GENERAL SUPPORT
SPARTANBURG COMMUNITY COLLEGE							
FOUNDATION - 107 COMMUNITY COLLEGE							
DR SPARTANBURG, SC 29303	57-0751500	501 (C) (3)	525,634.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY BAPTIST							
ASSOCIATION - PO BOX 3433 - SPARTANBURG, SC 29304	27-0816289	501 (C) (3)	77,500.	0.			GENERAL SUPPORT
STARTANDORG, SC 25504	27 0010205	501 (C) (5)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				SENERAL SUITORI
SPARTANBURG COUNTY COMMISSION FOR							
HIGHER EDUCATION - 424 E. KENNEDY							
STREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	337,304.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY FIRST STEPS 900 SOUTH PINE STREET							
SPARTANBURG, SC 29302	57-1097869	501 (C) (3)	300,000.	0.			GENERAL SUPPORT
				<b>```</b>			
SPARTANBURG COUNTY HISTORICAL							
ASSOCIATION, INC PO BOX 887 -							
SPARTANBURG, SC 29304	57-6025123	501 (C) (3)	41,407.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY PUBLIC							
LIBRARIES - 151 S. CHURCH STREET -							
SPARTANBURG, SC 29306	57-6000940	GOVERNMENT	50,000.	0.			GENERAL SUPPORT
,							
SPARTANBURG COUNTY SCHOOL DISTRICT							
1300 E. BLACKSTOCK ROAD							
MOORE, SC 29369	57-0741993	GOVERNMENT	195,981.	Ο.			GENERAL SUPPORT

Schedule I (Form 990) SPARTANBURG COUNTY FOUNDATION 57-0351398 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG COUNTY SCHOOL DISTRICT FIVE - 100 N. DANZLER ROAD -							
DUNCAN, SC 29334	20-3746128	GOVERNMENT	88,160.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY SCHOOL DISTRICT FOUR - 118 MCEDCO ROAD - WOODRUFF, SC 29388	57-0752636	COVEDNMENT	26.050	0.			GENERAL SUPPORT
SPARTANBURG COUNTY SCHOOL DISTRICT DNE - PO BOX 218 - CAMPOBELLO, SC	57-0752050	SOVERNMEN I	26,950.				SENERAL SUFFORT
29322	57-0687554	GOVERNMENT	49,860.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY SCHOOL DISTRICT THREE – PO BOX 267 – GLENDALE, SC 29346	57-0759273	GOVERNMENT	26,450.	0.			GENERAL SUPPORT
SPARTANBURG COUNTY SCHOOL DISTRICT TWO - 3231 OLD FURNACE ROAD -							
CHESNEE, SC 29323	57-0787324	GOVERNMENT	101,130.	0.			GENERAL SUPPORT
SPARTANBURG DAY SCHOOL 1701 SKYLYN DRIVE							
SPARTANBURG, SC 29307	57-0371816	501 (C) (3)	684,473.	0.			GENERAL SUPPORT
SPARTANBURG HIGH SCHOOL 500 DUPRE DRIVE							
SPARTANBURG, SC 29307	57-6000942	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
SPARTANBURG HOUSING AUTHORITY 170 ARCH STREET							
SPARTANBURG, SC 29303	82-3170687	501 (C) (3)	52,929.	0.			GENERAL SUPPORT
SPARTANBURG METHODIST COLLEGE 1000 POWELL MILL ROAD							
SPARTANBURG, SC 29301	57-0314415	501 (C) (3)	70,169.	Ο.			GENERAL SUPPORT

Schedul	e I (Form 990)	SPARTANBURG	COUNTY	FOUNDATION
	<b>o</b>			

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG PHILHARMONIC 200 EAST ST. JOHN STREET SPARTANBURG, SC 29306	57-0485556	501 (C) (3)	26,645.	0.			GENERAL SUPPORT
SPARTANBURG RACIAL EQUITY FUND 24 E. KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	75,000.	0.			GENERAL SUPPORT
SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION - 101 E. WOOD STREET - SPARTANBURG, SC 29303	57-0937166	501 (C) (3)	299,836.	0.			GENERAL SUPPORT
SPARTANBURG SCIENCE CENTER 200 EAST ST. JOHN STREET SPARTANBURG, SC 29306	57-0661215	501 (C) (3)	9,300.	0.			GENERAL SUPPORT
SPEAKING DOWN BARRIERS PO BOX 7133 SPARTANBURG, SC 29304	47-4421330	501 (C) (3)	76,850.	0.			GENERAL SUPPORT
SPOLETO FESTIVAL, USA 14 GEORGE STREET CHARLESTON, SC 29401-1524	57-0660848	501 (C) (3)	100,000.	0.			GENERAL SUPPORT
ST. ANDREWS UNIVERSITY 1700 DOGWOOD MILE STREET LAURINBURG, NC 28352	58-1662222	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
ST. LUKE'S FREE MEDICAL CLINIC, NC PO BOX 3466 - SPARTANBURG, SC 29304	57-0943232	501 (C) (3)	72,616.	0.			GENERAL SUPPORT
ST. LUKE'S HOSPITAL FOUNDATION 89 W. MILLS STREET, SUITE B COLUMBUS, NC 28722	56-1757097	501 (C) (3)	16,000.	0.			GENERAL SUPPORT

Schedul	e I (Form 990)	SPARTANBURG	COUNTY	FOUNDATION
	<b>A</b>			

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PAUL THE APOSTLE CATHOLIC CHURCH - 161 NORTH DEAN STREET -	57-0327879	CUIIDCU	32,200.	0.			CENEDAL SUDDOD
SPARTANBURG, SC 29302	57-0327679	CHURCH	52,200.	0.			GENERAL SUPPORT
ALBEMARLE, NC 28001	56-0994111	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
STRENGTHENING VOICESGRASSROOTS LEADERSHIP DEVELOPMENT FUND - 424 E. KENNEDY STREET - SPARTANBURG,							
SC 29302	57-0351398	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
FEMPLE B'NAI ISRAEL 146 HEYWOOD AVENUE SPARTANBURG, SC 29302	57-6022286	501 (C) (3)	26,500.	0.			GENERAL SUPPORT
FEMPLE EDUCATION MINISTRIES DBA H.O.P.E. SOUP KITCHEN – 13225 ASHEVILLE HIGHWAY – INMAN, SC 29349	57-1100099	501 (C) (3)	18,778.	0.			GENERAL SUPPORT
THE ADVENT FOUNDATION 141 ADVENT STREET SPARTANBURG, SC 29302	57-0747726	501 (C) (3)	35,000.	0.			GENERAL SUPPORT
THE BAIN FOUNDATION 424 E. KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	5,862.	0.			GENERAL SUPPORT
THE BEN S. AND KATHY C. WILLARD FAMILY FUND - 424 E. KENNEDY	57-0351398						GENERAL SUPPORT
STREET - SPARTANBURG, SC 29302 THE BETHLEHEM CENTER PO BOX 3501	8657550-15	DOT (C) (3)	8,935.	0.			DENERAL SUPPORT
SPARTANBURG, SC 29304	57-0314367	501 (C) (3)	148,350.	0.			GENERAL SUPPORT

Schedul	e I (Form 990)	SPARTANBURG	COUNTY	FOUNDATION
	<b>A</b>			

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHARLES LEA CENTER FOUNDATION,							
INC 195 BURDETTE STREET -							
SPARTANBURG, SC 29307	57-0793478	501 (C) (3)	19,050.	0.			GENERAL SUPPORT
THE ENCOURAGING WORD							
PO BOX 2110							
SPARTANBURG, SC 29304	20-1829608	501 (C) (3)	63,000.	0.			GENERAL SUPPORT
THE EPISCOPAL CHURCH OF THE ADVENT 141 ADVENT STREET							
SPARTANBURG, SC 29302	57-0747726	CHURCH	90,556.	0.			GENERAL SUPPORT
THE ETV ENDOWMENT OF SC, INC. 401 E. KENNEDY STREET, SUITE B-1							
SPARTANBURG, SC 29302	57-0657549	501 (C) (3)	10,831.	0.			GENERAL SUPPORT
THE GROUP OF 100, INC. 824 E. MAIN STREET SPARTANBURG, SC 29302	58-2480621	501 (C) (3)	14,000.	0.			GENERAL SUPPORT
,							
THE HOMELESS PERIOD PROJECT 413 WILTON ST							
GREENVILLE, SC 29609-5535	47-5144792	501 (C) (3)	8,500.	0.			GENERAL SUPPORT
THE KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION - CAMPUS BOX 3440 -							
CHAPEL HILL, NC 27599-3400	56-6001393	501 (C) (3)	110,000.	0.			GENERAL SUPPORT
THE LAKE SUMMIT FOUNDATION 15 WESTMINSTER COURT							
HENDERSONVILLE, NC 28739	58-1727959	501 (C) (3)	48,950.	٥.			GENERAL SUPPORT
THE LEUKEMIA AND LYMPHOMA SOCIETY P.O. BOX 22443			,				
JEW YORK, NY 10087-2443	13-5644916	501 (C) (3)	10,000.	0.			GENERAL SUPPORT

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
THE SALVATION ARMY							
1529 JOHN B. WHITE SR. BLVD.							
SPARTANBURG, SC 29301	58-0660607	501 (C) (3)	11,870.	0.			GENERAL SUPPORT
HE SHEPHERD'S CENTER OF							
SPARTANBURG, SC, INC 393 E.							
AIN STREET - SPARTANBURG, SC							
29302	57-0691077	501 (C) (3)	11,100.	0.			GENERAL SUPPORT
THE SPARTANBURG COUNTY FOUNDATION							
COMMUNITY FUND - 424 E. KENNEDY							
TREET - SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	1,727,546.	0.			GENERAL SUPPORT
HE SPARTANBURG COUNTY FOUNDATION							
RUSTEE PROVIDED FUND - 424 E.							
ENNEDY STREET - SPARTANBURG, SC							
9302	57-0351398	501 (C) (3)	14,000.	0.			GENERAL SUPPORT
THE SPARTANBURG HUMANE SOCIETY							
50 DEXTER ROAD							
SPARTANBURG, SC 29303	57-0481019	501 (C) (3)	35,138.	0.			GENERAL SUPPORT
THE SPARTANBURG LITTLE THEATRE							
200 E. ST. JOHN STREET	57 6000710	E01 (G) (2)	6 750	0			CENEDAL GUDDODE
PARTANBURG, SC 29306	57-6002713	501 (C) (3)	6,750.	0.			GENERAL SUPPORT
HE SPARTANBURG SOUP KITCHEN, INC.							
36 SOUTH FOREST STREET							
PARTANBURG, SC 29306	27-0530812	501 (C) (3)	13,906.	0.			GENERAL SUPPORT
	27 0330012	301 (0/ (3/	13,500.	••			
OM AND CECI ARTHUR DONOR ADVISED							
UND - 424 E. KENNEDY STREET -							
SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	49,031.	0.			GENERAL SUPPORT
		· · · · · · · · · · · · · · · · · · ·					
OTAL MINISTRIES							
76 S. PINE STREET							
PARTANBURG, SC 29302	57-0771620	501 (C) (3)	19,047.	0.			GENERAL SUPPORT

Schedul	e I (Form 990)	SPARTANBURG	COUNTY	FOUNDATION
	<b>o</b>			

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY UNITED METHODIST CHURCH							
1920 HORSESHOE FALLS ROAD							
ENOREE, SC 29335	57-1112841	СНИКСН	31,187.	0.			GENERAL SUPPORT
UNITARIAN UNIVERSALIST CHURCH OF							
SPARTANBURG - PO BOX 1942 -							
SPARTANBURG, SC 29304	57-0947382	СНИВСН	8,000.	0.			GENERAL SUPPORT
UNITARIAN UNIVERSALIST CHURCH OF				•••			
SPARTANBURG, INC., BUILDING FUND -							
PO BOX 1942 - SPARTANBURG, SC							
29304	57-0947382	CHURCH	5,767.	0.			GENERAL SUPPORT
UNITED MITOCHONDRIAL DISEASE							
FOUNDATION INC 8085 SALTSBURG							
ROAD, SUITE 201 - PITTSBURGH, PA							
, , ,	25-1767180	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
			,				
UNITED WAY OF THE PIEDMONT, INC.							
PO BOX 5624							
SPARTANBURG, SC 29304	57-0314377	501 (C) (3)	35,063.	0.			GENERAL SUPPORT
,			,				
UNIVERSITY OF JACKSONVILLE							
700 PELHAM ROAD N							
JACKSONVILLE, AL 36265	59-0790962	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
· · · · ·							
UNIVERSITY OF NEW HAMPSHIRE							
11 GARRISON AVENUE							
DURHAM, NH 03824	02-0437506	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA							
800 UNIVERSITY WAY							
SPARTANBURG, SC 29303	57-0555699	501 (C) (3)	26,750.	0.			GENERAL SUPPORT
UPLIFT AND OUTREACH CENTER							
PO BOX 171375							
SPARTANBURG, SC 29301	84-2137645	501 (C) (3)	33,000.	Ο.			GENERAL SUPPORT

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(-,	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
JPSTATE FAMILY RESOURCE CENTER							
850 OLD FURNACE ROAD							
BOILING SPRINGS, SC 29316	06-1806404	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
PSTATE LAND CONSERVATION FUND							
24 E. KENNEDY STREET							
PARTANBURG, SC 29302	57-0351398	501 (C) (3)	112,566.	0.			GENERAL SUPPORT
IPSTATE PRIDE							
O BOX 9128							
REENVILLE, SC 29604	27-1102951	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
DEMAND MARRIED COLUMNON							
PSTATE WARRIOR SOLUTION							
CALEDON COURT, SUITE A2 REENVILLE, SC 29615	46-1699670	501 (C) (3)	10,500.	0.			GENERAL SUPPORT
REENVILLE, SC 29015	40-1099070	501 (C) (5)	10,500.	0.			GENERAL SUFFORI
PSTATE WORKFORCE FUTURES							
ORPORATION - PO BOX 5313 -							
PARTANBURG, SC 29304	61-1614418	501 (C) (3)	27,295.	0.			GENERAL SUPPORT
RBAN LEAGUE OF THE UPSTATE							
10 BOMAR AVENUE	E7 0E41020		15 000	0			
PARTANBURG, SC 29306	57-0541039	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
SC UNION							
O DRAWER 729							
NION, SC 29379	57-6001153	501 (C) (3)	26,600.	0.			GENERAL SUPPORT
SC UPSTATE							
00 UNIVERSITY WAY							
PARTANBURG, SC 29303	57-0555699	501 (C) (3)	37,883.	0.			GENERAL SUPPORT
			57,005.				
SC UPSTATE FOUNDATION							
00 UNIVERSITY WAY							
PARTANBURG, SC 29303	57-0555699	501 (C) (3)	204,906.	Ο.			GENERAL SUPPORT

Schedule I (Form 990)         SPARTANBURG         CO           Part II         Continuation of Grants and Other A			and Domestic Go	vernments (Sche	edule I (Form 990). Pa		57-0351398 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARRIORS ONCE AGAIN FUND							
424 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,200.	0.			GENERAL SUPPORT
WESTERN CAROLINA UNIVERSITY							
1 UNIVERSITY DRIVE, 110 H.F.							
ROBINSON BUILDING - CULLOWHEE, NC							
28723	56-6001440	501 (C) (3)	9,250.	0.			GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH							
309 FERNWOOD DRIVE							
SPARTANBURG, SC 29307	57-0424982	CHURCH	5,250.	0.			GENERAL SUPPORT
WINTHROP UNIVERSITY							
304 TILLMAN HALL, 638 OAKLAND AVEN	ı						
ROCK HILL, SC 29733	23-7378001	501 (C) (3)	9,328.	0.			GENERAL SUPPORT
WOFFORD COLLEGE							
429 N. CHURCH STREET			04.655				
SPARTANBURG, SC 29303	57-0314422	501 (C) (3)	91,657.	0.			GENERAL SUPPORT
WOMEN GIVING FOR SPARTANBURG							
424 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	10,250.	0.			GENERAL SUPPORT
	57 0551550	501 (0) (3)	10,230.				
WOMEN GIVING FOR SPARTANBURG FUND							
424 E. KENNEDY STREET							
SPARTANBURG, SC 29302	57-0351398	501 (C) (3)	11,600.	0.			GENERAL SUPPORT
· · ·			,				
YMCA OF GREATER SPARTANBURG							
151 RIBAULT STREET							
SPARTANBURG, SC 29302	57-0314425	501 (C) (3)	183,959.	0.			GENERAL SUPPORT
YOUNG LIFE OF SPARTANBURG							
PO BOX 1314							
SPARTANBURG, SC 29304	84-0385934	501 (C) (3)	10,662.	0.			GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTH ENTREPRENEURS 11 EAST 37TH STREET N, SUITE D1							
CHITA, KS 67220	48-1187886	501 (C) (3)	100,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) 2021

Page 2

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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	621	646,485.	0.		

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

SC	HEDULE J	Compensa	tion Information	I	OMB No.	1545-004	17
	rm 990)	-	Trustees, Key Employees, and Highest		20	71	
•		Compen	sated Employees		20		
Dopo	tment of the Treasury		wered "Yes" on Form 990, Part IV, line 23. h to Form 990.		Open to	Publ	ic
	al Revenue Service		or instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		Employer ide	entificati	on nui	nber
		SPARTANBURG COUNTY FOUNDATION		57-03	51398		
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a		ate box(es) if the organization provided any of t	<b>c</b>	990,			
		line 1a. Complete Part III to provide any relevan	it information regarding these items.				
	First-class or c	_	Housing allowance or residence for person				
	Travel for com		Payments for business use of personal res				
			Health or social club dues or initiation fees				
	Discretionary	pending account	Personal services (such as maid, chauffeu	r, chef)			
b	-	on line 1a are checked, did the organization foll					v
•		rovision of all of the expenses described above	· · · · · · · · · · · · · · · · · · ·		. <u>1b</u>		X
2	•	require substantiation prior to reimbursing or a					v
	trustees, and office	rs, including the CEO/Executive Director, regard	ding the items checked on line 1a?		. 2		X
~	la d'acta e datata de la com						
3		y, of the following the organization used to esta					
		ctor. Check all that apply. Do not check any bo	, ,	DIT LO			
	·	tion of the CEO/Executive Director, but explain	_				
			Written employment contract Compensation survey or study				
				o monoitte o			
	X Form 990 of o	ner organizations	Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section	on A. line 1a. with respect to the filing				
-	organization or a re	•••					
а	•	e payment or change-of-control payment?			4a		х
b		eive payment from a supplemental nonqualified	I retirement plan?				х
с	•	eive payment from an equity-based compensat			4c		X
	-	es 4a-c, list the persons and provide the applic					
	,						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations m	nust complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the	-	n			
	contingent on the r						
а	The organization?				5a		Х
		ation?			5b		X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		х
		ation?			6b		X
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	organization provide any nonfixed payments				
	not described on lir	es 5 and 6? If "Yes," describe in Part III			7		х
8		reported on Form 990, Part VII, paid or accrued					
	initial contract exce	ption described in Regulations section 53.4958	-4(a)(3)? If "Yes," describe in Part III		. 8		х
9	If "Yes" on line 8, d	d the organization also follow the rebuttable pr	esumption procedure described in				
	Regulations section	53.4958-6(c)?			9		
LHA		eduction Act Notice, see the Instructions for		Schedu	e J (Forr	n 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021

57-0351398

#### 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>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TROY M. HANNA	(i)	198,757.	15,000.	0.	25,651.	18,842.	258,250.	0.
PRESIDENT & CEO/ ASST. SECY	(ii)	0.	٥.	0.	0.	0.	٥.	٥.
(2) MARY L. THOMAS	(i)	176,298.	10,000.	0.	22,356.	15,396.	224,050.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SPARTANBURG COUNTY FOUNDATION

57-0351398

Page 3

#### 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

ſ

Employer identification number

ΖU

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ah ta Farm 000 

L **Open to Public** Inspection

1

Name of the	organization
-------------	--------------

	Attach to Form 990.
•	Go to www.irs.gov/Form990 for instructions and the latest information.

SPARTANBURG	COUNTY	FOUNDATION	

	SPARTANBURG COUNTY	FOUNDATI	ION			57-0	35139	8	
Pa	t I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of de noncash contribu	etermin	0	3
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	45	1,116,055.	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 organiz	zation during	the tax year for c	ontributions					
20	for which the organization completed Form 828	-							
			encer territering					Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. <sup>-</sup>	that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?	_					30a		х
b	If "Yes," describe the arrangement in Part II.						000		
31	Does the organization have a gift acceptance p	oolicv that re	equires the review of	of any nonstandard contribut	ions?		31		х
	Does the organization hire or use third parties	•	-	-					
<u></u> u	contributions?		•				32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is chec	ked.				
	describe in Part II.	(-) 10	,		;				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

**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. Part II

61109 797738 3001324357	63 2021.05000 SPARTANBURG COUNTY FOUNDA 30013
132142 11-17-21	Schedule M (Form 990) 2021

57-0351398

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 57-0351398

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

RESIDENTS BY PROMOTING PHILANTHROPY, ENCOURAGING COMMUNITY ENGAGEMENT,

SPARTANBURG COUNTY FOUNDATION

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. 132211 11-11-21

Schedule O (Form 990) 2021

18361109 797738 3001324357

64

Name of the organization

#### SPARTANBURG COUNTY FOUNDATION

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

RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN 1,338,733.

TOTAL TO FORM 990, PART XI, LINE 9

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.

132212 11-11-21

86,873.

1,425,606.

132161 11-17-21 LHA

# 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.

#### Name of the organization

SPARTANBURG COUNTY FOUNDATION

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
WINGO PARK LLC - 57-0351398					
424 E KENNEDY STREET					SPARTANBURG COUNTY
SPARTANBURG, SC 29302	REAL ESTATE INVESTMENT	SOUTH CAROLINA	115,600.	744,061.	FOUNDATION
SPARTANBURG REAL HOLDINGS LLC - 57-0351398					
424 E KENNEDY STREET					SPARTANBURG COUNTY
SPARTANBURG, SC 29302	REAL ESTATE INVESTMENT	SOUTH CAROLINA	0.	0.	FOUNDATION
	_				
	-				
	4				

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>(b)</b> Primary activity	tivity Legal domicile (state or foreign country)		<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?	
				501(c)(3))		Yes	No	
HABISREUTINGER & BLACK FOUNDATION -								
20-5799183, 424 E KENNEDY STREET,					SPARTANBURG			
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		х	
BALMER FOUNDATION - 56-2206524								
424 E KENNEDY STREET					SPARTANBURG			
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		х	
NOBLE TREE FOUNDATION - 57-1091856								
424 E KENNEDY STREET					SPARTANBURG			
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		х	
JUDY BRADSHAW CHILDREN'S FOUNDATION -								
57-1066485, 424 E KENNEDY STREET,					SPARTANBURG			
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		х	

66

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

Open to Public

Employer identification number

57-0351398

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled zation?
Ŭ		loroigir oountry)		501(c)(3))	,	Yes	No
BEN M. CART FOUNDATION - 46-1035516							
424 E KENNEDY STREET	-				SPARTANBURG		1
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		x
TENA AND FRED OATES FOUNDATION - 57-1066228							
424 E KENNEDY STREET	-				SPARTANBURG		1
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		х
BARNET FOUNDATION - 58-2319535							
424 E KENNEDY STREET	-				SPARTANBURG		1
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		x
FALATOK FOUNDATION - 26-0641848							
424 E KENNEDY STREET	-				SPARTANBURG		1
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		x
BENEVOLENT FOUNDATION - 54-2082667							
424 E KENNEDY STREET					SPARTANBURG		İ
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		х
BAIN FOUNDATION - 57-1060455							
424 E KENNEDY STREET	7				SPARTANBURG		1
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		х
ZIMMERLI FOUNDATION - 57-1018476				,			
424 E KENNEDY STREET					SPARTANBURG		İ
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		х
PERRIN FOUNDATION - 57-1089465							
424 E KENNEDY STREET	7				SPARTANBURG		1
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		х
IVEY FOUNDATION - 81-4673524				,			
424 E KENNEDY STREET	7				SPARTANBURG		1
SPARTANBURG, SC 29302	SUPPORT ORGANIZATION	SOUTH CAROLINA	501(C)(3)	LINE 12A, I	COUNTY FOUNDATION		х
· ·				, ,			
	7						1
	1						
			1	1			
	1						
	1						
			1	1			
	1						
	1						i –

## 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.

organizatione treated de a pa	······································											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	1											
	1											

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

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

#### Schedule R (Form 990) 2021 SPARTANBURG COUNTY FOUNDATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		x
a	Sale of assets to related organization(s)	1g		x
9 h	Purchase of assets from related organization(s)	1h		x
i	Exchange of assets with related organization(s)	1i		x
j	Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		x
a	Reimbursement paid to related organization(s) for expenses	1p		x
	Reimbursement paid by related organization(s) for expenses	1q		х
				v
	Other transfer of cash or property to related organization(s)	1r	+ <u></u>	X
<u> </u>	Other transfer of cash or property from related organization(s)	1s	X	

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) BALMER FOUNDATION	с	408,000.	
(2) BARNET FOUNDATION	с	163,098.	
(3)			
(4)			
<u>(5)</u>			
(6)			

### Schedule R (Form 990) 2021 SPARTANBURG COUNTY FOUNDATION

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.

	5 5			1									
(a)	(b)	(c)	(d)	(€ Are	e)	(f)	(g)	(ľ	ו)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne	e all rs sec.	Share of	Share of	Dispr tior allocat	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	al or P	Percentage
of entity	, , ,	(state or foreign	(related, unrelated,	partnei 501(i org	c)(3)	total	end-of-year	tion	nate	amount in box 20	manag	ging	ownership
or or any		country)	excluded from tax under	org	S.?	income			uons ?	of Schedule K-1	partne	er?	Strifterenp
		country)	sections 512-514)	Yes	No	income	233613	Yes	No	(Form 1065)	Yes	NO	
												-+	
												-+	
												+	

Provide additional information for response		
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