

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **SPARTANBURG COUNTY FOUNDATION**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
424 E KENNEDY STREET
 City or town, state or province, country, and ZIP or foreign postal code
SPARTANBURG, SC 29302

D Employer identification number
57-0351398

E Telephone number
(864) 582-0138

F Name and address of principal officer: **TROY M HANNA**
SAME AS C ABOVE

G Gross receipts \$ **54,208,519**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.SPCF.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1943**

M State of legal domicile: **SC**

Part I Summary

| | | | | |
|------------------------------------|---|--|---|-----------------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: 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 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 7 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| | 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 22 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 95 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 17,480,937 | Current Year 48,024,319 |
| | 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,739,905 | 3,428,371 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,256,730 | 2,755,829 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 21,477,572 | 54,208,519 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 17,797,591 | 28,414,705 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 1,443,154 | 1,554,757 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 2,520,859 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) | 267,291 | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 0 | 3,201,525 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 21,761,604 | 33,170,987 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | (284,032) | 21,037,532 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 187,108,813 | End of Year 224,655,520 |
| | 21 | Total liabilities (Part X, line 26) | 7,536,946 | 6,769,550 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 179,571,867 | 217,885,970 |

Part II Signature Block

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

Sign Here

Signature of officer: **TROY M HANNA, PRESIDENT** Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **AMY BIBBY** Preparer's signature: *AMY BIBBY* Date: **11/05/2024** Check if self-employed PTIN: **P00445891**

Firm's name: **FORVIS MAZARS, LLP** Firm's EIN: **44-0160260**

Firm's address: **500 RIDGEFIELD COURT, ASHEVILLE, NC 28806** Phone no.: **(828) 254-2254**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 29,169,983 including grants of \$ 28,414,705) (Revenue \$ 2,741,299)

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 2023, THE FOUNDATION AWARDED 1,616 GRANTS TOTALING \$28.6 MILLION TO IMPROVE THE LIVES OF SPARTANBURG COUNTY RESIDENTS. WE ENGAGED OVER 2,200 COMMUNITY MEMBERS THROUGH MEETINGS AND VISITS TO THE ROBERT HETT CHAPMAN III CENTER FOR PHILANTHROPY AND THROUGH THE FOLLOWING INITIATIVES: NONPROFIT CONNECT, NONPROFIT CAPACITY BUILDING BOOT CAMP, DONOR CONNECT, THE SPARTANBURG INTERFAITH ALLIANCE, GRASSROOTS LEADERSHIP DEVELOPMENT INSTITUTE AND ALUMNI (CONTINUED ON SCHEDULE O)

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 29,169,983

Part IV Checklist of Required Schedules

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

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule J</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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). | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

Section 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 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. | | |
| | 1a 7 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 7 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | <input checked="" type="checkbox"/> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | <input checked="" type="checkbox"/> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 7b | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | <input checked="" type="checkbox"/> | |
| 8a | | | |
| b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 8b | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | <input checked="" type="checkbox"/> |

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

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

Section C. Disclosure

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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MR. TROY M. HANNA PRESIDENT & CEO / ASST. SEC. | 40.0 | | | ✓ | | | | 208,811 | 0 | 24,948 |
| (2) MS. RANDY F. JONES CHIEF FINANCIAL OFFICER | 40.0 | | | ✓ | | | | 101,250 | 0 | 12,150 |
| (3) MR. MARY L. THOMAS CHIEF OPERATING OFFICER | 40.0 | | | ✓ | | | | 71,665 | 0 | 7,334 |
| (4) MR. BERT D. BARRE CHAIR | 2.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (5) MS. CATHY H. MCCABE VICE CHAIR | 2.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (6) DR. LEONARD STARKS TRUSTEE | 2.0 | ✓ | | | | | | 0 | 0 | 0 |
| (7) MR. ROBERT RICHARDSON TRUSTEE | 2.0 | ✓ | | | | | | 0 | 0 | 0 |
| (8) MR. SCOTT MONTGOMERY TRUSTEE | 2.0 | ✓ | | | | | | 0 | 0 | 0 |
| (9) MR. VIC BAILEY, III TRUSTEE | 2.0 | ✓ | | | | | | 0 | 0 | 0 |
| (10) MS. ERIKA MCJIMPSEY TRUSTEE | 2.0 | ✓ | | | | | | 0 | 0 | 0 |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Subtotal | | | | | | | 381,726 | 0 | 44,432 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0 | 0 | 0 | |
| d Total (add lines 1b and 1c) | | | | | | | 381,726 | 0 | 44,432 | |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| COMMUNITY OUTCOMES FUND LP, 105 BALTIC STREET #501, BROOKLYN, NY 11201 | FINANCIAL SERVICES | 904,425 |
| JOSEPH RYAN MCGAHA, 298 BOITER ROAD, DUNCAN, SC 29334 | LANDSCAPING SERVICES | 152,188 |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|--|---|------------------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 48,024,319 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 4,941,644 | | | | |
| | h | Total. Add lines 1a-1f | | 48,024,319 | | | | |
| | Program Service Revenue | 2a | ----- Business Code | | | | | |
| b | | ----- | | | | | | |
| c | | ----- | | | | | | |
| d | | ----- | | | | | | |
| e | | ----- | | | | | | |
| f | | All other program service revenue . . | | 0 | 0 | 0 | 0 | |
| g | | Total. Add lines 2a-2f | | 0 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 3,326,241 | | | 3,326,241 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross rents | (i) Real | (ii) Personal | | | | |
| | | | 6a | | | | | |
| | | | 6b | | | | | |
| | c | Less: rental expenses | 6c | 0 | 0 | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | 7a | | 50,025 | | | |
| | | | 7b | | | | | |
| | c | Gain or (loss) | 7c | 50,025 | 0 | | | |
| | d | Net gain or (loss) | | 102,130 | | | 102,130 | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | b | Less: direct expenses | 8b | | | | | |
| | c | Net income or (loss) from fundraising events | | | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| 9a | | | | | | | | |
| 9b | | | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | | 10a | | | | | | |
| | | 10b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11a | FEES | 900099 | 2,447,649 | 2,447,649 | | | |
| | b | TRUST INCOME | 900099 | 293,650 | 293,650 | | | |
| | c | OTHER | 900099 | 14,530 | | | 14,530 | |
| | d | All other revenue | | 0 | 0 | 0 | 0 | |
| | e | Total. Add lines 11a-11d | | 2,755,829 | | | | |
| 12 | Total revenue. See instructions | | 54,208,519 | 2,741,299 | 0 | 3,442,901 | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 27,728,688 | 27,728,688 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 686,017 | 686,017 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 381,727 | 133,451 | 222,799 | 25,477 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 843,244 | 140,097 | 669,988 | 33,159 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 108,668 | 24,267 | 79,199 | 5,202 |
| 9 | Other employee benefits | 152,027 | 33,949 | 110,801 | 7,277 |
| 10 | Payroll taxes | 69,091 | 15,429 | 50,355 | 3,307 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 60,359 | 13,479 | 43,991 | 2,889 |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 1,968,989 | 114,984 | 1,739,742 | 114,263 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 190,416 | 38,676 | 121,639 | 30,101 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 189,918 | 42,410 | 138,417 | 9,091 |
| 17 | Travel | 1,965 | 439 | 1,432 | 94 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 70,486 | 15,740 | 51,372 | 3,374 |
| 20 | Interest | 115,728 | 25,843 | 84,345 | 5,540 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 322,625 | 72,045 | 235,137 | 15,443 |
| 23 | Insurance | 61,113 | 13,647 | 44,541 | 2,925 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a | <u>EQUIPMENT</u> | 113,846 | 25,423 | 82,973 | 5,450 |
| b | <u>DUES TO OTHER ORGANIZATIONS</u> | 48,403 | 10,661 | 35,457 | 2,285 |
| c | <u>PROGRAM EXPENSE</u> | 29,534 | 6,595 | 21,525 | 1,414 |
| d | <u>GRASSROOTS LEADERSHIP DEVELOPMENT INSTITUTE</u> | 17,295 | 17,295 | | |
| e | All other expenses | 10,848 | 10,848 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 33,170,987 | 29,169,983 | 3,733,713 | 267,291 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|----------------------|
| Assets | 1 Cash—non-interest-bearing | 3,817,509 | 1 | 7,222,169 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 1,727,186 | 3 | 764,515 |
| | 4 Accounts receivable, net | 5,915 | 4 | 5,915 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 11,676,699 | | |
| | b Less: accumulated depreciation | 10b 2,167,713 | 9,661,611 | 10c 9,508,986 |
| | 11 Investments—publicly traded securities | 155,590,773 | 11 | 190,693,678 |
| | 12 Investments—other securities. See Part IV, line 11 | 14,054,997 | 12 | 14,112,235 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 2,250,822 | 15 | 2,348,022 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 187,108,813 | 16 | 224,655,520 | |
| Liabilities | 17 Accounts payable and accrued expenses | 35,804 | 17 | 77,674 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 4,627,546 | 21 | 4,831,715 |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | 2,873,596 | 25 | 1,860,161 |
| | 26 Total liabilities. Add lines 17 through 25 | 7,536,946 | 26 | 6,769,550 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 14,774,385 | 27 | 15,400,526 |
| | 28 Net assets with donor restrictions | 164,797,482 | 28 | 202,485,444 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 179,571,867 | 32 | 217,885,970 |
| 33 Total liabilities and net assets/fund balances | 187,108,813 | 33 | 224,655,520 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 54,208,519 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 33,170,987 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 21,037,532 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 179,571,867 |
| 5 | Net unrealized gains (losses) on investments | 5 | 16,546,040 |
| 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 | 730,531 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 217,885,970 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-------------------------------------|-------------------------------------|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | <input checked="" type="checkbox"/> |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <input checked="" type="checkbox"/> | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | <input checked="" type="checkbox"/> | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | | |

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

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.

**Open to Public
Inspection**

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

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 29,383,814 | 21,822,431 | 24,647,756 | 17,480,937 | 48,024,319 | 141,359,257 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 29,383,814 | 21,822,431 | 24,647,756 | 17,480,937 | 48,024,319 | 141,359,257 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 3,768,176 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 137,591,081 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 29,383,814 | 21,822,431 | 24,647,756 | 17,480,937 | 48,024,319 | 141,359,257 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,854,755 | 2,713,198 | 2,845,640 | 1,819,297 | 169,460 | 10,402,350 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,737,285 | 1,908,410 | 2,191,432 | 2,256,730 | 2,755,829 | 10,849,686 |
| 11 Total support. Add lines 7 through 10 | | | | | | 162,611,293 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 0 |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) | 14 | 84.61 % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 80.40 % |
| 16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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 performed, 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 business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2022 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | Yes | No |
|-----|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 3b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| 3c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| 4b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 4c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 5b | 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? | | |
| 5c | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9b | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9c | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 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 | 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 | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| | 1 | | |
| 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, supervised, or controlled the supporting organization. | | |
| | 2 | | |

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 organization(s). | | |
| | 1 | | |

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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| | 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). | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 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. | | |
| | 2a | | |
| 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. | | |
| | 2b | | |
| 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 . | | |
| | 3a | | |
| 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. | | |
| | 3b | | |

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

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

| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C—Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D—Distributions | | Current Year |
|-------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2023 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2023 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2023 | | | |
| a From 2018 | | | |
| b From 2019 | | | |
| c From 2020 | | | |
| d From 2021 | | | |
| e From 2022 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2023 distributable amount | | | |
| i Carryover from 2018 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2023 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2023 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2019 | | | |
| b Excess from 2020 | | | |
| c Excess from 2021 | | | |
| d Excess from 2022 | | | |
| e Excess from 2023 | | | |

Part VI

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

| Return Reference - Identifier | Explanation | | | | | | |
|---|---------------------|-----------|-----------|-----------|-----------|-----------|------------|
| SCHEDULE A, PART II, LINE 10 - OTHER INCOME | Description | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | (1) OTHER INCOME | 1,737,285 | 1,908,410 | 2,191,432 | 2,256,730 | 2,755,829 | 10,849,686 |
| | Total | 1,737,285 | 1,908,410 | 2,191,432 | 2,256,730 | 2,755,829 | 10,849,686 |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization SPARTANBURG COUNTY FOUNDATION

Employer identification number 57-0351398

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [x] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [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).

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

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 | ----- ----- ----- | \$ 2,400,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ----- ----- ----- | \$ 29,500,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization
SPARTANBURG COUNTY FOUNDATION

Employer identification number
57-0351398

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value of contributions, grants, and end of year, plus two Yes/No questions.

Part II Conservation Easements

Form for Conservation Easements including questions about purpose, monitoring, and expenses, and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with questions about reporting and revenue/assets.

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

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

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

- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term endowment _____%

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

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

- (i)** Unrelated organizations? Yes No
- (ii)** Related organizations? Yes No

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 2,028,199 | | 2,028,199 |
| b Buildings | | 8,593,750 | 1,930,744 | 6,663,006 |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 1,054,750 | 236,969 | 817,781 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 9,508,986 |

Part VII Investments—Other Securities

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) OTHER INVESTMENTS | 14,112,235 | COST |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) | 14,112,235 | |

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ANNUITIES PAYABLE | 304,651 |
| (3) LEASE LIABILITY | 7,459 |
| (4) LINE OF CREDIT | 1,548,051 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 1,860,161 |

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

Part XIII

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

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE | THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A CHARITABLE ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2023. |

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) (SEE STATEMENT) | 57-1006834 | 501(C)(3) | 28,038 | | | | GENERAL SUPPORT |
| (2) AMERICAN RED CROSS UPSTATE SC CHAPTER 940 GROVE ROAD, GREENVILLE, SC 29605 | 53-0196605 | 501(C)(3) | 5,541 | | | | GENERAL SUPPORT |
| (3) ANDERSON UNIVERSITY ANDERSON CENTRAL, ANDERSON, SC 29621 | 57-0324906 | 501(C)(3) | 17,550 | | | | GENERAL SUPPORT |
| (4) ANGELS CHARGE MINISTRY 95 ASHLEY ST., SPARTANBURG, SC 29306 | 82-1763094 | 501(C)(3) | 50,194 | | | | GENERAL SUPPORT |
| (5) (SEE STATEMENT) | 57-0351398 | 501(C)(3) | 7,000 | | | | GENERAL SUPPORT |
| (6) (SEE STATEMENT) | 57-0658124 | 501(C)(3) | 13,750 | | | | GENERAL SUPPORT |
| (7) (SEE STATEMENT) | 20-4243553 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (8) (SEE STATEMENT) | 45-4900759 | 501(C)(3) | 100,500 | | | | GENERAL SUPPORT |
| (9) BUFORD STREET UNITED METHODIST CHURCH 120 EAST BUFORD STREET, GAFFNEY, SC 29340 | 57-0422126 | CHURCH | 8,857 | | | | GENERAL SUPPORT |
| (10) (SEE STATEMENT) | 57-0526068 | 501(C)(3) | 25,480 | | | | GENERAL SUPPORT |
| (11) (SEE STATEMENT) | 57-0351398 | 501(C)(3) | 230,500 | | | | GENERAL SUPPORT |
| (12) (SEE STATEMENT) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 272

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

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

Cat. No. 50055P

Schedule I (Form 990) 2023

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (12) CENTRAL UNITED METHODIST CHURCH 233 N. CHURCH STREET, SPARTANBURG, SC 29306 | 57-0314370 | CHURCH | 29,525 | | | | GENERAL SUPPORT |
| (13) CHAPMAN CULTURAL CENTER 200 EAST ST. JOHN STREET, SPARTANBURG, SC 29306 | 57-0986224 | 501(C)(3) | 149,796 | | | | GENERAL SUPPORT |
| (14) CHARLESTON SOUTHERN UNIVERSITY PO BOX 118087, CHARLESTON, SC 29406 | 57-0474291 | 501(C)(3) | 14,000 | | | | GENERAL SUPPORT |
| (15) CHILDREN'S ADVOCACY CENTER OF SPARTANBURG, CHEROKEE AND UNION COUNTIES, INC. 100 WASHINGTON PLACE, SPARTANBURG, SC 29302 | 57-0987436 | 501(C)(3) | 12,907 | | | | GENERAL SUPPORT |
| (16) CHILDREN'S CANCER PARTNERS OF THE CAROLINAS 900 S. PINE STREET, SUITE F, SPARTANBURG, SC 29302 | 20-2511033 | 501(C)(3) | 69,900 | | | | GENERAL SUPPORT |
| (17) CHRIST SCHOOL, INC. 500 CHRIST SCHOOL ROAD, ARDEN, NC 28704 | 56-0615187 | 501(C)(3) | 8,500 | | | | GENERAL SUPPORT |
| (18) CHRISTMAS IN ACTION SPARTANBURG 301 RAILROAD ST, ROEBUCK, SC 29376 | 56-2015602 | 501(C)(3) | 18,250 | | | | GENERAL SUPPORT |
| (19) CHURCH AT THE MILL 4455 ANDERSON MILL RD, MOORE, SC 29369 | 57-0869762 | CHURCH | 7,950 | | | | GENERAL SUPPORT |
| (20) CHURCH OF THE GOOD SHEPHERD 515 QUEEN STREET, WILMINGTON, NC 28401 | 56-1436863 | CHURCH | 5,000 | | | | GENERAL SUPPORT |
| (21) CITIZEN SCHOLARS GENERAL FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 101,500 | | | | GENERAL SUPPORT |
| (22) CITY OF LANDRUM 100 N. SHAMROCK AVENUE, LANDRUM, SC 29356 | 57-6001419 | GOVERNMENT | 6,800 | | | | GENERAL SUPPORT |
| (23) CITY OF SPARTANBURG PO BOX 1749, SPARTANBURG, SC 29304 | 57-6000245 | GOVERNMENT | 2,500 | | | | GENERAL SUPPORT |
| (24) CLAFLIN UNIVERSITY 400 MAGNOLIA AVENUE, ORANGEBURG, SC 29115 | 57-0314374 | 501(C)(3) | 12,500 | | | | GENERAL SUPPORT |
| (25) CLEMSON UNIVERSITY PO BOX 1889, CLEMSON, SC 29634 | 57-0426335 | 501(C)(3) | 65,150 | | | | GENERAL SUPPORT |
| (26) CLEVELAND OPPORTUNITY FOUNDATION 501 HOWARD STREET SUITE E, SPARTANBURG, SC 29303 | 85-1701615 | 501(C)(3) | 8,519 | | | | GENERAL SUPPORT |
| (27) COASTAL CAROLINA UNIVERSITY PO BOX 261954, CONWAY, SC 29528-6054 | 57-0977955 | 501(C)(3) | 9,500 | | | | 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (28) COLLEGE OF CHARLESTON 170 CALHOUN STREET, CHARLESTON, SC 29401 | 23-7069236 | 501(C)(3) | 8,250 | | | | GENERAL SUPPORT |
| (29) CONVERSE COLLEGE 580 E MAIN ST, SPARTANBURG, SC 29302 | 57-0314380 | 501(C)(3) | 5,500 | | | | GENERAL SUPPORT |
| (30) CONVERSE UNIVERSITY 580 EAST MAIN STREET, SPARTANBURG, SC 29302 | 57-0314380 | 501(C)(3) | 612,292 | | | | GENERAL SUPPORT |
| (31) DAVIDSON COLLEGE BOX 7162, DAVIDSON, NC 28035 | 56-0529961 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (32) DENTAL FOUNDATION OF NORTH CAROLINA 1090 FIRST DENTAL BUILDING, CAMPUS, CHAPEL HILL, NC 27599-7450 | 56-6304130 | 501(C)(3) | 11,000 | | | | GENERAL SUPPORT |
| (33) DUCKS UNLIMITED, INC. ONE WATERFOWL WAY, MEMPHIS, TN 38120 | 13-5643799 | 501(C)(3) | 40,000 | | | | GENERAL SUPPORT |
| (34) DUKE UNIVERSITY ALUMNI & DEVELOPMENT RECORDS, DURHAM, NC 27701 | 56-0532129 | 501(C)(3) | 12,500 | | | | GENERAL SUPPORT |
| (35) EMERGE FAMILY THERAPY CENTER AND TEACHING CLINIC 138 DILLON DRIVE, SPARTANBURG, SC 29307 | 57-0979351 | 501(C)(3) | 6,250 | | | | GENERAL SUPPORT |
| (36) EMORY UNIVERSITY 300 BOISFEUILLET JONES CENTER, ATLANTA, GA 30322-1960 | 58-0566256 | 501(C)(3) | 6,500 | | | | GENERAL SUPPORT |
| (37) EVANS TRAINING CENTER 306 JORDAN CREEK ROAD, INMAN, SC 29385 | 27-1144293 | 501(C)(3) | 19,033 | | | | GENERAL SUPPORT |
| (38) FAVOR SPARTANBURG 1 REAL ESTATE WAY, SPARTANBURG, SC 29302 | 20-1724061 | 501(C)(3) | 5,600 | | | | GENERAL SUPPORT |
| (39) FIRST BAPTIST CHURCH OF SPARTANBURG 250 E MAIN STREET, SPARTANBURG, SC 29306 | 57-0339440 | CHURCH | 180,000 | | | | GENERAL SUPPORT |
| (40) FIRST PRESBYTERIAN CHURCH 393 E MAIN STREET, SPARTANBURG, SC 29201 | 94-1375785 | CHURCH | 228,520 | | | | GENERAL SUPPORT |
| (41) FURMAN UNIVERSITY 3300 POINSETT HIGHWAY, GREENVILLE, SC 29613 | 57-0314395 | 501(C)(3) | 13,000 | | | | GENERAL SUPPORT |
| (42) GARDNER WEBB UNIVERSITY PO BOX 955, BOILING SPRINGS, NC 28017 | 56-0529972 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |
| (43) GIRLS ON THE RUN UPSTATE SC 269 S CHURCH ST # 309, SPARTANBURG, SC 29301 | 26-3698330 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (44) GOFORTH RECOVERY 282 S CHURCH ST, SPARTANBURG, SC 29302 | 82-4428586 | 501(C)(3) | 14,500 | | | | 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (45) GRACE COMMUNITY CHURCH OF SC 2801 PELHAM ROAD, GREENVILLE, SC 29615 | 57-1023259 | CHURCH | 9,000 | | | | GENERAL SUPPORT |
| (46) GRACE UNITED METHODIST CHURCH 201 SOUTH CHURCH STREET, UNION, SC 29379 | 57-0846086 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |
| (47) H.A.L.T.E.R. PO BOX 1403, SPARTANBURG, SC 29304 | 57-0864733 | 501(C)(3) | 69,270 | | | | GENERAL SUPPORT |
| (48) HATCHER GARDEN AND WOODLAND PRESERVE, INC. PO BOX 2337, SPARTANBURG, SC 29304 | 57-1069038 | 501(C)(3) | 96,108 | | | | GENERAL SUPPORT |
| (49) HEALTHY SMILES OF SPARTANBURG, INC. PO BOX 1441, SPARTANBURG, SC 29304 | 03-0529473 | 501(C)(3) | 41,511 | | | | GENERAL SUPPORT |
| (50) HELLO FAMILY FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 15,661 | | | | GENERAL SUPPORT |
| (51) HOPE ACADEMY 7655 BRUTON SMITH BLVD, CONCORD, NC 28027 | 42-1468053 | 501(C)(3) | 5,500 | | | | GENERAL SUPPORT |
| (52) HOPE CENTER FOR CHILDREN PO BOX 1731, SPARTANBURG, SC 29304 | 57-0601487 | 501(C)(3) | 58,007 | | | | GENERAL SUPPORT |
| (53) HOPE POINT CHURCH P.O. BOX 170151, SPARTANBURG, SC 29301 | 42-1575386 | CHURCH | 84,152 | | | | GENERAL SUPPORT |
| (54) HUB CITY WRITERS PROJECT, INC. 186 WEST MAIN STREET, SPARTANBURG, SC 29306 | 57-1059259 | 501(C)(3) | 11,600 | | | | GENERAL SUPPORT |
| (55) IMPACT SPORTS INTERNATIONAL PO BOX 5765, SPARTANBURG, SC 29304 | 20-3995547 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (56) J M SMITH FOUNDATION 101 WEST ST. JOHN STREET, SUITE 305, SPARTANBURG, SC 29306 | 57-1046595 | 501(C)(3) | 7,000 | | | | GENERAL SUPPORT |
| (57) JUST BECAUSE FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 55,300 | | | | GENERAL SUPPORT |
| (58) KEEP THE CHANGE, INC. PO BOX 650723, STERLING, VA 20165 | 45-2641038 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |
| (59) LANDER UNIVERSITY 320 STANLEY AVENUE, GREENWOOD, SC 29649 | 57-0327816 | 501(C)(3) | 13,950 | | | | GENERAL SUPPORT |
| (60) LGBT FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 11,800 | | | | GENERAL SUPPORT |
| (61) LIMESTONE UNIVERSITY 1115 COLLEGE DRIVE, GAFFNEY, SC 29340 | 57-0314402 | 501(C)(3) | 26,500 | | | | GENERAL SUPPORT |
| (62) MIDDLE TYGER COMMUNITY CENTER 84 GROCE RD, LYMAN, SC 29365 | 57-1077940 | 501(C)(3) | 22,500 | | | | GENERAL SUPPORT |
| (63) MIRACLE HILL MINISTRIES 490 S PLEASANTBURG DR, GREENVILLE, SC 29602 | 57-0425826 | 501(C)(3) | 39,000 | | | | 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (64) MOBILE MEALS SERVICE OF SPARTANBURG COUNTY, INC. PO BOX 461, SPARTANBURG, SC 29304 | 57-0653452 | 501(C)(3) | 69,645 | | | | GENERAL SUPPORT |
| (65) MUSC FOUNDATION 18 BEE STREET MSC 450, CHARLESTON, SC 29425 | 57-1031624 | 501(C)(3) | 13,000 | | | | GENERAL SUPPORT |
| (66) NATIONAL ALLIANCE FOR MENTAL ILLNESS SPARTANBURG 358A SERPENTINE DR, SPARTANBURG, SC 29302 | 57-0833083 | 501(C)(3) | 9,800 | | | | GENERAL SUPPORT |
| (67) NAZARETH PRESBYTERIAN CHURCH 680 NAZARETH CHURCH RD., MOORE, SC 29369 | 57-6024361 | CHURCH | 55,485 | | | | GENERAL SUPPORT |
| (68) NEWBERRY COLLEGE 2100 COLLEGE ST, NEWBERRY, SC 29108-9985 | 57-0314404 | 501(C)(3) | 8,550 | | | | GENERAL SUPPORT |
| (69) NORTH GREENVILLE UNIVERSITY PO BOX 1892, TIGERVILLE, SC 29688 | 57-0314406 | 501(C)(3) | 8,000 | | | | GENERAL SUPPORT |
| (70) NORTHSIDE DEVELOPMENT GROUP PO BOX 3362, SPARTANBURG, SC 29304 | 30-0698663 | 501(C)(3) | 1,524,709 | | | | GENERAL SUPPORT |
| (71) OAKBROOK PREPARATORY SCHOOL 190 LINCOLN SCHOOL ROAD, SPARTANBURG, SC 29301 | 57-0921126 | 501(C)(3) | 9,000 | | | | GENERAL SUPPORT |
| (72) OMEGAS OF SPARTANBURG, INC. PO BOX 1642, SPARTANBURG, SC 29304 | 38-4128657 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| (73) PARTNERS FOR ACTIVE LIVING PO BOX 6728, SPARTANBURG, SC 29304 | 54-2111221 | 501(C)(3) | 1,025,632 | | | | GENERAL SUPPORT |
| (74) PEACE CENTER FOR THE PERFORMING ARTS 300 S MAIN ST, GREENVILLE, SC 29601 | 57-0811297 | 501(C)(3) | 5,750 | | | | GENERAL SUPPORT |
| (75) PRAXIS LEADERSHIP, INC. 404 GRANGER DRIVE, LAGRANGE, GA 30240 | 85-0523712 | 501(C)(3) | 38,760 | | | | GENERAL SUPPORT |
| (76) PRESBYTERIAN COLLEGE PO BOX 975, CLINTON, SC 29325 | 57-0314408 | 501(C)(3) | 15,700 | | | | GENERAL SUPPORT |
| (77) PRIDE LINK 30 POINTE CIRCLE, GREENVILLE, SC 29615 | 83-1095678 | 501(C)(3) | 12,000 | | | | GENERAL SUPPORT |
| (78) ROOF ABOVE 1210 NORTH TRYON STREET, CHARLOTTE, NC 28231 | 56-1837620 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |
| (79) RUTH'S GLEANINGS 147 CHAPEL ST, SPARTANBURG, SC 29304 | 82-4277688 | 501(C)(3) | 22,600 | | | | GENERAL SUPPORT |
| (80) SAMARITAN'S PURSE PO BOX 3000, BOONE, NC 28607 | 58-1437002 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| (81) SERVANTS FOR SIGHT PO BOX 2122, GREENVILLE, SC 29602 | 27-0837500 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| (82) SIDEWALK HOPE INC. PO BOX 154, SPARTANBURG, SC 29304 | 82-0999755 | 501(C)(3) | 8,000 | | | | 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (83) SOUTH CAROLINA SCHOOL FOR THE DEAF AND BLIND FOUNDATION, INC. 355 CEDAR SPRINGS ROAD, SPARTANBURG, SC 29302 | 57-0693592 | 501(C)(3) | 169,177 | | | | GENERAL SUPPORT |
| (84) SOUTHSIDE CHRISTIAN SCHOOL 2211 WOODRUFF ROAD, SIMPSONVILLE, SC 29681 | 74-3095222 | 501(C)(3) | 50,000 | | | | GENERAL SUPPORT |
| (85) SPARTANBURG ACADEMIC MOVEMENT 349 EAST MAIN STREET, SUITE 101, SPARTANBURG, SC 29302 | 45-2104341 | 501(C)(3) | 2,609,366 | | | | GENERAL SUPPORT |
| (86) SPARTANBURG AREA CONSERVANCY 100 E MAIN STREET, SUITE 7B, SPARTANBURG, SC 29306 | 57-0885225 | 501(C)(3) | 71,215 | | | | GENERAL SUPPORT |
| (87) SPARTANBURG ART MUSEUM 200 EAST SAINT JOHN STREET, SPARTANBURG, SC 29306 | 23-7041876 | 501(C)(3) | 62,746 | | | | GENERAL SUPPORT |
| (88) SPARTANBURG COMMUNITY COLLEGE HEALTHY SMILES OF SPARTANBURG, SPARTANBURG, SC 29303 | 57-0751500 | 501(C)(3) | 1,383,559 | | | | GENERAL SUPPORT |
| (89) SPARTANBURG COMMUNITY COLLEGE FOUNDATION 107 COMMUNITY COLLEGE DR., SPARTANBURG, SC 29305 | 57-0751500 | 501(C)(3) | 552,737 | | | | GENERAL SUPPORT |
| (90) SPARTANBURG COUNTY FIRST STEPS 900 SOUTH PINE STREET, SPARTANBURG, SC 29302 | 57-1097869 | 501(C)(3) | 624,938 | | | | GENERAL SUPPORT |
| (91) SPARTANBURG COUNTY HISTORICAL ASSOCIATION, INC. PO BOX 887, SPARTANBURG, SC 29304 | 57-6025123 | 501(C)(3) | 8,500 | | | | GENERAL SUPPORT |
| (92) SPARTANBURG COUNTY PUBLIC LIBRARIES 151 S. CHURCH STREET, SPARTANBURG, SC 29306 | 57-6000940 | GOVERNMENT | 24,085 | | | | GENERAL SUPPORT |
| (93) SPARTANBURG COUNTY SCHOOL DISTRICT SEVEN MCCRACKEN JR. HIGH SCHOOL BETA CLUB, SPARTANBURG, SC 29307 | 57-6000942 | GOVERNMENT | 40,000 | | | | GENERAL SUPPORT |
| (94) SPARTANBURG DAY SCHOOL 1701 SKYLYN DRIVE, SPARTANBURG, SC 29307 | 57-0371816 | 501(C)(3) | 859,016 | | | | GENERAL SUPPORT |
| (95) SPARTANBURG METHODIST COLLEGE 1000 POWELL MILL ROAD, SPARTANBURG, SC 29301 | 57-0314415 | 501(C)(3) | 758,258 | | | | GENERAL SUPPORT |
| (96) SPARTANBURG PHILHARMONIC 200 EAST ST. JOHN STREET, SPARTANBURG, SC 29306 | 57-0485556 | 501(C)(3) | 69,000 | | | | GENERAL SUPPORT |
| (97) SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION 101 E. WOOD STREET, SPARTANBURG, SC 29303 | 57-0937166 | 501(C)(3) | 32,750 | | | | GENERAL SUPPORT |
| (98) SPARTANBURG SCIENCE CENTER 200 EAST ST. JOHN STREET, SPARTANBURG, SC 29306 | 57-0661215 | 501(C)(3) | 21,200 | | | | GENERAL SUPPORT |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (99) SPEAKING DOWN BARRIERS PO BOX 7133, SPARTANBURG, SC 29304 | 47-4421330 | 501(C)(3) | 13,500 | | | | GENERAL SUPPORT |
| (100) ST. CHRISTOPHER'S EPISCOPAL CHURCH 400 DUPRE DR, SPARTANBURG, SC 29307 | 57-0475529 | CHURCH | 12,659 | | | | GENERAL SUPPORT |
| (101) ST. LEO UNIVERSITY, INC. UNIVERSITY ADVANCEMENT-MC 2227, SAINT LEO, FL 33574-6665 | 53-0196617 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (102) ST. LUKE'S FREE MEDICAL CLINIC, INC. PO BOX 3466, SPARTANBURG, SC 29304 | 57-0943232 | 501(C)(3) | 127,867 | | | | GENERAL SUPPORT |
| (103) ST. PAUL THE APOSTLE CATHOLIC SCHOOL 152 ALABAMA STREET, SPARTANBURG, SC 29302 | 57-1055848 | 501(C)(3) | 6,250 | | | | GENERAL SUPPORT |
| (104) ST. PAUL THE APOSTLE CATHOLIC CHURCH 161 NORTH DEAN STREET, SPARTANBURG, SC 29302 | 57-0327879 | CHURCH | 15,800 | | | | GENERAL SUPPORT |
| (105) TEMPLE B'NAI ISRAEL 146 HEYWOOD AVENUE, SPARTANBURG, SC 29302 | 57-6022286 | 501(C)(3) | 42,611 | | | | GENERAL SUPPORT |
| (106) THE BETHLEHEM CENTER PO BOX 3501, SPARTANBURG, SC 29304 | 57-0314367 | 501(C)(3) | 347,764 | | | | GENERAL SUPPORT |
| (107) THE CITADEL FOUNDATION 171 MOULTRIE STREET, CHARLESTON, SC 29409 | 57-6020493 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (108) THE EPISCOPAL CHURCH OF THE ADVENT 141 ADVENT STREET, SPARTANBURG, SC 29302 | 57-0747726 | CHURCH | 69,493 | | | | GENERAL SUPPORT |
| (109) THE GROUP OF 100, INC. 824 E. MAIN STREET, SPARTANBURG, SC 29302 | 58-2480621 | 501(C)(3) | 11,000 | | | | GENERAL SUPPORT |
| (110) THE HOPE COMMUNITY FUND 331 E MAIN STREET DOWNTOWN SUITE 20, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 11,800 | | | | GENERAL SUPPORT |
| (111) THE LAKE SUMMIT FOUNDATION 15 WESTMINSTER CT, HENDERSONVILLE, NC 28739 | 58-1727959 | 501(C)(3) | 6,500 | | | | GENERAL SUPPORT |
| (112) THE LEUKEMIA AND LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE SUITE 200, RYE BROOK, NY 10573 | 13-5644916 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |
| (113) THE SHEPHERD'S CENTER OF SPARTANBURG, SC, INC. 393 E. MAIN STREET, SPARTANBURG, SC 29302 | 57-0691077 | 501(C)(3) | 22,500 | | | | GENERAL SUPPORT |
| (114) THE SPARTANBURG COUNTY FOUNDATION TRUSTEE PROVIDED FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 7,000 | | | | GENERAL SUPPORT |

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| (115) THE SPARTANBURG LITTLE THEATRE 200 E. ST. JOHN STREET, SPARTANBURG, SC 29306 | 57-6002713 | 501(C)(3) | 18,500 | | | | GENERAL SUPPORT |
| (116) THE SPARTANBURG SOUP KITCHEN, INC. 136 SOUTH FOREST STREET, SPARTANBURG, SC 29306 | 27-0530812 | 501(C)(3) | 18,673 | | | | GENERAL SUPPORT |
| (117) TOTAL MINISTRIES 976 S. PINE STREET, SPARTANBURG, SC 29302 | 57-0771620 | 501(C)(3) | 23,020 | | | | GENERAL SUPPORT |
| (118) TREESUPSTATE 1309 GROVE RD, GREENVILLE, SC 29604 | 16-1718587 | 501(C)(3) | 13,923 | | | | GENERAL SUPPORT |
| (119) TRINITY UNITED METHODIST CHURCH 1920 HORSESHOE FALLS ROAD, ENOREE, SC 29302-2040 | 57-1112841 | CHURCH | 25,966 | | | | GENERAL SUPPORT |
| (120) UNION PRESBYTERIAN CHURCH 101 WEST SOUTH STREET, UNION, SC 29379 | 37-1879923 | 501(C)(3) | 11,800 | | | | GENERAL SUPPORT |
| (121) UNITARIAN UNIVERSALIST CHURCH OF SPARTANBURG PO BOX 1942, SPARTANBURG, SC 29304 | 57-0947382 | CHURCH | 9,000 | | | | GENERAL SUPPORT |
| (122) UNITED MITOCHONDRIAL DISEASE FOUNDATION INC. 8085 SALTSBURG ROAD, SUITE 201, PITTSBURGH, PA 15239 | 25-1767180 | 501(C)(3) | 30,000 | | | | GENERAL SUPPORT |
| (123) UNITED WAY OF THE PIEDMONT, INC. PO BOX 5624, SPARTANBURG, SC 29304 | 57-0314377 | 501(C)(3) | 542,020 | | | | GENERAL SUPPORT |
| (124) UNIVERSITY OF ALABAMA THE UNIVERSITY OF ALABAMA, TUSCALOOSA, AL 35487 | 63-6001138 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |
| (125) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL PO BOX 1080, CHAPEL HILL, NC 27599 | 59-1711424 | 501(C)(3) | 13,408 | | | | GENERAL SUPPORT |
| (126) UNIVERSITY OF SOUTH CAROLINA CASHIERS OFFICE, COLUMBIA, SC 29208 | 57-6017985 | 501(C)(3) | 48,288 | | | | GENERAL SUPPORT |
| (127) UPSTATE FOREVER 507 PETTIGRU STREET, GREENVILLE, SC 29601-3116 | 57-1070433 | 501(C)(3) | 527,242 | | | | GENERAL SUPPORT |
| (128) UPSTATE WARRIOR SOLUTION PO BOX 27232, GREENVILLE, SC 29616 | 46-1699670 | 501(C)(3) | 13,634 | | | | GENERAL SUPPORT |
| (129) USC UPSTATE C/O CARI LANGSTON, SPARTANBURG, SC 29303 | 57-6001153 | 501(C)(3) | 50,038 | | | | GENERAL SUPPORT |
| (130) USC UPSTATE FOUNDATION USC UPSTATE ACHIEVE PROGRAM, SPARTANBURG, SC 29303 | 57-0555699 | 501(C)(3) | 787,801 | | | | GENERAL SUPPORT |
| (131) WARRIORS ONCE AGAIN 199 N DEAN ST., SPARTANBURG, SC 29302 | 37-2032832 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (132) WASHINGTON AND LEE UNIVERSITY 204 W WASHINGTON ST, LEXINGTON, VA 24450 | 54-0505977 | 501(C)(3) | 11,000 | | | | GENERAL SUPPORT |

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| (133) WESTMINSTER PRESBYTERIAN CHURCH 309 FERNWOOD DRIVE, SPARTANBURG, SC 29307 | 57-0424982 | CHURCH | 10,700 | | | | GENERAL SUPPORT |
| (134) WINTHROP UNIVERSITY 304 TILLMAN HALL, 638 OAKLAND AVENU, ROCK HILL, SC 29730 | 57-0522624 | 501(C)(3) | 2,433 | | | | GENERAL SUPPORT |
| (135) WINTHROP UNIVERSITY FOUNDATION STEWART HOUSE, ROCK HILL, SC 29730-9989 | 23-7378001 | 501(C)(3) | 34,050 | | | | GENERAL SUPPORT |
| (136) WOFFORD COLLEGE 429 N. CHURCH STREET, SPARTANBURG, SC 29303 | 57-0314422 | 501(C)(3) | 62,515 | | | | GENERAL SUPPORT |
| (137) WOMEN GIVING FOR SPARTANBURG FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 29,600 | | | | GENERAL SUPPORT |
| (138) YMCA OF GREATER SPARTANBURG 151 RIBAUTL STREET, SPARTANBURG, SC 29302 | 57-0314425 | 501(C)(3) | 33,424 | | | | GENERAL SUPPORT |
| (139) YOUNG LIFE OF SPARTANBURG PO BOX 1314, SPARTANBURG, SC 29304 | 84-0385934 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (140) YOUTH SPORTS BUREAU, U.S.A. PO BOX 5103, SPARTANBURG, SC 29304 | 57-0932542 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |
| (141) KIDS UPSTATE PO BOX 2794, SPARTANBURG, SC 29304 | 57-0862226 | 501(C)(3) | 62,582 | | | | GENERAL SUPPORT |
| (142) CHARLES LEA CENTER FOUNDATION, INC. 195 BURDETTE STREET, SPARTANBURG, SC 29307 | 57-0793478 | 501(C)(3) | 83,145 | | | | GENERAL SUPPORT |
| (143) JUMPSTART SOUTH CAROLINA PO BOX 1050, SPARTANBURG, SC 29304 | 26-3023664 | 501(C)(3) | 11,750 | | | | GENERAL SUPPORT |
| (144) SALVATION ARMY OF SPARTANBURG PO BOX 2909, SPARTANBURG, SC 29304 | 58-0660607 | 501(C)(3) | 6,216 | | | | GENERAL SUPPORT |
| (145) SPARTANBURG HUMANE SOCIETY 150 DEXTER ROAD, SPARTANBURG, SC 29303 | 57-0481019 | 501(C)(3) | 14,782 | | | | GENERAL SUPPORT |
| (146) CITIZEN SCHOLARS INSTITUTE PO BOX 6266, SPARTANBURG, SC 29304 | 81-3296125 | 501(C)(3) | 148,500 | | | | GENERAL SUPPORT |
| (147) FELLOWSHIP OF CHRISTIAN ATHLETES - SPARTANBURG PO BOX 117, SPARTANBURG, SC 29304 | 44-0610626 | 501(C)(3) | 9,000 | | | | GENERAL SUPPORT |
| (148) FELLOWSHIP OF CHRISTIAN ATHLETES - HARTWELL, GA 2288 LIGHTWOOD ROAD, HARTWELL, GA 30643 | 44-0610626 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| (149) FELLOWSHIP OF CHRISTIAN ATHLETES - INDIAN TRAIL 1027 ONYX LANE, INDIAN TRAIL, NC 28079 | 44-0610626 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| (150) FELLOWSHIP OF CHRISTIAN ATHLETES - ROCK HILL PO BOX 525, ROCK HILL, SC 29731 | 44-0610626 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |

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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (151) WOFFORD COLLEGE ATHLETICS 429 N. CHURCH STREET, SPARTANBURG, SC 29303 | 57-0314422 | 501(C)(3) | 25,659 | | | | GENERAL SUPPORT |
| (152) HABITAT FOR HUMANITY OF SPARTANBURG 2270 SOUTH PINE STREET, SPARTANBURG, SC 29302 | 57-0849669 | 501(C)(3) | 16,425 | | | | GENERAL SUPPORT |
| (153) GIRL SCOUTS OF SOUTH CAROLINA -- MOUNTAINS TO MIDLANDS - SPARTANBURG 330 SCOUT DRIVE, SPARTANBURG, SC 29301 | 57-0314433 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| (154) COMMUNITY IMPACT FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 1,063,789 | | | | GENERAL SUPPORT |
| (155) 864PRIDE 30 POINTE CIRCLE, GREENVILLE, SC 29615 | 85-4071632 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |
| (156) THE HOMELESS PERIOD PROJECT DBA THE PERIOD PROJECT PO BOX 402, GREENVILLE, SC 29607 | 47-5144792 | 501(C)(3) | 12,500 | | | | GENERAL SUPPORT |
| (157) SOUTH CAROLINA CHARITIES, INC. 104 S MAIN STREET STE 110, GREENVILLE, SC 29601-2788 | 57-1110542 | 501(C)(3) | 100,000 | | | | GENERAL SUPPORT |
| (158) DANIEL JENKINS ACADEMY 2670 BONDS AVENUE, NORTH CHARLESTON, SC 29405 | 57-6000322 | 501(C)(3) | 6,500 | | | | GENERAL SUPPORT |
| (159) LENOIR-RHYNE UNIVERSITY 625 7TH AVE PL NE, HICKORY, NC 28601 | 56-0556753 | 501(C)(3) | 5,800 | | | | GENERAL SUPPORT |
| (160) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 UNIVERSITY BLVD, BIRMINGHAM, AL 35294-3704 | 63-6155094 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (161) COKER UNIVERSITY 300 E. COLLEGE AVENUE, HARTSVILLE, SC 29550 | 57-0324916 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |
| (162) ROTARY INTERNATIONAL DISTRICT 7750 7201 WINSLOW DRIVE, WAXHAW, SC 29720 | 57-0750229 | 501(C)(3) | 42,869 | | | | GENERAL SUPPORT |
| (163) PROJECT R.E.S.T. 236 UNION STREET, SPARTANBURG, SC 29302 | 57-0760599 | 501(C)(3) | 15,155 | | | | GENERAL SUPPORT |
| (164) ONESPARTANBURG INC. 105 N. PINE STREET, SPARTANBURG, SC 29304 | 57-0251910 | 501(C)(3) | 270,000 | | | | GENERAL SUPPORT |
| (165) ST. MATTHEW'S EPISCOPAL CHURCH 101 ST. MATTHEWS LANE, SPARTANBURG, SC 29301 | 57-0524255 | CHURCH | 11,000 | | | | GENERAL SUPPORT |
| (166) TRINITY EPISCOPAL CATHEDRAL THE CORNERSTONE CAMPAIGN, COLUMBIA, SC 29201 | 57-0314419 | 501(C)(3) | 5,550 | | | | GENERAL SUPPORT |
| (167) AVK SCHOLARS 254 CEDAR SPRINGS, SPARTANBURG, SC 29316 | 83-0637759 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (168) BEAUTY MARKS FOR GIRLS 431 E KENNEDY ST., SPARTANBURG, SC 29302 | 82-5487846 | 501(C)(3) | 15,500 | | | | GENERAL SUPPORT |
| (169) MARY & MARTHA SERVICES, INC. 1217 JOHN B WHITE SR BLVD, SPARTANBURG, SC 29316 | 82-2397876 | 501(C)(3) | 30,932 | | | | GENERAL SUPPORT |
| (170) SET FREE ALLIANCE 333 WADE HAMPTON BLVD, GREENVILLE, SC 29609 | 20-0202488 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (171) BERKELEY ALTERNATIVE SCHOOL 106 S LIVE OAK DR, MONCKS CORNER, SC 29461 | 57-6000313 | 501(C)(3) | 5,500 | | | | GENERAL SUPPORT |
| (172) ALOTIAN CHARITABLE EVENTS, INC. 101 ALOTIAN DRIVE, ROLAND, AR 72135 | 83-1757253 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| (173) PALMETTO PROJECT 6296 RIVERS AVENUE, SUITE 100, CHARLESTON, SC 29406 | 57-0807801 | 501(C)(3) | 255,000 | | | | GENERAL SUPPORT |
| (174) SALVATION ARMY OF THE MIDLANDS PO BOX 2786, COLUMBIA, SC 29202 | 58-0660607 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| (175) APELLA HEALTH MANAGEMENT INC DBA SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT 700 N PINE ST, SPARTANBURG, SC 29303 | 81-4193950 | 501(C)(3) | 484,251 | | | | GENERAL SUPPORT |
| (176) SALUDA COMMUNITY LAND TRUST, INC. PO BOX 732, SALUDA, NC 28773 | 20-8869652 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| (177) ST. LUKE'S EPISCOPAL CHURCH 2245 HUGUENOT TRAIL, POWHATTAN, VA 23139 | 54-0856687 | CHURCH | 8,400 | | | | GENERAL SUPPORT |
| (178) THE POST AND COURIER PUBLIC SERVICE AND INVESTIGATIVE REPORTING FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 50,000 | | | | GENERAL SUPPORT |
| (179) MISSION DENTAL SOUTH CAROLINA 631 N CHURCH ST, SPARTANBURG, SC 29303 | 84-2189149 | 501(C)(3) | 28,659 | | | | GENERAL SUPPORT |
| (180) SPARTANBURG COUNTY HISTORICAL ASSOCIATION PO BOX 887, SPARTANBURG, SC 29304 | 57-6025123 | 501(C)(3) | 15,689 | | | | GENERAL SUPPORT |
| (181) TRINITY EPISCOPAL CHURCH 9108 JOHN S MOSBY HWY, UPPERVILLE, VA 24402 | 54-0506426 | CHURCH | 5,500 | | | | GENERAL SUPPORT |
| (182) CONGREGATION B'NAI ISRAEL 146 HEYWOOD AVE, SPARTANBURG, SC 29302 | 57-6022286 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (183) BENJAMIN E. MAYS FAMILY RESOURCE CENTER 850 SUNNY ACRES RD, PACOLET, SC 29372 | 43-1966292 | 501(C)(3) | 30,500 | | | | GENERAL SUPPORT |
| (184) SPARTANBURG YOUTH THEATRE 200 E ST JOHN ST, SPARTANBURG, SC 29306 | 57-6002713 | 501(C)(3) | 6,300 | | | | GENERAL SUPPORT |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (185) HUB CITY FARMERS MARKET 324 E. ST. JOHN ST., SPARTANBURG, SC 29306-5141 | 56-2370088 | 501(C)(3) | 19,500 | | | | GENERAL SUPPORT |
| (186) WALNUT GROVE PLANTATION FUND 1200 OTTS SHOALS RD, ROEBUCK, SC 29376 | 57-0351398 | 501(C)(3) | 37,000 | | | | GENERAL SUPPORT |
| (187) WHITLOCK FLEXIBLE LEARNING CENTER 364 SUCCESSFUL DR, SPARTANBURG, SC 29303 | 57-6000942 | 501(C)(3) | 8,000 | | | | GENERAL SUPPORT |
| (188) MICHAEL BROWN 960 MIKE CIR, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (189) VIRGINIA TECH VIRGINIA TECH, BLACKSBURG, VA 24061 | 54-0721690 | 501(C)(3) | 9,000 | | | | GENERAL SUPPORT |
| (190) UPSTATE PRIDE SC P.O. BOX 9128, GREENVILLE, SC 29604 | 27-1102951 | 501(C)(3) | 13,500 | | | | GENERAL SUPPORT |
| (191) UPSTATE LGBT CHAMBER FUND 125 WEST MONTCLAIR AVE, GREENVILLE, SC 29609 | 88-1951079 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (192) UPLIFT AND OUTREACH CENTER 200 FERNWOOD DR, SPARTANBURG, SC 29301 | 84-2137645 | 501(C)(3) | 18,100 | | | | GENERAL SUPPORT |
| (193) UNIVERSITY OF SOUTH CAROLINA UNION 309 E ACADEMY ST, UNION, SC 29379 | 57-6001153 | 501(C)(3) | 57,850 | | | | GENERAL SUPPORT |
| (194) UNIVERSITY OF SOUTH CAROLINA BEAUFORT ONE UNIVERSITY BOULEVARD, BLUFFTON, SC 29909 | 83-4290457 | 501(C)(3) | 6,500 | | | | GENERAL SUPPORT |
| (195) UNION ROTARY CLUB 2722 W ROOSEVELT BLVD RHCC, MONROE, SC 29379 | 57-6025097 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| (196) THE POST AND COURIER PUBLIC SERVICE AND INVESTIGATIVE JOURNALISM FUND 1691 TURNBULL AVE., NORTH CHARLESTON, SC 29302 | 57-0351398 | 501(C)(3) | 50,000 | | | | GENERAL SUPPORT |
| (197) THE PIEDMONT CHAMBER ORCHESTRA FUND 1533 SOUTH MAIN ST., WINSTON SALEM, NC 27104 | 57-0351398 | 501(C)(3) | 30,000 | | | | GENERAL SUPPORT |
| (198) THE CASH FAMILY FUND 7717 MILWAUKEE AVE STE 500-402, LUBBOCK, TX 79424-0685 | 57-0351398 | 501(C)(3) | 97,917 | | | | GENERAL SUPPORT |
| (199) SUCCESS IN EDUCATION 111 E BROADWAY STE 900, SALT LAKE CITY, UT 84111 | 45-3567196 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (200) STUART HALL SCHOOL 235 W FREDERICK ST, STAUNTON, VA 24401 | 72-0988860 | 501(C)(3) | 5,500 | | | | GENERAL SUPPORT |
| (201) STRATEGIC SPARTANBURG INC 349 E MAIN ST #101, SPARTANBURG, SC 29302 | 88-3599716 | 501(C)(3) | 145,825 | | | | 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (202) ST. CHRISTOPHER'S SCHOOL FOUNDATION 711 SAINT CHRISTOPHERS ROAD, RICHMOND, VA 23226 | 54-1727301 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| (203) SPARTANBURG COUNTY SCHOOL DISTRICT SIX 1390 CAVALIER WAY, ROEBUCK, SC 29376 | 57-0741993 | 501(C)(3) | 67,985 | | | | GENERAL SUPPORT |
| (204) SPARTANBURG COUNTY HISTORICAL ASSOCIATION ENDOWMENT FUND PO BOX 887, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 96,797 | | | | GENERAL SUPPORT |
| (205) SPARTANBURG CHARITIES, INC. CAROLINA COUNTRY CLUB, SPARTANBURG, SC 29306 | 57-0351398 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |
| (206) SPARTANBURG ACADEMIC MOVEMENT FUND 349 E MAIN STREET, SUITE 101, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 9,067 | | | | GENERAL SUPPORT |
| (207) SOUTH CAROLINA FEDERATION OF BUSINESS AND PROFESSIONAL WOMEN'S CLUBS, INC. 413 JAMESON DR, PIEDMONT, SC 29641 | 57-6034573 | 501(C)(3) | 11,502 | | | | GENERAL SUPPORT |
| (208) SHATTERPROOF 101 MERRITT 7, NORWALK, CT 06851 | 45-4619712 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (209) SCCF WARDLAW-MCCOLLUM CHASER SUCCESS FUND 424 E KENNEDY ST, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |
| (210) SCCF WALLACE EPPES JOHNSON ENDOWED SCHOLARSHIP FUND 424 E KENNEDY ST, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 34,443 | | | | GENERAL SUPPORT |
| (211) SAM MOVEMENT 2030 FUND 424 E KENNEDY ST, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 2,091,750 | | | | GENERAL SUPPORT |
| (212) ROPER MOUNTAIN SCIENCE CENTER ASSOCIATION 402 ROPER MOUNTAIN ROAD, GREENVILLE, SC 29615 | 57-0762287 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| (213) REACH OUT AND READ SOUTH CAROLINA PO BOX 55, CENTRAL, SC 29630 | 04-3481253 | 501(C)(3) | 56,250 | | | | GENERAL SUPPORT |
| (214) PUBLIC EDUCATION PARTNERS 225 S PLEASANTBURG DR SUITE E 6, GREENVILLE, SC 29607 | 57-0769637 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (215) PROUD MARY THEATER COMPANY 578 W MAIN ST, SPARTANBURG, SC 29306 | 82-2196578 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (216) PROJECT HOPE FOUNDATION 751 E GEORGIA RD, WOODRUFF, SC 29388 | 58-2324540 | 501(C)(3) | 20,795 | | | | GENERAL SUPPORT |
| (217) PIEDMONT CARE INC. INTERNATIONAL CENTER, 101 N PINE ST, SPARTANBURG, SC 29302 | 57-1036204 | 501(C)(3) | 18,000 | | | | 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (218) PALMETTO COUNCIL, BOY SCOUTS OF AMERICA 420 S CHURCH ST, SPARTANBURG, SC 29306 | 22-1576300 | 501(C)(3) | 19,539 | | | | GENERAL SUPPORT |
| (219) OUT OF THE ASHES, INC. OLD POST RD, CHARLOTTE, NC 28018 | 82-1319391 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (220) ONESPARTANBURG, INC. FOUNDATION 105 N PINE ST., SPARTANBURG, SC 29302 | 87-0907020 | 501(C)(3) | 2,607,010 | | | | GENERAL SUPPORT |
| (221) ONESPARTANBURG FUND 105 N PINE ST., SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 18,838 | | | | GENERAL SUPPORT |
| (222) OMEGAS OF SPARTANBURG UPLIFT CENTER FUND 200 FERNWOOD DRIVE, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (223) NEW MORNING 1501 MAIN STREET, SUITE 150, COLUMBIA, SC 29201 | 95-4894776 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |
| (224) NEW BEGINNINGS UNITED METHODIST CHURCH 210 RAINBOW LAKE ROAD, BOILING SPRINGS, SC 29316 | 52-2115226 | CHURCH | 20,000 | | | | GENERAL SUPPORT |
| (225) NATIONAL PKU ALLIANCE (NPKUA) 954 LEXINGTON AVENUE, #269, NEW YORK, NY 10021 | 26-2849140 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |
| (226) MOUNT VERNON PRESERVATION SOCIETY PO BOX 1082, MT VERNON, AL 36560 | 92-1733612 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| (227) MOONLIGHT COMMUNITY FOUNDATION PO BOX 1145, HELENA, MT 59716 | 80-0941705 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |
| (228) MICHIGAN CROSSROADS COUNCIL, BSA 137 S. MARKETPLACE BLVD., LANSING, MI 48208 | 45-4003240 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (229) MASTERWORKS FESTIVAL FUND 1855 EAST MAIN ST. STE 14-118, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 50,000 | | | | GENERAL SUPPORT |
| (230) MARY BLACK FOUNDATION 349 E MAIN ST #100, SPARTANBURG, SC 29302 | 57-0843135 | 501(C)(3) | 338,750 | | | | GENERAL SUPPORT |
| (231) MARR ADDICTION TREATMENT CENTERS 2815 CLEARVIEW PL, DORAVILLE, GA 30340 | 23-7442673 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (232) MARK III PROPERTIES BEAUTIFICATION FUND 170-C CAMELOT DRIVE, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| (233) MAKE-A-WISH SOUTH CAROLINA 225 S PLEASANTBURG DR C17, GREENVILLE, SC 29607 | 57-0786119 | 501(C)(3) | 6,000 | | | | 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (234) LOCAL INITIATIVES SUPPORT CORPORATION (LISC) 28 LIBERTY STREET, FLOOR 34, NEW YORK, NY 10005 | 13-3030229 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |
| (235) LENOIR COMMUNITY COLLEGE 231 NORTH CAROLINA HWY 58, KINSTON, NC 28502-0188 | 56-1055936 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| (236) LANDRUM PRESBYTERIAN CHURCH 404 E RUTHERFORD ST, LANDRUM, SC 29356 | 57-1086719 | CHURCH | 15,000 | | | | GENERAL SUPPORT |
| (237) KIWANIS CLUB OF SPARTANBURG PO BOX 5064, SPARTANBURG, SC 29304 | 57-6025022 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |
| (238) KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION 205 KENAN CENTER CB 3490, CHAPEL HILL, NC 27599-3440 | 56-0771850 | 501(C)(3) | 118,400 | | | | GENERAL SUPPORT |
| (239) KATALYST 4 P3 FUND 424 E KENNEDY ST, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 7,000 | | | | GENERAL SUPPORT |
| (240) JUNIOR LEAGUE FUND 424 E KENNEDY ST, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 18,000 | | | | GENERAL SUPPORT |
| (241) JAY WAKEFIELD LACROSSE SCHOLARSHIP FUND 424 E KENNEDY ST, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 8,000 | | | | GENERAL SUPPORT |
| (242) INSTITUTE FOR CHILD SUCCESS 613 E MCBEE AVE., GREENVILLE, SC 29606 | 27-1904900 | 501(C)(3) | 200,000 | | | | GENERAL SUPPORT |
| (243) IMMIGRANT CONNECTION - SPARTANBURG 203 S MAIN ST, DUNCAN, SC 29334 | 45-3000829 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (244) HUB CITY ROOTS 498 HOWARD ST, SPARTANBURG, SC 29302 | 56-2370088 | 501(C)(3) | 11,496 | | | | GENERAL SUPPORT |
| (245) HELPING HANDS MINISTRIES OF WOODRUFF AREA INC. 206 CHAMBLIN ST, WOODRUFF, SC 29388-0483 | 57-0953825 | 501(C)(3) | 91,627 | | | | GENERAL SUPPORT |
| (246) HARRY DALLARA MEMORIAL FOUNDATION, INC. PO BOX 7, TRYON, NC 28782-0007 | 47-2102968 | 501(C)(3) | 40,000 | | | | GENERAL SUPPORT |
| (247) GUIDING REINS 1944 REDLAND RD, CAMPOBELLO, SC 29322 | 83-2871650 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |
| (248) GREER RELIEF AND RESOURCES AGENCY, INC. NEIGHBORHOOD IMPACT CENTER, 113C BE, GREER, SC 29652 | 57-0370331 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| (249) GREER COMMUNITY OUTREACH CENTER, INC. 415 E POINSETT ST., GREER, SC 29651 | 57-1051410 | 501(C)(3) | 5,000 | | | | 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (250) GREEN CREEK HOUNDS FOUNDATION FUND 6689 POORS FORD RD, RUTHERFORDTON, NC 28139 | 57-0351398 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (251) GRACE COMMUNITY BIBLE CHURCH 1190 GOLD HILL RD, FORT MILL, FL 34285 | 20-1672132 | CHURCH | 10,000 | | | | GENERAL SUPPORT |
| (252) GEORGIA STATE OMEGA PSI PHI FOUNDATION INC. 3951 SNAPPINGER PARKWAY, DECATUR, GA 30062 | 58-2589719 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |
| (253) FORT HILL PRESBYTERIAN CHURCH 101 EDGEWOOD AVE, CLEMSON, SC 29631 | 57-6004172 | CHURCH | 15,000 | | | | GENERAL SUPPORT |
| (254) FIRST TEE UPSTATE SOUTH CAROLINA 3515 PELHAM RD, GREENVILLE, SC 29615 | 56-2199252 | 501(C)(3) | 6,553 | | | | GENERAL SUPPORT |
| (255) FELLOWSHIP OF CHRISTIAN ATHLETES - KANSAS CITY 8701 LEEDS RD, KANSAS CITY, MO 64129 | 44-0610626 | 501(C)(3) | 12,100 | | | | GENERAL SUPPORT |
| (256) DEPARTMENT OF EDUCATION P.O. BOX 2837, PORTLAND, OR 97208-2837 | 52-1198289 | 501(C)(3) | 9,451 | | | | GENERAL SUPPORT |
| (257) CORNERSTONE BAPTIST CHURCH, INC. 455 HANDS MILL HWY, ROCK HILL, SC 29306 | 57-0658729 | CHURCH | 6,088 | | | | GENERAL SUPPORT |
| (258) CONSERVATORS' CENTER, INC. 676 E HUGHES MILL RD, BURLINGTON, NC 27217 | 56-2149941 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |
| (259) COASTAL COMMUNITY FOUNDATION 1691 TURNBULL AVENUE, NORTH CHARLESTON, SC 29405 | 23-7390313 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (260) CIVITAN INTERNATIONAL WORLD HEADQUARTERS 500 CORPORATE PARKWAY, SUITE 150, BIRMINGHAM, AL 35238 | 63-6052990 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| (261) CHILDREN'S MUSEUM OF THE UPSTATE, INC. - SPARTANBURG 130 MAGNOLIA ST, SPARTANBURG, SC 29306 | 57-1025453 | 501(C)(3) | 125,500 | | | | GENERAL SUPPORT |
| (262) CHILDREN'S MUSEUM OF THE UPSTATE, INC. - ADMINISTRATIVE OFFICES 300 COLLEGE ST, GREENVILLE, SC 29601 | 57-1025453 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |
| (263) CHARLOTTE BALLET 701 N. TRYON ST., CHARLOTTE, NC 28202 | 58-1314711 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| (264) CHAPEL & YORK FOUNDATION 1350 6TH AVE FLOOR 2, SUITE 266, NEW YORK, NY 10019-4703 | 81-2161937 | 501(C)(3) | 150,000 | | | | GENERAL SUPPORT |
| (265) CHABAD OF GREATER GREENVILLE 3515 E NORTH ST, GREENVILLE, SC 29615 | 45-5624203 | 501(C)(3) | 7,200 | | | | GENERAL SUPPORT |
| (266) BIG BROTHERS BIG SISTERS OF CENTRAL CAROLINAS 8514 MCALPINE PARK DR # 130, CHARLOTTE, NC 28211 | 56-2264009 | 501(C)(3) | 5,000 | | | | 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (267) BENJAMIN E. MAYS CONSOLIDATED SCHOOL FUND 424 E KENNEDY ST, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 50,000 | | | | GENERAL SUPPORT |
| (268) ARKANSAS MUSEUM OF FINE ARTS 501 E 9TH ST, LITTLE ROCK, AR 72203 | 23-7337495 | 501(C)(3) | 30,000 | | | | GENERAL SUPPORT |
| (269) ANNE IRWIN MEMORIAL FUND 424 E KENNEDY ST, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 16,438 | | | | GENERAL SUPPORT |
| (270) ANGELS CHARGE MINISTRY FUND 778 UNION ST, SPARTANBURG, SC 29302 | 57-0351398 | 501(C)(3) | 13,031 | | | | GENERAL SUPPORT |
| (271) ALZHEIMERS DISEASE RESEARCH FOUNDATION DBA CURE ALZHEIMER'S FUND 34 WASHINGTON ST., SUITE 310, WELLESLEY HILLS, MA 02481 | 52-2396428 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |
| (272) 8TH STREET FOUNDATION PO BOX 3507, LITTLE ROCK, AR 72203 | 86-2699924 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

Part IV

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

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS. | THE ORGANIZATION MAKES DISTRIBUTIONS TO VARIOUS LOCAL NON-PROFITS AT THE DIRECTION OF FUND ADVISORS. ORGANIZATIONS MUST BE 501(C)(3) ORGANIZATIONS IN ORDER TO RECEIVE FUNDING. IN THE EVENT THAT FUNDS ARE KNOWN TO MISUSED, FUTURE DISTRIBUTIONS WILL NOT BE MADE. |
| (1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | ADULT LEARNING CENTER, INC. 145 NORTH CHURCH STREET, #82, SPARTANBURG, SC 29306 |
| (5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | ANNUAL MEETING FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302 |
| (6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | BALLET SPARTANBURG, INC. 200 E. ST. JOHN STREET, SPARTANBURG, SC 29306 |
| (7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | BIG BROTHERS BIG SISTERS UPSTATE 161 EAST KENNEDY STREET, SPARTANBURG, SC 29306 |
| (8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | BIRTHMATTERS 501 HOWARD ST. SUITE A, SPARTANBURG, SC 29303 |
| (10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | CANCER ASSOCIATION OF SPARTANBURG & CHEROKEE COUNTIES, INC. PO BOX 1582, SPARTANBURG, SC 29304 |
| (11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | CENTER FOR PHILANTHROPY CAPITAL CAMPAIGN FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302 |

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----|----|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p> | | |
| <p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | | ✓ |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p> | | ✓ |
| <p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p> | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p> | | ✓ |
| | | ✓ |
| | | ✓ |
| <p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p> | | ✓ |
| | | ✓ |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p> | | ✓ |
| | | ✓ |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p> | | ✓ |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | | ✓ |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | MR. TROY M. HANNA | 208,811 | 0 | 0 | 24,948 | 0 | 233,759 | 0 |
| | PRESIDENT & CEO / ASST. SEC. | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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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.

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES | THE FOUNDATION PROVIDES THE PRESIDENT AND CEO A MEMBERSHIP TO SPARTANBURG COUNTRY CLUB AND THE PIEDMONT CLUB, FOR DEVELOPMENT PURPOSES. ANY PERSONAL EXPENSES INCURRED ARE REIMBURSED TO THE FOUNDATION. |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | ✓ | 94 | 4,941,644 | MARKET VALUE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (.) | | | | |
| 26 Other (.) | | | | |
| 27 Other (.) | | | | |
| 28 Other (.) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | ✓ |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | ✓ | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | ✓ |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

Part II

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

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS | SECURITIES - PUBLICLY TRADED - THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS MADE. |

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the Organization
SPARTANBURG COUNTY FOUNDATION

Employer Identification Number
57-0351398

| Return Reference - Identifier | Explanation | | | | | | |
|--|---|-----------------|------------|--|---------|---|---------|
| FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION | ASSOCIATION, AND MINORITY BUSINESS CONNECT. THE FOUNDATION AND SPARTANBURG ACADEMIC MOVEMENT JOINED FORCES WITH BLUE MERIDIAN PARTNERS AND COMMUNITY MEMBERS TO FUND A \$100 MILLION COMMITMENT TO BUILD EQUITABLE SYSTEMS AND INCLUSIVE ECONOMIC MOBILITY FOR CHILDREN AND TEACHERS THROUGH CROSS-SECTOR PARTNERSHIP, COLLABORATION, AND DATA-DRIVEN IMPROVEMENT. | | | | | | |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY | A COPY OF THE COMPLETE 990 AND ALL SCHEDULES ARE PROVIDED TO THE BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING. AFTER APPROVAL BY THE TRUSTEES, THE FOUNDATION'S PRESIDENT & CEO SIGNS THE RETURN AND AUTHORIZES FILING. | | | | | | |
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY | THE TRUSTEES AND ALL EMPLOYEES COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY AND THEY ARE REVIEWED BY THE PRESIDENT AND BOARD CHAIRMAN. IF ANY CONFLICTS OR POTENTIAL CONFLICTS ARE NOTED, THEY ARE PRESENTED TO THE BOARD AND OTHER APPROPRIATE PERSONNEL FOR FUTURE REFERENCE. | | | | | | |
| FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | A.)THE EXECUTIVE & GOVERNANCE COMMITTEE AND THE FULL BOARD ARE INVOLVED IN THE DECISION MAKING. B.) COMPARISONS ARE BASED ON AN ANNUAL STUDY CONDUCTED BY THE COUNCIL ON FOUNDATIONS, AND ON OTHER COMPARATIVE DATA. C.) 50TH PERCENTILE | | | | | | |
| FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES | A.)THE EXECUTIVE & GOVERNANCE COMMITTEE AND THE FULL BOARD ARE INVOLVED IN THE DECISION MAKING. B.) COMPARISONS ARE BASED ON AN ANNUAL STUDY CONDUCTED BY THE COUNCIL ON FOUNDATIONS, AND ON OTHER COMPARATIVE DATA. C.) 50TH PERCENTILE | | | | | | |
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | 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 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">(a) Description</th> <th style="text-align: right;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS</td> <td style="text-align: right;">299,519</td> </tr> <tr> <td>RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN</td> <td style="text-align: right;">431,012</td> </tr> </tbody> </table> | (a) Description | (b) Amount | CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | 299,519 | RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN | 431,012 |
| (a) Description | (b) Amount | | | | | | |
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | 299,519 | | | | | | |
| RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN | 431,012 | | | | | | |
| FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS | THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. | | | | | | |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) WINGO PARK LLC (57-0351398) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | REAL ESTATE INVESTMENT | SC | 0 | 0 | SPARTANBURG COUNTY FOUNDATION |
| (2) SPARTANBURG REAL HOLDINGS LLC (57-0351398) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | REAL ESTATE INVESTMENT | SC | 0 | 0 | N/A |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) HABISREUTINGER & BLACK FOUNDATION (20-5799183) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |
| (2) BALMER FOUNDATION (56-2206524) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |
| (3) NOBLE TREE FOUNDATION (57-1091856) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |
| (4) JUDY BRADSHAW CHILDREN'S FOUNDATION (57-1066485) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |
| (5) BEN M. CART FOUNDATION (46-1035516) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |
| (6) TENA AND FRED OATES FOUNDATION (57-1066228) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |
| (7) (SEE STATEMENT) | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) ----- | | | | | | | | | | | | |
| (2) ----- | | | | | | | | | | | | |
| (3) ----- | | | | | | | | | | | | |
| (4) ----- | | | | | | | | | | | | |
| (5) ----- | | | | | | | | | | | | |
| (6) ----- | | | | | | | | | | | | |
| (7) ----- | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) ----- | | | | | | | | | |
| (2) ----- | | | | | | | | | |
| (3) ----- | | | | | | | | | |
| (4) ----- | | | | | | | | | |
| (5) ----- | | | | | | | | | |
| (6) ----- | | | | | | | | | |
| (7) ----- | | | | | | | | | |

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

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

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

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

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part II

Identification of Related Tax-Exempt Organizations (continued)

| (a) Name, address and EIN of related organization | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|----------------------|---|-------------------------|--|-------------------------------|---|----|
| | | | | | | Yes | No |
| (7) BARNET FOUNDATION (58-2319535) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |
| (8) FALATOK FOUNDATION (26-0641848) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |
| (9) BENEVOLENT FOUNDATION (54-2082667) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |
| (10) BAIN FOUNDATION (57-1060455) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |
| (11) ZIMMERLI FOUNDATION (57-1018476) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |
| (12) PERRIN FOUNDATION (57-1089465) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |
| (13) IVEY FOUNDATION (81-4673524) 424 E KENNEDY STREET, SPARTANBURG, SC 29302 | SUPPORT ORGANIZATION | SC | 501(C)(3) | 12 TYPE I | SPARTANBURG COUNTY FOUNDATION | ✓ | |