

## PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2024****Open to Public Inspection**

<b>A</b> For the <b>2024</b> calendar year, or tax year beginning , <b>2024</b> , and ending , <b>20</b>																												
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table><tr><td colspan="2"><b>C</b> Name of organization <b>SPARTANBURG COUNTY FOUNDATION</b></td><td><b>D</b> Employer identification number <b>57-0351398</b></td></tr><tr><td colspan="2">Doing business as</td><td></td></tr><tr><td>Number and street (or P.O. box if mail is not delivered to street address)</td><td>Room/suite</td><td><b>E</b> Telephone number <b>(864) 582-0138</b></td></tr><tr><td><b>424 E KENNEDY STREET</b></td><td></td><td></td></tr><tr><td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>SPARTANBURG, SC 29302</b></td><td><b>G</b> Gross receipts \$ <b>48,563,790</b></td></tr><tr><td colspan="2"><b>F</b> Name and address of principal officer: <b>KALEY A GREENE</b> <b>SAME AS C ABOVE</b></td><td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number</td></tr><tr><td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td><td></td></tr><tr><td colspan="2"><b>J</b> Website: <b>WWW.SPCF.ORG</b></td><td></td></tr><tr><td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td><td><b>L</b> Year of formation: <b>1943</b> <b>M</b> State of legal domicile: <b>SC</b></td></tr></table>	<b>C</b> Name of organization <b>SPARTANBURG COUNTY FOUNDATION</b>		<b>D</b> Employer identification number <b>57-0351398</b>	Doing business as			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <b>(864) 582-0138</b>	<b>424 E KENNEDY STREET</b>			City or town, state or province, country, and ZIP or foreign postal code <b>SPARTANBURG, SC 29302</b>		<b>G</b> Gross receipts \$ <b>48,563,790</b>	<b>F</b> Name and address of principal officer: <b>KALEY A GREENE</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: <b>WWW.SPCF.ORG</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1943</b> <b>M</b> State of legal domicile: <b>SC</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>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.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<b>7</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<b>7</b>
	<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a) . . . . .	<b>5</b>	<b>21</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<b>95</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b> <b>48,024,319</b>	<b>Current Year</b> <b>42,476,187</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	<b>0</b>	<b>0</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<b>3,428,371</b>	<b>3,452,246</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<b>2,755,829</b>	<b>2,635,357</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	<b>54,208,519</b>	<b>48,563,790</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	<b>28,414,705</b>	<b>34,908,855</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	<b>0</b>	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	<b>1,554,757</b>	<b>1,709,573</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>161,129</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	<b>3,201,525</b>	<b>3,148,651</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	<b>33,170,987</b>	<b>39,767,079</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	<b>21,037,532</b>	<b>8,796,711</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b> <b>224,655,520</b>	<b>End of Year</b> <b>247,921,619</b>
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	<b>6,769,550</b>	<b>7,219,301</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	<b>217,885,970</b>	<b>240,702,318</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>KALEY A GREENE, CFO</b>		Date	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY BIBBY</b>	Preparer's signature <b>AMY BIBBY</b>	Date <b>09/09/2025</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00445891</b>
	Firm's name <b>FORVIS MAZARS, LLP</b>	Firm's EIN <b>44-0160260</b>		
	Firm's address <b>500 RIDGEFIELD COURT, ASHEVILLE, NC 28806</b>	Phone no. <b>(828) 254-2254</b>		

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** (2024)

**Part III** Statement of Program Service AccomplishmentsCheck 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 \$ 35,806,009 including grants of \$ 34,908,855 ) (Revenue \$ 2,576,420 )

THE SPARTANBURG COUNTY FOUNDATION PARTNERS WITH INDIVIDUALS, FAMILIES, BUSINESSES AND CORPORATIONS, NONPROFITS, AND PROFESSIONAL ADVISORS TO FOSTER CHANGE, SHARE KNOWLEDGE, CONVEY 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 2024, THE FOUNDATION AWARDED 2,346 GRANTS TOTALING \$27.8 MILLION TO IMPROVE THE LIVES OF SPARTANBURG COUNTY RESIDENTS. WE ENGAGED CLOSE TO 2000 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, NONPROFIT FUNDRAISING BOOT CAMP, DONOR CONNECT, AND 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 35,806,009

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 169	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> ✓	

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



**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> <span style="float: right;">7</span> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . . <b>1b</b> <span style="float: right;">7</span>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b> 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? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .	<b>9</b>	<input checked="" type="checkbox"/>

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

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

### 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.  
KALEY A GREENE, 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			✓				200,053	0	44,976
(2) MS. ASHLEY WHITT VICE PRESIDENT OF GRANTS & COMMUNITY IMPACT	40.0			✓				91,833	0	20,946
(3) MS. KAREN NICHOLS VICE PRESIDENT OF PHILANTHROPIC SERVICES	40.0			✓				76,550	0	27,672
(4) MS. KALEY A. GREENE CHIEF FINANCIAL OFFICER (BEGINNING JUNE 2024)	40.0			✓				62,139	0	3,879
(5) MR. ROBERT RICHARDSON SECRETARY / TREASURER	2.0	✓		✓				0	0	0
(6) MR. VIC BAILEY, III VICE CHAIR	2.0	✓		✓				0	0	0
(7) MS. CATHY H. MCCABE CHAIR	2.0	✓		✓				0	0	0
(8) DR. LEONARD STARKS TRUSTEE	2.0	✓						0	0	0
(9) MR. NORMAN CHAPMAN TRUSTEE	2.0	✓						0	0	0
(10) MR. SCOTT MONTGOMERY TRUSTEE	2.0	✓						0	0	0
(11) MS. NANCY BAIN COTE TRUSTEE	2.0	✓						0	0	0
(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)										
<b>1b Subtotal</b>								430,575	0	97,473
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								430,575	0	97,473

**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 **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	42,476,187			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 3,550,731			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		42,476,187			
<b>Program Service Revenue</b>				Business Code			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . .		0	0	0	0
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		0			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,437,277			3,437,277
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal		
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	14,969			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	14,969	0		
	<b>d</b>	Net gain or (loss) . . . . .		14,969			14,969
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>				
	<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>				
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>				Business Code			
	<b>11a</b>	FEES	900099	2,368,191	2,368,191		
	<b>b</b>	TRUST INCOME	900099	208,229	208,229		
	<b>c</b>	OTHER	900099	58,937		58,937	
	<b>d</b>	All other revenue . . . . .		0	0	0	0
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		2,635,357			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			48,563,790	2,576,420	0	3,511,183

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	34,259,158	34,259,158		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	649,697	649,697		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	430,575	150,528	251,310	28,737
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	915,554	118,067	786,860	10,627
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	100,901	20,107	77,842	2,952
<b>9</b> Other employee benefits . . . . .	168,386	33,555	129,905	4,926
<b>10</b> Payroll taxes . . . . .	94,157	18,763	72,640	2,754
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	1,775,182	18,724	1,691,002	65,456
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	156,183	29,996	121,784	4,403
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	112,177	103,929	8,248	0
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	126,787	45,422	62,353	19,012
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	210,639	42,499	161,998	6,142
<b>17</b> Travel . . . . .	9,183	2,806	6,144	233
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	51,259	10,263	39,852	1,144
<b>20</b> Interest . . . . .	76,255	76,255		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	320,844	63,936	247,523	9,385
<b>23</b> Insurance . . . . .	63,133	18,543	42,961	1,629
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> EQUIPMENT . . . . .	115,124	25,016	86,816	3,292
<b>b</b> DUES TO OTHER ORGANIZATIONS . . . . .	65,384	55,434	9,630	320
<b>c</b> PROGRAM EXPENSE . . . . .	30,017	30,017		
<b>d</b> GRASSROOTS LEADERSHIP DEVELOPMENT INSTITUTE . . . . .	27,000	27,000		
<b>e</b> All other expenses . . . . .	9,484	6,294	3,073	117
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	39,767,079	35,806,009	3,799,941	161,129
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	7,222,169	<b>1</b>	8,141,775
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	764,515	<b>3</b>	4,990,820
	<b>4</b> Accounts receivable, net . . . . .	5,915	<b>4</b>	0
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	11,709,551		
	<b>b</b> Less: accumulated depreciation . . . . .	2,488,557	<b>10c</b>	9,220,994
	<b>11</b> Investments—publicly traded securities . . . . .	190,693,678	<b>11</b>	207,319,440
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	14,112,235	<b>12</b>	15,509,933
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,348,022	<b>15</b>	2,738,657
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	224,655,520	<b>16</b>	247,921,619
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	77,674	<b>17</b>	75,564
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	4,831,715	<b>21</b>	6,788,185
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	1,860,161	<b>25</b>	355,552
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	6,769,550	<b>26</b>	7,219,301
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	15,400,526	<b>27</b>	21,237,792
	<b>28</b> Net assets with donor restrictions . . . . .	202,485,444	<b>28</b>	219,464,526
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	217,885,970	<b>32</b>	240,702,318
	<b>33</b> Total liabilities and net assets/fund balances . . . . .	224,655,520	<b>33</b>	247,921,619

Form **990** (2024)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	48,563,790
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	39,767,079
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,796,711
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	217,885,970
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	13,997,869
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	21,768
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	240,702,318

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

Form **990** (2024)

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	21,822,431	24,647,756	17,480,937	48,024,319	41,476,187	153,451,630
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	21,822,431	24,647,756	17,480,937	48,024,319	41,476,187	153,451,630
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						12,101,572
<b>6 Public support.</b> Subtract line 5 from line 4						141,350,058

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	21,822,431	24,647,756	17,480,937	48,024,319	41,476,187	153,451,630
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	2,713,198	2,845,640	1,819,297	169,460	3,437,277	10,984,872
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	1,908,410	2,191,432	2,256,730	2,755,829	2,635,357	11,747,758
<b>11 Total support.</b> Add lines 7 through 10						176,184,260
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	80.23 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	84.61 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . .		<input type="checkbox"/>
<b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . .		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .		<input type="checkbox"/>

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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).		

Schedule A (Form 990) 2024

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

Section D—Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>	
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>	

  

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . .			
<b>b</b> Excess from 2021 . . .			
<b>c</b> Excess from 2022 . . .			
<b>d</b> Excess from 2023 . . .			
<b>e</b> Excess from 2024 . . .			

Schedule A (Form 990) 2024

## Part VI

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



## 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) OTHER INCOME	1,908,410	2,191,432	2,256,730	2,755,829	2,635,357	11,747,758
	Total	1,908,410	2,191,432	2,256,730	2,755,829	2,635,357	11,747,758

**Schedule B  
(Form 990)**

(Rev. January 2025)  
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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization

**SPARTANBURG COUNTY FOUNDATION**

**Employer identification number**

**57-0351398**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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		\$ 2,398,194	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,135,291	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,623,060	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,020,044	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(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
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>Transferee's name, address, and ZIP + 4</b> ----- ----- -----		<b>Relationship of transferor to transferee</b> ----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b> <b>Transferee's name, address, and ZIP + 4</b> ----- ----- -----		<b>Relationship of transferor to transferee</b> ----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b> <b>Transferee's name, address, and ZIP + 4</b> ----- ----- -----		<b>Relationship of transferor to transferee</b> ----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b> <b>Transferee's name, address, and ZIP + 4</b> ----- ----- -----		<b>Relationship of transferor to transferee</b> ----- ----- -----

SCHEDULE D  
(Form 990)

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	196	0
2 Aggregate value of contributions to (during year) . . . . .	5,978,747	0
3 Aggregate value of grants from (during year) . . . . .	5,226,356	0
4 Aggregate value at end of year . . . . .	60,712,510	0
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d

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

4 Number of states where property subject to conservation easement is located . . . . .

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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



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

**3** Using the organization's acquisition, accession, and other records, check any of the following that 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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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

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

**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
<b>1a</b> Land		2,198,199		2,198,199
<b>b</b> Buildings		8,423,750	2,203,996	6,219,754
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		1,087,602	284,561	803,041
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,220,994

**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	15,509,933	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	15,509,933	

**Part VIII Investments—Program Related**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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	324,464
(3) LEASE LIABILITY	31,088
(4) LINE OF CREDIT	0
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	355,552

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

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

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

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

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

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

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

**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.

[SEE STATEMENT](#)

**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, 2024.

SCHEDULE I  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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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) SIGHT SAVERS AMERICA 337 BUSINESS CIR, PELHAM, AL 35124	30-0188234	501(C)(3)	17,500				GENERAL SUPPORT
(2) (SEE STATEMENT)	63-6001138	501(C)(3)	7,000				GENERAL SUPPORT
(3) ALOTIAN CHARITABLE EVENTS, INC. 101 ALOTIAN DRIVE, ROLAND, AR 72135	83-1757253	501(C)(3)	20,000				GENERAL SUPPORT
(4) (SEE STATEMENT)	13-5613797	501(C)(3)	5,000				GENERAL SUPPORT
(5) AMERICAN FRIENDS OF LUBAVITCH 2110 LEROY PL NW, WASHINGTON, DC 20008	52-2193738	501(C)(3)	25,000				GENERAL SUPPORT
(6) (SEE STATEMENT)	53-0196605	501(C)(3)	6,000				GENERAL SUPPORT
(7) BOYS AND GIRLS CLUBS OF BROWARD COUNTY 877 NW 61ST ST, FORT LAUDERDALE, FL 33309	59-1108790	501(C)(3)	8,000				GENERAL SUPPORT
(8) GRACE COMMUNITY BIBLE CHURCH 1045 US-41 BYP, VENICE, FL 34285	20-1672132	501(C)(3)	10,000				GENERAL SUPPORT
(9) RELIANT MISSION 11002 LAKE HART DR #100, ORLANDO, FL 32832	52-1707002	501(C)(3)	10,000				GENERAL SUPPORT
(10) ST. LEO UNIVERSITY, INC. 33701 COUNTY ROAD 52, ST LEO, FL 33574-6665	53-0196617	501(C)(3)	5,000				GENERAL SUPPORT
(11) (SEE STATEMENT)	58-2582973	501(C)(3)	10,000				GENERAL SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	283
3 Enter total number of other organizations listed in the line 1 table	0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	620	649,697			
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)



**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) EMORY UNIVERSITY 201 DOWMAN DRIVE, ATLANTA, GA 30322-4001	58-0566256	501(C)(3)	98,263				GENERAL SUPPORT
(13) FELLOWSHIP OF CHRISTIAN ATHLETES - HARTWELL, GA 322 W FRANKLIN ST, HARTWELL, GA 30643	44-0610626	501(C)(3)	10,000				GENERAL SUPPORT
(14) HOSPICE SAVANNAH FOUNDATION 1352 EISENHOWER DR, SAVANNAH, GA 31416	58-2215819	501(C)(3)	10,100				GENERAL SUPPORT
(15) MARR ADDICTION TREATMENT CENTERS 2815 CLEARVIEW PL, DORAVILLE, GA 30340	23-7442673	501(C)(3)	7,500				GENERAL SUPPORT
(16) PRAXIS LEADERSHIP, INC. 404 GRANGER DR, LAGRANGE, GA 30240	85-0523712	501(C)(3)	41,403				GENERAL SUPPORT
(17) YOUNG LIFE P.O. BOX 5184, HARLAN, IA 51593-0684	84-6041371	501(C)(3)	10,500				GENERAL SUPPORT
(18) COMPANION ANIMAL ALLIANCE 2550 GOURRIER AVE, BATON ROUGE, LA 70820	27-1204719	501(C)(3)	5,100				GENERAL SUPPORT
(19) FELLOWSHIP OF CHRISTIAN ATHLETES - KANSAS CITY 8701 LEEDS RD, KANSAS CITY, MO 64129	44-0610626	501(C)(3)	15,000				GENERAL SUPPORT
(20) MOHELA P.O. BOX 790453, ST. LOUIS, MO 63179-0453	52-1198289	501(C)(3)	10,257				GENERAL SUPPORT
(21) MADISON RIVER FOUNDATION INC 222 E MAIN ST, ENNIS, MT 59729	56-2333733	501(C)(3)	5,000				GENERAL SUPPORT
(22) MOONLIGHT COMMUNITY FOUNDATION PO BOX 161013, BIG SKY, MT 59716	80-0941705	501(C)(3)	5,000				GENERAL SUPPORT
(23) CATAWBA VALLEY COMMUNITY COLLEGE 2550 US HWY 70 SE, HICKORY, NC 28602-8302	58-1598131	501(C)(3)	6,000				GENERAL SUPPORT
(24) CHRIST SCHOOL, INC. 500 CHRIST SCHOOL RD, ARDEN, NC 28704	56-0615187	501(C)(3)	17,500				GENERAL SUPPORT
(25) CHURCH OF THE GOOD SHEPHERD 3741 GARRETT RD., DURHAM, NC 27707	56-1436863	501(C)(3)	5,000				GENERAL SUPPORT
(26) DAVIDSON COLLEGE 405 NORTH MAIN STREET, DAVIDSON, NC 28035	56-0529961	501(C)(3)	55,000				GENERAL SUPPORT
(27) DAVIDSONIANS FOR FREEDOM OF THOUGHT & DISCOURSE 209 DELBURG ST SUITE 107, DAVIDSON, NC 28036-6913	87-3557064	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
(28) DENTAL FOUNDATION OF NORTH CAROLINA 1090 FIRST DENTAL BUILDING, CB 7450, CHAPEL HILL, NC 27599-7450	56-6304130	501(C)(3)	11,000				GENERAL SUPPORT
(29) DUKE UNIVERSITY 2080 DUKE UNIVERSITY RD, DURHAM, NC 27708	56-0532129	501(C)(3)	46,177				GENERAL SUPPORT
(30) FELLOWSHIP OF CHRISTIAN ATHLETES - INDIAN TRAIL 2827 RIDGE ROAD, INDIAN TRAIL, NC 28079	44-0610626	501(C)(3)	20,000				GENERAL SUPPORT
(31) FIRST UNITED METHODIST CHURCH 566 S HAYWOOD ST, WAYNESVILLE, NC 28786	36-6009222	501(C)(3)	6,000				GENERAL SUPPORT
(32) KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION 205 KENAN CENTER, CB 3490, CHAPEL HILL, NC 27599-3440	56-0771850	501(C)(3)	13,200				GENERAL SUPPORT
(33) THE LAKE SUMMIT FOUNDATION 15 WESTMINSTER COURT, HENDERSONVILLE, NC 28739	58-1727959	501(C)(3)	42,000				GENERAL SUPPORT
(34) NC A&T STATE UNIVERSITY 1601 E MARKET ST, GREENSBORO, NC 27411	56-2249960	501(C)(3)	5,000				GENERAL SUPPORT
(35) NORTH CAROLINA A&T STATE UNIVERSITY 1601 E MARKET ST, GREENSBORO, NC 27411	56-6000007	501(C)(3)	5,000				GENERAL SUPPORT
(36) NORTH CAROLINA STATE UNIVERSITY 2101 HILLSBOROUGH STREET, RALEIGH, NC 27695-7302	56-6049503	501(C)(3)	12,250				GENERAL SUPPORT
(37) REFORMED UNIVERSITY FELLOWSHIP P.O. BOX 890004, CHARLOTTE, NC 28289-0004	58-1713181	501(C)(3)	5,000				GENERAL SUPPORT
(38) SALUDA COMMUNITY LAND TRUST, INC. PO BOX 732, SALUDA, NC 28773	20-8869652	501(C)(3)	20,000				GENERAL SUPPORT
(39) SAMARITAN'S PURSE P.O. BOX 3000, BOONE, NC 28607	58-1437002	501(C)(3)	43,800				GENERAL SUPPORT
(40) SECOND HARVEST FOOD BANK OF METROLINA 500 SPRATT ST B, CHARLOTTE, NC 28206	56-1352593	501(C)(3)	14,500				GENERAL SUPPORT
(41) THE LEUKEMIA AND LYMPHOMA SOCIETY 4530 PARK ROAD SUITE 240, CHARLOTTE, NC 28209	13-5644916	501(C)(3)	15,000				GENERAL SUPPORT
(42) THE POLK COUNTY COMMUNITY FOUNDATION, INC. 255 S TRADE ST, TRYON, NC 28782	51-0168751	501(C)(3)	5,000				GENERAL SUPPORT
(43) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 200 EAST CAMERON AVENUE, CHAPEL HILL, NC 27599-1400	56-6001393	501(C)(3)	22,150				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
(44) UNIVERSITY OF NORTH CAROLINA CHAPEL HILL 523 E FRANKLIN ST, CHAPEL HILL, NC 27514	56-1150509	501(C)(3)	100,000				GENERAL SUPPORT
(45) WESTERN CAROLINA UNIVERSITY 1 UNIVERSITY DRIVE, CULLOWHEE, NC 28723	56-6001440	501(C)(3)	5,800				GENERAL SUPPORT
(46) FRIENDS OF MARIPOSA INTERNATIONAL INC. 8 THE GRN, DOVER, DE 19901	47-2458396	501(C)(3)	10,000				GENERAL SUPPORT
(47) MAYCOMB OUTCOMES, LLC 105 BALTIC ST. 501, BROOKLYN, NY 11201	13-3441466	501(C)(3)	1,703,300				GENERAL SUPPORT
(48) NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL 65 W 36TH ST. 702, NEW YORK, NY 10018	23-7348220	501(C)(3)	31,000				GENERAL SUPPORT
(49) SECOND CHANCE RESCUE INC. PO BOX 570701, WHITESTONE, NY 11357	26-4835303	501(C)(3)	5,100				GENERAL SUPPORT
(50) THE OHIO STATE UNIVERSITY 281 W. LANE AVE, COLUMBUS, OH 43218-3248	31-6025986	501(C)(3)	5,000				GENERAL SUPPORT
(51) UNITED MITOCHONDRIAL DISEASE FOUNDATION INC. 8085 SALTSBURG RD, PITTSBURGH, PA 15239	25-1767180	501(C)(3)	30,000				GENERAL SUPPORT
(52) 864PRIDE 30 POINTE CIR, GREENVILLE, SC 29615	85-4071632	501(C)(3)	8,500				GENERAL SUPPORT
(53) ADULT LEARNING CENTER, INC. 114 COMMERCE ST, SPARTANBURG, SC 29306	57-1006834	501(C)(3)	39,466				GENERAL SUPPORT
(54) ALIGHT INC. 250 E MAIN ST, SPARTANBURG, SC 29306	20-1829608	501(C)(3)	260,940				GENERAL SUPPORT
(55) ANDERSON UNIVERSITY 316 BOULEVARD, ANDERSON, SC 29621	57-0324906	501(C)(3)	21,450				GENERAL SUPPORT
(56) ANGELS CHARGE MINISTRY 778 UNION ST, SPARTANBURG, SC 29306	82-1763094	501(C)(3)	7,100				GENERAL SUPPORT
(57) ARCADIA MASONIC LODGE 8 BLACKSTOCK ROAD, INMAN, SC 29349	23-7537719	501(C)(3)	5,000				GENERAL SUPPORT
(58) BALLET SPARTANBURG, INC. 200 E ST JOHN ST, SPARTANBURG, SC 29306	57-0658124	501(C)(3)	41,459				GENERAL SUPPORT
(59) BENJAMIN E MAYS FAMILY RESOURCE CENTER 850 SUNNY ACRES RD, PACOLET, SC 29372	88-3086835	501(C)(3)	20,000				GENERAL SUPPORT
(60) BENJAMIN E. MAYS FAMILY RESOURCE CENTER 850 SUNNY ACRES RD, PACOLET, SC 29372	43-1966292	501(C)(3)	24,000				GENERAL SUPPORT
(61) BERKELEY ALTERNATIVE SCHOOL 106 S LIVE OAK DR, MONCKS CORNER, SC 29461	57-6000313	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
(62) BIG BROTHERS BIG SISTERS UPSTATE 161 E KENNEDY ST, SPARTANBURG, SC 29306	20-4243553	501(C)(3)	13,500				GENERAL SUPPORT
(63) BIKE WALK GREENVILLE P.O. BOX 6626, GREENVILLE, SC 29601	46-2776962	501(C)(3)	5,762				GENERAL SUPPORT
(64) BIRTHMATTERS 501 HOWARD ST SUITE A, SPARTANBURG, SC 29303	45-4900759	501(C)(3)	82,901				GENERAL SUPPORT
(65) BLOOM UPSTATE, INC. P.O. BOX 2374, SPARTANBURG, SC 29304	82-2158330	501(C)(3)	7,000				GENERAL SUPPORT
(66) BROTHERS RESTORING URBAN HOPE, INC. 171 E KENNEDY ST, SPARTANBURG, SC 29306	20-4793140	501(C)(3)	13,000				GENERAL SUPPORT
(67) BROWN GIRLS READ 129 CENTER POINT DRIVE 131, MOORE, SC 29369	84-5089479	501(C)(3)	37,009				GENERAL SUPPORT
(68) BUFORD STREET UNITED METHODIST CHURCH 120 E BUFORD ST, GAFFNEY, SC 29340	57-0422126	501(C)(3)	5,957				GENERAL SUPPORT
(69) C4 MINISTRIES INC 109 S CHURCH ST, UNION, SC 29379	83-2431097	501(C)(3)	10,000				GENERAL SUPPORT
(70) CANCER ASSOCIATION OF SPARTANBURG & CHEROKEE COUNTIES, INC. 139 S DEAN ST, SPARTANBURG, SC 29302	57-0526068	501(C)(3)	201,901				GENERAL SUPPORT
(71) THE CAROLINA MIRACLE LEAGUE DEVELOPMENT FUND 828B EAST MAIN STREET, SPARTANBURG, SC 29302	58-2347801	501(C)(3)	50,000				GENERAL SUPPORT
(72) CAROLINA PREGNANCY CENTER 7425 WESTLAKE DR, SPARTANBURG, SC 29303	57-0791115	501(C)(3)	5,000				GENERAL SUPPORT
(73) THE CARPENTER'S TABLE COMMUNITY OUTREACH CENTER 5957 REIDVILLE RD, MOORE, SC 29369	26-3813088	501(C)(3)	20,814				GENERAL SUPPORT
(74) CENTER FOR PHILANTHROPY CAPITAL CAMPAIGN FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	229,600				GENERAL SUPPORT
(75) CENTRAL UNITED METHODIST CHURCH 778 JOHN B WHITE SR BLVD, SPARTANBURG, SC 29306	57-0314370	501(C)(3)	19,787				GENERAL SUPPORT
(76) CHAPMAN CULTURAL CENTER 200 E ST JOHN ST, SPARTANBURG, SC 29306	57-0986224	501(C)(3)	120,614				GENERAL SUPPORT
(77) CHARLES LEA FOUNDATION, INC. 195 BURDETTE ST, SPARTANBURG, SC 29307	57-0793478	501(C)(3)	48,246				GENERAL SUPPORT
(78) CHARLESTON SOUTHERN UNIVERSITY 9200 UNIVERSITY BLVD, NORTH CHARLESTON, SC 29406	57-0474291	501(C)(3)	8,300				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
(79) CHILDREN AND CHOICES PO BOX 6091, SPARTANBURG, SC 29304	45-2925178	501(C)(3)	5,258				GENERAL SUPPORT
(80) CHILDREN'S ADVOCACY CENTER OF SPARTANBURG, CHEROKEE AND UNION COUNTIES, INC. 100 WASHINGTON PL, SPARTANBURG, SC 29302	57-0987436	501(C)(3)	159,665				GENERAL SUPPORT
(81) CHILDREN'S CANCER PARTNERS OF THE CAROLINAS 900 S PINE ST SUITE F, SPARTANBURG, SC 29302	20-2511033	501(C)(3)	10,000				GENERAL SUPPORT
(82) CHILDREN'S MUSEUM OF THE UPSTATE, INC. - SPARTANBURG 130 MAGNOLIA ST, SPARTANBURG, SC 29306	57-1025453	501(C)(3)	125,000				GENERAL SUPPORT
(83) CHURCH AT THE MILL 4455 ANDERSON MILL RD, MOORE, SC 29369	57-0869762	501(C)(3)	7,948				GENERAL SUPPORT
(84) THE CITADEL FOUNDATION 171 MOULTRIE ST, CHARLESTON, SC 29409	57-6020493	501(C)(3)	8,500				GENERAL SUPPORT
(85) CITIZEN SCHOLARS GENERAL FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	105,609				GENERAL SUPPORT
(86) CITIZEN SCHOLARS INSTITUTE 220 E KENNEDY ST, SPARTANBURG, SC 29302	81-3296125	501(C)(3)	134,750				GENERAL SUPPORT
(87) CITY OF LANDRUM 100 N. SHAMROCK AVE., LANDRUM, SC 29356	57-6001419	501(C)(3)	6,500				GENERAL SUPPORT
(88) CITY OF SPARTANBURG P.O. BOX 1749, SPARTANBURG, SC 29304	57-6000245	501(C)(3)	58,000				GENERAL SUPPORT
(89) CLAFLIN UNIVERSITY 400 MAGNOLIA ST, ORANGEBURG, SC 29115	57-0314374	501(C)(3)	7,850				GENERAL SUPPORT
(90) CLEMSON UNIVERSITY 105 SIKES HALL, CLEMSON, SC 29634	57-0426335	501(C)(3)	97,300				GENERAL SUPPORT
(91) CLEVELAND OPPORTUNITY FOUNDATION 501 HOWARD ST STE E, SPARTANBURG, SC 29303	85-1701615	501(C)(3)	26,750				GENERAL SUPPORT
(92) COASTAL CAROLINA UNIVERSITY 100 CHANTICLEER DRIVE EAST, CONWAY, SC 29528-6054	57-0977955	501(C)(3)	5,000				GENERAL SUPPORT
(93) COLUMBIA COLLEGE 1301 COLUMBIA COLLEGE DR, COLUMBIA, SC 29203	57-0324915	501(C)(3)	9,250				GENERAL SUPPORT
(94) COMMUNITYWORKS, INC. 100 W ANTRIM DR, GREENVILLE, SC 29606	26-0421563	501(C)(3)	12,500				GENERAL SUPPORT
(95) CONGREGATION B'NAI ISRAEL 146 HEYWOOD AVE, SPARTANBURG, SC 29302	53-0212444	501(C)(3)	8,050				GENERAL SUPPORT

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(96) CONVERSE UNIVERSITY 580 E MAIN ST, SPARTANBURG, SC 29302	57-0314380	501(C)(3)	290,616				GENERAL SUPPORT
(97) CROSS ANCHOR YARBOROUGH CHAPEL UNITED METHODIST CHURCH 11641 SC-56, CROSS ANCHOR, SC 29331	57-0711102	501(C)(3)	5,210				GENERAL SUPPORT
(98) CRRM FOUNDATION FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	23,478				GENERAL SUPPORT
(99) DANIEL JENKINS ACADEMY 2670 BONDS AVE, NORTH CHARLESTON, SC 29405	57-6000322	501(C)(3)	8,000				GENERAL SUPPORT
(100) EDWARD VIA COLLEGE OF OSTEOPATHIC MEDICINE 350 HOWARD ST, SPARTANBURG, SC 29303	54-2052107	501(C)(3)	40,000				GENERAL SUPPORT
(101) THE EPISCOPAL CHURCH OF THE ADVENT 141 ADVENT STREET, SPARTANBURG, SC 29302	57-0747726	501(C)(3)	89,172				GENERAL SUPPORT
(102) EPISCOPAL CHURCH OF THE GOOD SHEPHERD 208 CENTRAL AVENUE, SUMMERVILLE, SC 29652-1408	74-1238449	501(C)(3)	10,000				GENERAL SUPPORT
(103) ETV ENDOWMENT OF SC, INC. 401 E KENNEDY ST B1, SPARTANBURG, SC 29302	57-0657549	501(C)(3)	7,536				GENERAL SUPPORT
(104) EVANS TRAINING CENTER 601 SPARTANBURG HWY, WELLFORD, SC 29385	27-1144293	501(C)(3)	20,834				GENERAL SUPPORT
(105) FACES OF TOTAL VICTORY NP 195 SUNDYAL DR, MOORE, SC 29369	83-1567312	501(C)(3)	5,000				GENERAL SUPPORT
(106) FALATOK FOUNDATION 424 E KENNEDY ST, SPARTANBURG, SC 29302	26-0641848	501(C)(3)	102,138				GENERAL SUPPORT
(107) FAVOR SPARTANBURG 1 REAL EST WY, SPARTANBURG, SC 29302	20-1724061	501(C)(3)	8,250				GENERAL SUPPORT
(108) FELLOWSHIP OF CHRISTIAN ATHLETES - ROCK HILL PO BOX 423, ROCK HILL, SC 29731	44-0610626	501(C)(3)	43,895				GENERAL SUPPORT
(109) FIRE PIT RANCH 590 FOSTER MILL RD, SPARTANBURG, SC 29302	81-1126622	501(C)(3)	5,000				GENERAL SUPPORT
(110) FIRST BAPTIST CHURCH OF SPARTANBURG 250 E MAIN ST, SPARTANBURG, SC 29306	57-0339440	501(C)(3)	498,311				GENERAL SUPPORT
(111) FIRST PRESBYTERIAN CHURCH SPARTANBURG 393 E MAIN ST, SPARTANBURG, SC 29302	57-0314439	501(C)(3)	302,099				GENERAL SUPPORT
(112) FIRST TEE UPSTATE SOUTH CAROLINA 3515 PELHAM RD, GREENVILLE, SC 29615	56-2199252	501(C)(3)	22,000				GENERAL SUPPORT

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(113) FORT HILL PRESBYTERIAN CHURCH 101 EDGEWOOD AVE, CLEMSON, SC 29631-1403	57-6004172	501(C)(3)	25,000				GENERAL SUPPORT
(114) FRIENDS OF THE LIBRARIES 6251 ST. ANDREWS ROAD, COLUMBIA, SC 29212	57-0676988	501(C)(3)	50,000				GENERAL SUPPORT
(115) FURMAN UNIVERSITY 3300 POINSETT HWY, GREENVILLE, SC 29613	57-0314395	501(C)(3)	12,000				GENERAL SUPPORT
(116) GIRL SCOUTS OF SOUTH CAROLINA - MOUNTAINS TO MIDLANDS, INC. 3 INDEPENDENCE POINTE, SUITE 106, GREENVILLE, SC 29615	57-0314433	501(C)(3)	5,000				GENERAL SUPPORT
(117) GOFORTH RECOVERY 282 S CHURCH ST, SPARTANBURG, SC 29306	82-4428588	501(C)(3)	38,050				GENERAL SUPPORT
(118) GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SC, INC. HAYWOOD ROAD, GREENVILLE, SC 29607	57-0564001	501(C)(3)	22,216				GENERAL SUPPORT
(119) GRACE COMMUNITY CHURCH OF SC 2801 PELHAM ROAD, GREENVILLE, SC 29615	57-1023259	501(C)(3)	9,000				GENERAL SUPPORT
(120) GRACE PRESBYTERIAN CHURCH 570 BRAWLEY ST, SPARTANBURG, SC 29303	37-1843070	501(C)(3)	81,581				GENERAL SUPPORT
(121) GREATER SPARTANBURG DIVINE 9 PO BOX 6697, SPARTANBURG, SC 29304	81-1708731	501(C)(3)	12,587				GENERAL SUPPORT
(122) GREER RELIEF AND RESOURCES AGENCY, INC. 113C BERRY AVENUE, GREER, SC 29652	57-0370331	501(C)(3)	21,000				GENERAL SUPPORT
(123) THE GROUP OF 100, INC. 824 E MAIN ST, SPARTANBURG, SC 29302	58-2480621	501(C)(3)	12,100				GENERAL SUPPORT
(124) H.A.L.T.E.R. 117 WILLIAMS ST, GREENVILLE, SC 29601	57-0864733	501(C)(3)	104,894				GENERAL SUPPORT
(125) HABITAT FOR HUMANITY OF SPARTANBURG 2270 S PINE ST, SPARTANBURG, SC 29302	57-0849669	501(C)(3)	155,585				GENERAL SUPPORT
(126) HAMPTON HEIGHTS NEIGHBORHOOD ASSOCIATION 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	14,000				GENERAL SUPPORT
(127) HATCHER GARDEN AND WOODLAND PRESERVE, INC. 832 JOHN B WHITE SR BLVD, SPARTANBURG, SC 29306	57-1069038	501(C)(3)	166,853				GENERAL SUPPORT
(128) HEALTHY SMILES OF SPARTANBURG, INC. 151 DILLON DR, SPARTANBURG, SC 29304	03-0529473	501(C)(3)	88,506				GENERAL SUPPORT
(129) HELP FOR OUR ELDERLY, INC. 2375 E MAIN ST STEA-311, SPARTANBURG, SC 29307	83-4177475	501(C)(3)	15,500				GENERAL SUPPORT



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(130) HELPING HANDS MINISTRIES OF WOODRUFF AREA INC. 206 CHAMBLIN ST, WOODRUFF, SC 29388-0483	57-0953825	501(C)(3)	15,500				GENERAL SUPPORT
(131) HOMELESS PERIOD PROJECT DBA THE PERIOD PROJECT, THE 355 WOODRUFF ROAD, SUITE 106, GREENVILLE, SC 29650	47-5144792	501(C)(3)	15,000				GENERAL SUPPORT
(132) HOPE ACADEMY 424 HIGHWAY 101, LANDRUM, SC 29556	42-1468053	501(C)(3)	6,000				GENERAL SUPPORT
(133) HOPE CENTER FOR CHILDREN 202 HUDSON L BARKSDALE BOULEVARD, SPARTANBURG, SC 29306	57-0601487	501(C)(3)	13,968				GENERAL SUPPORT
(134) HOPE FOR A BETTER SOUTH CAROLINA FOUNDATION 2131 WOODRUFF RD 2100, GREENVILLE, SC 29212	88-4061516	501(C)(3)	25,492				GENERAL SUPPORT
(135) HOPE POINT CHURCH 1185 ASHEVILLE HWY, SPARTANBURG, SC 29303	42-1575386	501(C)(3)	227,600				GENERAL SUPPORT
(136) HUB CITY ANIMAL PROJECT 168 WEST MAIN STREET, SPARTANBURG, SC 29306	82-3535935	501(C)(3)	13,500				GENERAL SUPPORT
(137) HUB CITY HOG FEST, INC. PO BOX 1290, SPARTANBURG, SC 29304	47-2576751	501(C)(3)	5,000				GENERAL SUPPORT
(138) HUB CITY ROOTS 498 HOWARD ST, SPARTANBURG, SC 29303	56-2370088	501(C)(3)	5,000				GENERAL SUPPORT
(139) HUB CITY WRITERS PROJECT, INC. 149 S DANIEL MORGAN AVE, SPARTANBURG, SC 29306	57-1059259	501(C)(3)	9,450				GENERAL SUPPORT
(140) IMMIGRANT CONNECTION - SPARTANBURG 203 S MAIN ST, DUNCAN, SC 29334	45-3000829	501(C)(3)	10,000				GENERAL SUPPORT
(141) IMPACT SPORTS INTERNATIONAL 121 E DANIEL MORGAN AVE, SPARTANBURG, SC 29306	20-3995547	501(C)(3)	6,000				GENERAL SUPPORT
(142) INSTITUTE FOR CHILD SUCCESS 613 E. MCBEE AVE, GREENVILLE, SC 29601	27-1904900	501(C)(3)	101,000				GENERAL SUPPORT
(143) IRIS INCORPORATED 1101 ROPER MOUNTAIN RD, GREENVILLE, SC 29615	84-2805646	501(C)(3)	5,000				GENERAL SUPPORT
(144) JUMPSTART SOUTH CAROLINA 870 JUMPSTART DR, WELLFORD, SC 29385	26-3023664	501(C)(3)	26,000				GENERAL SUPPORT
(145) JUNIOR ACHIEVEMENT OF GREATER SOUTH CAROLINA 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	30,000				GENERAL SUPPORT
(146) JUST BECAUSE FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	5,800				GENERAL SUPPORT

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(147) KIDS UPSTATE 200 E. ST. JOHN ST, SPARTANBURG, SC 29306	57-0862226	501(C)(3)	101,615				GENERAL SUPPORT
(148) LANDER UNIVERSITY 320 STANLEY AVE, GREENWOOD, SC 29649	57-0327816	501(C)(3)	10,800				GENERAL SUPPORT
(149) LANDRUM PRESBYTERIAN CHURCH 404 E RUTHERFORD ST, LANDRUM, SC 29356	57-1086719	501(C)(3)	22,883				GENERAL SUPPORT
(150) LIBERTY FELLOWSHIP SC PO BOX 7060, SPARTANBURG, SC 29304	92-2679075	501(C)(3)	5,000				GENERAL SUPPORT
(151) LIFEWORKS SC 1112 MASON HILL WAY, SPARTANBURG, SC 29301-3549	88-1264366	501(C)(3)	6,000				GENERAL SUPPORT
(152) LIMESTONE UNIVERSITY 1115 COLLEGE DR, GAFFNEY, SC 29340	57-0314402	501(C)(3)	21,012				GENERAL SUPPORT
(153) LOWCOUNTRY LAND TRUST 635 RUTLEDGE AVE 107, CHARLESTON, SC 29403	57-0809313	501(C)(3)	25,000				GENERAL SUPPORT
(154) MAKE-A-WISH SOUTH CAROLINA 225 S PLEASANTBURG DR C17, GREENVILLE, SC 29607	57-0786119	501(C)(3)	10,000				GENERAL SUPPORT
(155) MARY BLACK FOUNDATION 349 E MAIN ST 100, SPARTANBURG, SC 29302	57-0843135	501(C)(3)	339,300				GENERAL SUPPORT
(156) MARY WENTLING WALSH FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	15,224				GENERAL SUPPORT
(157) MIDDLE TYGER COMMUNITY CENTER 84 GROCE RD, LYMAN, SC 29365	57-1077940	501(C)(3)	22,750				GENERAL SUPPORT
(158) MIRACLE HILL MINISTRIES 490 S PLEASANTBURG DR, GREENVILLE, SC 29607	57-0425826	501(C)(3)	57,500				GENERAL SUPPORT
(159) MOBILE MEALS SERVICE OF SPARTANBURG COUNTY, INC. 419 E MAIN ST, SPARTANBURG, SC 29302	57-0653452	501(C)(3)	127,547				GENERAL SUPPORT
(160) MOUNT VERNON PRESERVATION SOCIETY PO BOX 264, UNION, SC 29379	92-1733612	501(C)(3)	20,000				GENERAL SUPPORT
(161) MUSC FOUNDATION 18 BEE ST, CHARLESTON, SC 29425	57-1031624	501(C)(3)	28,000				GENERAL SUPPORT
(162) NATIONAL ALLIANCE FOR MENTAL ILLNESS SPARTANBURG (NAMI) 358A SERPENTINE DR, SPARTANBURG, SC 29303	57-0833083	501(C)(3)	11,500				GENERAL SUPPORT
(163) NAZARETH PRESBYTERIAN CHURCH 680 NAZARETH CHURCH RD, MOORE, SC 29369	57-6024361	501(C)(3)	19,349				GENERAL SUPPORT
(164) NEW BEGINNINGS UNITED METHODIST CHURCH 210 RAINBOW LAKE ROAD, BOILING SPRINGS, SC 29316	52-2115226	501(C)(3)	180,000				GENERAL SUPPORT

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(165) NEW HOPE BAPTIST CHURCH 11841 SC-56, CROSS ANCHOR, SC 29331	57-0624595	501(C)(3)	16,985				GENERAL SUPPORT
(166) NEW MORNING 1501 MAIN ST STE 150, COLUMBIA, SC 29201	95-4894776	501(C)(3)	17,000				GENERAL SUPPORT
(167) NEWBERRY COLLEGE 2100 COLLEGE ST, NEWBERRY, SC 29108-9985	57-0314404	501(C)(3)	8,000				GENERAL SUPPORT
(168) THE NOBLE TREE FOUNDATION.ORG 424 EAST KENNEDY STREET, SPARTANBURG, SC 29302	57-1091856	501(C)(3)	5,250				GENERAL SUPPORT
(169) NORTH GREENVILLE UNIVERSITY 7801 N TIGERVILLE RD, TIGERVILLE, SC 29688	57-0314406	501(C)(3)	7,000				GENERAL SUPPORT
(170) NORTHSIDE DEVELOPMENT GROUP 501 HOWARD ST SUITE A, SPARTANBURG, SC 29303	30-0698663	501(C)(3)	1,463,186				GENERAL SUPPORT
(171) OAKBROOK PREPARATORY SCHOOL 190 LINCOLN SCHOOL RD, SPARTANBURG, SC 29301	57-0921126	501(C)(3)	12,000				GENERAL SUPPORT
(172) OAKWOOD CEMETERY OF SPARTANBURG, INC. 184 OAKWOOD AVE, SPARTANBURG, SC 29302	57-1096171	501(C)(3)	6,250				GENERAL SUPPORT
(173) OMEGAS OF SPARTANBURG, INC. PO BOX 8871, SPARTANBURG, SC 29302	38-4128657	501(C)(3)	5,000				GENERAL SUPPORT
(174) ONESPARTANBURG, INC. FOUNDATION 105 N PINE ST, SPARTANBURG, SC 29302	87-0907020	501(C)(3)	1,821,160				GENERAL SUPPORT
(175) OPERATION HOPE, INC. 206 E RUTHERFORD ST, LANDRUM, SC 29356	57-0950690	501(C)(3)	5,000				GENERAL SUPPORT
(176) PALMETTO COUNCIL, BOY SCOUTS OF AMERICA 420 S CHURCH ST, SPARTANBURG, SC 29306	22-1576300	501(C)(3)	25,327				GENERAL SUPPORT
(177) PALMETTO COUNCIL, SCOUTING AMERICA 420 S CHURCH ST, SPARTANBURG, SC 29306	57-0314450	501(C)(3)	17,750				GENERAL SUPPORT
(178) PALMETTO PROJECT 6296 RIVERS AVENUE, SUITE 100, NORTH CHARLESTON, SC 29406	57-0807801	501(C)(3)	158,250				GENERAL SUPPORT
(179) PARTNERS FOR ACTIVE LIVING DBA PAL: PLAY. ADVOCATE. LIVE WELL. 226 S SPRING ST, SPARTANBURG, SC 29304	54-2111221	501(C)(3)	246,885				GENERAL SUPPORT
(180) PIEDMONT CARE INC. 101 N PINE ST STE 200, SPARTANBURG, SC 29302	57-1036204	501(C)(3)	17,000				GENERAL SUPPORT
(181) PIEDMONT SERTOMA CLUB PO BOX 5041, SPARTANBURG, SC 29304	23-7143056	501(C)(3)	10,000				GENERAL SUPPORT

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(182) PRESBYTERIAN COLLEGE 503 S BROAD ST, CLINTON, SC 29325	57-0314408	501(C)(3)	11,060				GENERAL SUPPORT
(183) PROJECT R.E.S.T. 236 UNION ST, SPARTANBURG, SC 29302	57-0760599	501(C)(3)	107,829				GENERAL SUPPORT
(184) PROUD MARY THEATER COMPANY 578 W MAIN ST, SPARTANBURG, SC 29301	82-2196578	501(C)(3)	6,500				GENERAL SUPPORT
(185) PROVIDENCE PRESBYTERY P.O. BOX 2601, ROCK HILL, SC 29732	57-0471778	501(C)(3)	5,000				GENERAL SUPPORT
(186) REACH OUT AND READ SOUTH CAROLINA PO BOX 55, CENTRAL, SC 29630	04-3481253	501(C)(3)	77,250				GENERAL SUPPORT
(187) REBUILDING TOGETHER SPARTANBURG PO BOX 5852, SPARTANBURG, SC 29304	56-2015602	501(C)(3)	68,985				GENERAL SUPPORT
(188) REIDVILLE PRESBYTERIAN CHURCH 340 COLLEGE ST, REIDVILLE, SC 29375	23-7366967	501(C)(3)	6,611				GENERAL SUPPORT
(189) ROBINHOOD GROUP 1870 BERRY FARM RD, UNION, SC 29379	52-2295933	501(C)(3)	10,000				GENERAL SUPPORT
(190) RUTH'S GLEANINGS 147 CHAPEL ST, SPARTANBURG, SC 29303	82-4277688	501(C)(3)	41,700				GENERAL SUPPORT
(191) SALVATION ARMY OF SPARTANBURG PO BOX 2909, SPARTANBURG, SC 29301	58-0660607	501(C)(3)	6,851				GENERAL SUPPORT
(192) SALVATION ARMY OF THE MIDLANDS 3024 FARROW RD, COLUMBIA, SC 29203	58-0660607	501(C)(3)	25,000				GENERAL SUPPORT
(193) SC SCHOOL FOR THE DEAF AND BLIND FOUNDATION, INC. 355 CEDAR SPRINGS RD, SPARTANBURG, SC 29302	57-0693592	501(C)(3)	109,045				GENERAL SUPPORT
(194) SERVANTS FOR SIGHT 113 DOCTORS DR., GREENVILLE, SC 29602	27-0837500	501(C)(3)	15,000				GENERAL SUPPORT
(195) SET FREE ALLIANCE 333 WADE HAMPTON BLVD, GREENVILLE, SC 29609	20-0202488	501(C)(3)	5,000				GENERAL SUPPORT
(196) SIDEWALK HOPE INC. P.O. BOX 154, SPARTANBURG, SC 29304	82-0999755	501(C)(3)	9,200				GENERAL SUPPORT
(197) J M SMITH FOUNDATION 101 W SAINT JOHN ST STE 305, SPARTANBURG, SC 29306	57-1046595	501(C)(3)	7,000				GENERAL SUPPORT
(198) SOUTH CAROLINA CHARITIES, INC. 3101 AUGUSTA ST, GREENVILLE, SC 29601-2788	57-1110542	501(C)(3)	50,000				GENERAL SUPPORT
(199) SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS - UNION COUNTY 506 S DUNCAN BYPASS B, DUNCAN, SC 29379	57-1097870	501(C)(3)	10,000				GENERAL SUPPORT
(200) SOUTHSIDE SANKOFA, INC. 182 BOMAR AVE, SPARTANBURG, SC 29306	92-0505612	501(C)(3)	14,000				GENERAL SUPPORT
(201) SPARTANBURG ACADEMIC MOVEMENT 101 N PINE ST SUITE 150, SPARTANBURG, SC 29302	45-2104341	501(C)(3)	3,231,544				GENERAL SUPPORT

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(202) SPARTANBURG AREA CONSERVANCY 100 E MAIN ST, SPARTANBURG, SC 29306	57-0885225	501(C)(3)	64,450				GENERAL SUPPORT
(203) SPARTANBURG ART MUSEUM 200 E ST JOHN ST, SPARTANBURG, SC 29306	23-7041876	501(C)(3)	75,228				GENERAL SUPPORT
(204) SPARTANBURG CHARITIES, INC. 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	15,000				GENERAL SUPPORT
(205) SPARTANBURG COMMUNITY BAND INC. 1701 SKYLYN DRIVE, SPARTANBURG, SC 29303-3103	57-1036257	501(C)(3)	15,576				GENERAL SUPPORT
(206) SPARTANBURG COMMUNITY COLLEGE 107 COMMUNITY COLLEGE DRIVE, SPARTANBURG, SC 29303	57-0751500	501(C)(3)	593,410				GENERAL SUPPORT
(207) SPARTANBURG COMMUNITY COLLEGE FOUNDATION 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	736,039				GENERAL SUPPORT
(208) SPARTANBURG COUNTY DISASTER RELIEF FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	115,850				GENERAL SUPPORT
(209) SPARTANBURG COUNTY FIRST STEPS 900 S PINE ST C, SPARTANBURG, SC 29302	57-1097869	501(C)(3)	518,160				GENERAL SUPPORT
(210) SPARTANBURG COUNTY FOUNDATION 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	1,160,291				GENERAL SUPPORT
(211) SPARTANBURG COUNTY HISTORICAL ASSOCIATION, INC. P.O. BOX 887, SPARTANBURG, SC 29304	57-6025123	501(C)(3)	140,359				GENERAL SUPPORT
(212) SPARTANBURG COUNTY PUBLIC LIBRARIES 151 S CHURCH ST, SPARTANBURG, SC 29306	57-6000940	501(C)(3)	26,764				GENERAL SUPPORT
(213) SPARTANBURG COUNTY SCHOOL DISTRICT 1300 E. BLACKSTOCK ROAD, MOORE, SC 29369	57-0741993	501(C)(3)	138,586				GENERAL SUPPORT
(214) SPARTANBURG COUNTY SCHOOL DISTRICT 1 121 WHEELER ST, CAMPOBELLO, SC 29322	57-0687554	501(C)(3)	25,000				GENERAL SUPPORT
(215) SPARTANBURG COUNTY SCHOOL DISTRICT 3 3535 CLIFTON GLENDALE ROAD, SPARTANBURG, SC 29346	57-0759273	501(C)(3)	8,000				GENERAL SUPPORT
(216) SPARTANBURG COUNTY SCHOOL DISTRICT 6 1390 CAVALIER WAY, ROEBUCK, SC 29376		501(C)(3)	11,190				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
(217) SPARTANBURG DAY SCHOOL 1701 SKYLYN DR, SPARTANBURG, SC 29307	57-0371816	501(C)(3)	484,057				GENERAL SUPPORT
(218) SPARTANBURG HUMANE SOCIETY 150 DEXTER RD, SPARTANBURG, SC 29303	57-0481019	501(C)(3)	26,322				GENERAL SUPPORT
(219) SPARTANBURG JUNETEENTH, INC. 632 S CHURCH ST, SPARTANBURG, SC 29306	81-2765006	501(C)(3)	7,797				GENERAL SUPPORT
(220) THE SPARTANBURG LITTLE THEATRE 200 E ST JOHN ST, SPARTANBURG, SC 29306	57-6002713	501(C)(3)	27,350				GENERAL SUPPORT
(221) SPARTANBURG METHODIST COLLEGE 1750 POWELL MILL RD, SPARTANBURG, SC 29301	57-0314415	501(C)(3)	585,094				GENERAL SUPPORT
(222) SPARTANBURG PHILHARMONIC 200 E ST JOHN ST, SPARTANBURG, SC 29306	57-0485556	501(C)(3)	66,964				GENERAL SUPPORT
(223) SPARTANBURG PREPARATORY SCHOOL 385 S SPRING ST, SPARTANBURG, SC 29306	20-8133996	501(C)(3)	17,560				GENERAL SUPPORT
(224) SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION 1692 SKYLYN DR, SPARTANBURG, SC 29307	57-0937166	501(C)(3)	177,576				GENERAL SUPPORT
(225) SPARTANBURG SCIENCE CENTER 200 E ST JOHN ST, SPARTANBURG, SC 29306	57-0661215	501(C)(3)	9,700				GENERAL SUPPORT
(226) SPARTANBURG YOUTH THEATRE 200 E ST JOHN ST, SPARTANBURG, SC 29306	57-6002713	501(C)(3)	5,000				GENERAL SUPPORT
(227) SPEAKING DOWN BARRIERS PO BOX 7133, SPARTANBURG, SC 29304	47-4421330	501(C)(3)	18,000				GENERAL SUPPORT
(228) SPOLETO FESTIVAL, USA 14 GEORGE ST, CHARLESTON, SC 29401-1524	57-0660848	501(C)(3)	50,000				GENERAL SUPPORT
(229) A SPOT OF PRIDE BEAUTIFICATION FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	100,000				GENERAL SUPPORT
(230) ST. LUKE'S FREE MEDICAL CLINIC, INC. 162 N DEAN ST, SPARTANBURG, SC 29302	57-0943232	501(C)(3)	233,006				GENERAL SUPPORT
(231) ST. PAUL THE APOSTLE CATHOLIC CHURCH 161 NORTH DEAN ST., SPARTANBURG, SC 29302	57-0327879	501(C)(3)	6,500				GENERAL SUPPORT
(232) ST. PAUL UNITED METHODIST CHURCH PO BOX 1166, GREER, SC 29652	57-0439646	501(C)(3)	17,126				GENERAL SUPPORT
(233) STRATEGIC SPARTANBURG INC 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	88-3599716	501(C)(3)	219,584				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) TEMPLE B'NAI ISRAEL 1302 N OAKLAND AVE, ANDERSON, SC 29621	57-6022286	501(C)(3)	21,748				GENERAL SUPPORT
(235) TEMPLE EDUCATION MINISTRIES DBA H.O.P.E. SOUP KITCHEN 3223 ASHEVILLE HWY, INMAN, SC 29349	57-1100099	501(C)(3)	24,500				GENERAL SUPPORT
(236) TEMPLE EDUCATION MINISTRIES INC 13255 ASHEVILLE HWY, INMAN, SC 29349-7689	57-1100099	501(C)(3)	10,000				GENERAL SUPPORT
(237) THE BETHLEHEM CENTER 397 HIGHLAND AVE, SPARTANBURG, SC 29306	57-0314367	501(C)(3)	1,593,021				GENERAL SUPPORT
(238) THE CHARLES LEA CENTER 195 BURDETTE ST, SPARTANBURG, SC 29307	57-6036895	501(C)(3)	25,468				GENERAL SUPPORT
(239) THE MASTERWORKS FESTIVAL 1855 EAST MAIN ST. STE 14-118, SPARTANBURG, SC 29307	54-1296085	501(C)(3)	30,000				GENERAL SUPPORT
(240) THE SPARTANBURG SOUP KITCHEN, INC. 136 S FOREST ST, SPARTANBURG, SC 29306	27-0530812	501(C)(3)	10,098				GENERAL SUPPORT
(241) TIME SERVED P.O. BOX 615, TAYLORS, SC 29687	93-1741808	501(C)(3)	7,500				GENERAL SUPPORT
(242) TOTAL MINISTRIES 976 S PINE ST, SPARTANBURG, SC 29302	57-0771620	501(C)(3)	43,484				GENERAL SUPPORT
(243) TREESUPSTATE 1309 GROVE ROAD, GREENVILLE, SC 29604	16-1718587	501(C)(3)	11,602				GENERAL SUPPORT
(244) TRI-COUNTY TECHNICAL COLLEGE 7900 US-76, PENDLETON, SC 29670	57-0734955	501(C)(3)	5,000				GENERAL SUPPORT
(245) TRINITY EPISCOPAL CATHEDRAL 1100 SUMTER ST, COLUMBIA, SC 29201	71-0239727	501(C)(3)	5,550				GENERAL SUPPORT
(246) TRINITY UNITED METHODIST CHURCH 626 NORWOOD ST, SPARTANBURG, SC 29302-2040	57-1112841	501(C)(3)	26,795				GENERAL SUPPORT
(247) THE SPARTANBURG COUNTY FOUNDATION TRUSTEE PROVIDED FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	7,000				GENERAL SUPPORT
(248) THE UNION COMMUNITY FOUNDATION 107 EAST MAIN STREET, UNION, SC 29379	57-0728737	501(C)(3)	5,500				GENERAL SUPPORT
(249) UNION COUNTY AGRICULTURAL FAIR ASSOCIATION 120 KIRBY ST, UNION, SC 29379	57-0348129	501(C)(3)	10,000				GENERAL SUPPORT
(250) UNION COUNTY HISTORICAL SOCIETY 657 PEA RIDGE HIGHWAY, JONESVILLE, SC 29353	56-1400088	501(C)(3)	7,000				GENERAL SUPPORT
(251) UNION/LAURENS COMMISSION FOR HIGHER EDUCATION 309 E. ACADEMY STREET, UNION, SC 29379	57-6001153	501(C)(3)	100,000				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
(252) UNITARIAN UNIVERSALIST CHURCH OF SPARTANBURG 210 HENRY PL, SPARTANBURG, SC 29306	57-0947382	501(C)(3)	10,000				GENERAL SUPPORT
(253) UNITED WAY OF THE PIEDMONT, INC. 203 E MAIN ST, SPARTANBURG, SC 29306	57-0314377	501(C)(3)	264,558				GENERAL SUPPORT
(254) UNIVERSITY OF SOUTH CAROLINA 1244 BLOSSOM STREET, SUITE 106, COLUMBIA, SC 29208	57-6017985	501(C)(3)	50,525				GENERAL SUPPORT
(255) UPLIFT AND OUTREACH CENTER 200 FERNWOOD DR, SPARTANBURG, SC 29307	84-2137645	501(C)(3)	27,000				GENERAL SUPPORT
(256) UPSTATE FAMILY RESOURCE CENTER 340 BLALOCK RD, BOILING SPRINGS, SC 29316	06-1806404	501(C)(3)	173,000				GENERAL SUPPORT
(257) UPSTATE FOREVER 507 PETTIGRU ST, GREENVILLE, SC 29601-3116	57-1070433	501(C)(3)	15,000				GENERAL SUPPORT
(258) UPSTATE LGBT CHAMBER FUND P.O. BOX 8275, GREENVILLE, SC 29604	88-1951079	501(C)(3)	13,500				GENERAL SUPPORT
(259) UPSTATE PRIDE SC 355 S MAIN ST, GREENVILLE, SC 29601	27-1102951	501(C)(3)	16,000				GENERAL SUPPORT
(260) UPSTATE WARRIOR SOLUTION 770 PELHAM RD, GREENVILLE, SC 29616	46-1699670	501(C)(3)	12,024				GENERAL SUPPORT
(261) UPSTATE WORKFORCE FUTURES CORPORATION 2493 COUNTRY CLUB ROAD, SPARTANBURG, SC 29302	61-1614418	501(C)(3)	6,240				GENERAL SUPPORT
(262) USC UPSTATE 800 UNIVERSITY WAY, SPARTANBURG, SC 29303	57-6001153	501(C)(3)	69,100				GENERAL SUPPORT
(263) USC UPSTATE FOUNDATION 800 UNIVERSITY WAY, SPARTANBURG, SC 29303	57-0555699	501(C)(3)	335,928				GENERAL SUPPORT
(264) WARRIORS ONCE AGAIN 199 NORTH DEAN STREET, SPARTANBURG, SC 29302	37-2032832	501(C)(3)	15,100				GENERAL SUPPORT
(265) WESTMINSTER PRESBYTERIAN CHURCH 204 N ISUNDEGA ST, WESTMINSTER, SC 29693	57-0424982	501(C)(3)	5,675				GENERAL SUPPORT
(266) WHITLOCK FLEXIBLE LEARNING CENTER 364 SUCCESSFUL DR, SPARTANBURG, SC 29303	57-0741993	501(C)(3)	8,000				GENERAL SUPPORT
(267) WINTHROP UNIVERSITY 701 OAKLAND AVENUE, ROCK HILL, SC 29730	57-0522624	501(C)(3)	8,580				GENERAL SUPPORT
(268) WOFFORD COLLEGE 429 N CHURCH ST, SPARTANBURG, SC 29303	57-0314422	501(C)(3)	114,207				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
(269) WOMEN GIVING FOR SPARTANBURG FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	26,025				GENERAL SUPPORT
(270) YMCA FAMILY CENTER ENDOWMENT FUND 424 E. KENNEDY STREET, SPARTANBURG, SC 29302	57-0351398	501(C)(3)	269,575				GENERAL SUPPORT
(271) YMCA OF GREATER SPARTANBURG 151 RIBAUT ST, SPARTANBURG, SC 29302	57-0314425	501(C)(3)	33,984				GENERAL SUPPORT
(272) YOUNG LIFE OF SPARTANBURG 650 RAVENEL ST, SPARTANBURG, SC 29302	84-0385934	501(C)(3)	15,204				GENERAL SUPPORT
(273) DUCKS UNLIMITED, INC. 1 WATERFOWL WAY, MEMPHIS, TN 38120	13-5643799	501(C)(3)	40,000				GENERAL SUPPORT
(274) GOODWILL INDUSTRIES OF HOUSTON 215 W. 20TH ST., HOUSTON, TX 77055	74-1285095	501(C)(3)	35,000				GENERAL SUPPORT
(275) SUCCESS IN EDUCATION 111 EAST BROADWAY, SUITE 900, SALT LAKE CITY, UT 84111	45-3567196	501(C)(3)	5,000				GENERAL SUPPORT
(276) KEEP THE CHANGE, INC. P.O. BOX 650723, STERLING, VA 20165	45-2641038	501(C)(3)	6,000				GENERAL SUPPORT
(277) MARINERS' MUSEUM AND PARK 100 MUSEUM DR, NEWPORT NEWS, VA 23606	54-0541801	501(C)(3)	5,000				GENERAL SUPPORT
(278) ST. CHRISTOPHER'S SCHOOL FOUNDATION 711 ST. CHRISTOPHER'S ROAD, RICHMOND, VA 23226	54-1727301	501(C)(3)	10,000				GENERAL SUPPORT
(279) ST. LUKE'S EPISCOPAL CHURCH 2245 HUGUENOT TRAIL, POWHATAN, VA 23139	54-0856687	501(C)(3)	9,250				GENERAL SUPPORT
(280) TRINITY EPISCOPAL CHURCH 500 COURT ST, PORTSMOUTH, VA 24402	54-0506426	501(C)(3)	5,400				GENERAL SUPPORT
(281) VIRGINIA TECH 290 COLLEGE AVE, BLACKSBURG, VA 24061	54-6001805	501(C)(3)	10,000				GENERAL SUPPORT
(282) WASHINGTON AND LEE UNIVERSITY 204 W WASHINGTON ST, LEXINGTON, VA 24450	54-0505977	501(C)(3)	6,500				GENERAL SUPPORT
(283) WOODBERRY FOREST SCHOOL 898 WOODBERRY FOREST RD, WOODBERRY, VA 22989	54-0519590	501(C)(3)	150,000				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.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UNIVERSITY OF ALABAMA 801 UNIVERSITY BOULEVARD, TUSCALOOSA, AL 35487
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN HEART ASSOCIATION 1910 W UNIVERSITY DR SUITE 205, TEMPE, AZ 85281
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN RED CROSS, NATIONAL HEADQUARTERS 430 17TH STREET, NW, WASHINGTON, DC 20006
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ATLANTA TECHNICAL COLLEGE 1560 METROPOLITAN PKWY SW, ATLANTA, GA 30310

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

SPARTANBURG COUNTY FOUNDATION

Employer identification number

57-0351398

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <div><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div>		
<b>b</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 . . . . .		✓
<b>2</b> 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? . . . . .		✓
<b>3</b> 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. <div><input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? . . . . . <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . . <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . . If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		✓
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>		
<b>5</b> 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: <b>a</b> The organization? . . . . . <b>b</b> Any related organization? . . . . . If "Yes" on line 5a or 5b, describe in Part III.		✓
<b>6</b> 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: <b>a</b> The organization? . . . . . <b>b</b> Any related organization? . . . . . If "Yes" on line 6a or 6b, describe in Part III.		✓
<b>7</b> 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 . . . . .		✓
<b>8</b> 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 . . . . .		✓
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .		

**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	200,053	0	0	23,908	21,068	245,029	0
	PRESIDENT & CEO / ASST. SEC.	0	0	0	0	0	0	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**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)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public  
Inspection

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 . . . . .	✓	55	3,550,731	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
30a During the year, did the organization receive by contribution any property reported on 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? . . . . .				Yes No 30a ✓
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? . . . . .				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				32a ✓
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)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**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. THE SPARTANBURG COUNTY DISASTER RELIEF FUND LEVERAGED FINANCIAL SUPPORT FROM REGIONAL AND NATIONAL ORGANIZATIONS TO ASSIST SPARTANBURG COUNTY RESIDENTS WITH RECOVERING FROM HURRICANE HELENE WHICH OCCURRED ON SEPTEMBER 27, 2024.	
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	(a) Description	(b) Amount
	RECLASSIFICATION SPECIAL FUNDS EXCLUDED FROM TAX RETURN	21,768
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)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

**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)							

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

**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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	✓
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	✓
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	✓
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	✓
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	✓

**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	✓	