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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SPARTANBURG COUNTY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
424 E KENNEDY STREET

City or town, state or country, and ZIP + 4
SPARTANBURG, SC 29302

D Employer identification number
57-0351398

E Telephone number
(864) 582-0138

G Gross receipts $ 7,701,958

F Name and address of principal officer
JOHN H DARGAN
424 e kennedy street
spartanburg, SC 29302

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SPCF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1943

M State of legal domicile SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE CHARITABLE PURSUITS AS IN THE JUDGEMENT OF THE TRUSTEES OF THE FOUNDATION, WILL BEST MAKE FOR THE MENTAL, MORAL, INTELLECTUAL AND PHYSICAL IMPROVEMENT, ASSISTANCE, RELIEF & WELL BEING OF SPARTANBURG COUNTY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of employees (Part V, line 2a)	**5**	9
6	Total number of volunteers (estimate if necessary)	**6**	12
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,852,726	6,849,467
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,146,525	-8,734
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	410,120	377,676
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,116,321	7,218,409
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,473,034	4,928,911
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	585,090	607,660
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 88,172		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,301,786	1,467,460
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,359,910	7,004,031
19	Revenue less expenses Subtract line 18 from line 12	-2,243,589	214,378

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	64,373,026	77,963,651
21	Total liabilities (Part X, line 26)	14,587,595	17,378,970
22	Net assets or fund balances Subtract line 21 from line 20	49,785,431	60,584,681

Part II Signature Block

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

Sign Here

****** | 2010-04-27
Signature of officer | Date

john h dargan president
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Homer E McAbee Jr			

Firm's name (or yours if self-employed), address, and ZIP + 4: McAbee Talbert Halliday & Co, 824 East Main Street, Spartanburg, SC 29302

EIN ▶

Phone no ▶ (864) 583-0886

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO PROMOTE CHARITABLE PURSUITS AS IN THE JUDGEMENT OF THE TRUSTEES OF THE FOUNDATION, WILL BEST MAKE FOR THE MENTAL, MORAL, INTELLECTUAL AND PHYSICAL IMPROVEMENT, ASSISTANCE, RELIEF & WELL BEING OF SPARTANBURG COUNTY

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 6,122,144 including grants of $ 4,928,911) (Revenue $)

GRANTS AND SCHOLARSHIPS TO SUPPORT PHILANTROPIC ENDEAVORS IN SPARTANBURG COUNTY

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 6,122,144

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	6		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 7		
b	Enter the number of voting members that are independent	1b 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ SC

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

john h dargan
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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR KAY E WOODWARD TRUSTEE		X						0	0	0
ROBERT GREGORY TRUSTEE		X						0	0	0
JENNIFER C EVINS TREASURER		X						0	0	0
CLAY H TURNER VICE CHAIRMAN		X						0	0	0
THOMAS R YOUNG III SECRETARY		X						0	0	0
THOMAS E HANNAH CHAIRMAN		X						0	0	0
H WALTER BARRE PAST CHAIRPERSON		X						0	0	0
JOHN H DARGAN PRESIDENT/ ASST SECY	40 00			X				142,582	0	17,100
MARY THOMAS VICE PRESIDENT	40 00			X				91,350	0	10,962

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								233,932	0	28,062

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 6,849,467				
	g	Noncash contributions included in lines 1a-1f $ 280,072				
	h	**Total.** Add lines 1a-1f . . . . . ▶	6,849,467			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	447,242	447,242		
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				

		(i) Real	(ii) Personal				
6a	Gross Rents	15,000					
b	Less rental expenses						
c	Rental income or (loss)	15,000					
d	Net rental income or (loss) . . . . . ▶			15,000	15,000		

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory						
b	Less cost or other basis and sales expenses	455,976					
c	Gain or (loss)	-455,976					
d	Net gain or (loss) . . . . . ▶			-455,976	-455,976		

Other Revenue	8a	Gross income from fundraising events (not including $ 39,907 of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b 27,573				
	c	Net income or (loss) from fundraising events . . ▶	12,334	12,334		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				

	Miscellaneous Revenue	Business Code				
11a	FEES	523,920	229,846	229,846		
b	MISCELLANEOUS	900,099	120,496	120,496		
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . ▶		350,342			
12	**Total revenue.** See Instructions . . . ▶		7,218,409	368,942	0	0

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,525,546	4,525,546		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	403,365	403,365		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	261,994	102,312	79,841	79,841
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	229,747	83,974	145,773	
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	23,705	10,077	13,628	
9 Other employee benefits	58,312	19,437	35,635	3,240
10 Payroll taxes	33,902	12,819	15,992	5,091
11 Fees for services (non-employees)				
a Management				
b Legal	7,403		7,403	
c Accounting	40,145		40,145	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	27,007		27,007	
14 Information technology				
15 Royalties				
16 Occupancy	38,035		38,035	
17 Travel	48,334		48,334	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,270		73,270	
23 Insurance	117,719		117,719	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a GREENSPACE UPKEEP	260,958	260,958		
b YOUTH ATHELICS	200,662	200,662		
c OTHERS	148,309	148,309		
d CITIZENS SCHOLAR PROGRA	147,558	147,558		
e COMMUNITY INDICATORS PR	66,679	66,679		
f All other expenses	291,381	140,448	150,933	
25 **Total functional expenses.** Add lines 1 through 24f	7,004,031	6,122,144	793,715	88,172
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		205,663	2	1,158,099
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 5,823,068			
	b	Less accumulated depreciation	10b 548,757	5,472,195	10c	5,274,311
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		58,691,818	12	71,527,891
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,350	15	3,350
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		64,373,026	16	77,963,651
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		14,587,595	21	17,378,970
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		14,587,595	26	17,378,970
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		49,785,431	27	60,584,681
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		49,785,431	33	60,584,681
	34	Total liabilities and net assets/fund balances		64,373,026	34	77,963,651

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,660,978	6,961,517	12,644,526	6,852,726	6,849,467	38,969,214
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,660,978	6,961,517	12,644,526	6,852,726	6,849,467	38,969,214
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						401,059
6 **Public Support.** Subtract line 5 from line 4						38,568,155

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,660,978	854,785	12,644,526	6,852,726	6,849,467	38,969,214
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	202,917	854,785	1,586,982	718,671	824,918	4,188,273
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						43,157,487

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	89 370 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	87 520 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	108	
2	Aggregate contributions to (during year)	927,114	
3	Aggregate grants from (during year)	764,208	
4	Aggregate value at end of year	6,048,472	

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? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☑ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a 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 programs
- e ☐ Other

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

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" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,967,752	661,350		3,629,102
b Buildings	147,000	1,662,677	425,569	1,384,108
c Leasehold improvements				
d Equipment				
e Other		384,289	123,188	261,101
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,274,311

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other See Additional Data Table		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	71,527,891	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,218,409
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,004,031
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	214,378
4	Net unrealized gains (losses) on investments	4	10,584,872
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	10,584,872
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,799,250

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	13,182,947
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	10,584,872		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	539,382		
e	Add lines **2a** through **2d**			2e	11,124,254
3	Subtract line **2e** from line **1**			3	2,058,693
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	5,159,716		
c	Add lines **4a** and **4b**			4c	5,159,716
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	7,218,409

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	6,039,688
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	396,583		
e	Add lines **2a** through **2d**			2e	396,583
3	Subtract line **2e** from line **1**			3	5,643,105
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,360,926		
c	Add lines **4a** and **4b**			4c	1,360,926
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	7,004,031

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part IV, Line 2b		SPARTANBURG COUNTY FOUNDATION IS A NAMED BENEFICIARY OF SEVEN CHARITABLE TRUSTS THE TOTAL ASSETS ARE $3,444,692 AND LIABILITIES TO THIRD PARTIES ARE $3,444,692 SPARTANBURG COUNTY FOUNDATION HAS ANNUITIES WITH SEVEN INDIVIDUALS THAT ARE PAID EITHER MONTHLY, QUARTERLY OR ANNUALLY THE ANNUAL PAYMENTS ARE $54,303 THE TOTAL ASSETS AT DECEMBER 31, 2009 WAS $327,785 THERE ARE THIRTEEN FUNDS THAT DO NOT HAVE TRUST AGREEMENTS AND CAN REQUEST THE RETURN OF THEIR FUND AT ANYTIME THE TOTAL ASSETS AND LIABILITY FOR THESE FUNDS ARE $13,490,489
		PART XII, LINE 2D INCOME ON BOOKS NOT ON RETURN FUND RAISING EXPENSES NETTED AGAINST INCOME 27,573 INTERFUND FEES 511,809 PART XII, LINE 4B IKNCOME ON RETURN NOT ON BOOKS FASB 136 AGENCY FUND INVESTMENT INCOME 3,187,721 CONTRIBUTIONS 1,946,045 MISCELLENEOUS INCOME 25,950
		PART XIII, ITEM 2D EXPENSE ON BOOKS NOT ON RETURN INTERFUND FEES 369,010 FUNDRAISING EXPENSES NETTED AGAINST INCOME 27,573 PART XIII, ITEM 4B EXPENSES ON RETURN NOT ON BOOKS FASB 136 AGENCY FUNDS GRANTS 1,225,130 OPERATING EXPENSES 135,796

Additional Data

Software ID:
Software Version:
EIN: 57-0351398
Name: SPARTANBURG COUNTY FOUNDATION

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
WINSTON HEDGED EQUITY FUND	5,322,340	F
WACHOVIA BANK	1,986,765	F
T ROWE PRICE MID CAP EQUITY GRT ROWE PRICE	2,969,251	F
PIMCOTOTAL RETURN	1,648,585	F
SANDERSON INTERNATIONAL VALUE	6,776,667	F
VANGUARD INSTITUTIONAL INDEX	12,172,441	F
STATE STREET GLOBAL ADVISORS	6,365,852	F
WACHOVIA TRUST	4,192,501	F
ACADIAN INTERNATIONAL SM CAP	3,686,444	F
ADVISORY RESEARCH SM/MID CAP	4,846,422	F
VANGUARD INFOATION-PROTECTED	1,786,052	F
AEW GLOBAL PROPERTY SECURITIES	1,381,082	F
WELLINGTON - WTC-CCTF DIVERSIF	3,527,383	F
EATON VANCE STRUCTURED EMERGIN	3,090,173	F
WEATHERLOW OFFSHORE FUND I	5,130,465	F
VANGUARD INTER-TERM TREASURY	3,674,228	F
FRANKLIN TEMPLETON	2,971,240	F

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
SPARTANBURG COUNTY FOUNDATION

Employer identification number
57-0351398

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	27,455	12,452		39,907
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	27,455	12,452		39,907
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	21,847	5,726		27,573
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				27,573
	11 Net income summary Combine lines 3, column d, and line 10 ▶				12,334

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SPARTANBURG COUNTY FOUNDATION

Employer identification number
57-0351398

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 89

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	310	403,365			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 TRUSTEE INITIATED GRANTS THE SPARTANBURG COUNTY FOUNDATION ENTERS A CONTRACTUAL GRANT AGREEMENT WITH THE GRANTEE WHICH INCLUDES SPECIAL TERMS AND CONDITIONS TO ENSURE THE SUCCESSFUL IMPLEMENTATION OF THE GRANT THE FOUNDATION AS A PRACTICE MONITORS ITS GRANTS FUNDED PROGRAMS ON A SEMI ANNUAL AND ANNUAL BASIS WITCH INCLUDES A WRITTEN REPORT SUBMITTED BY THE GRANTEE CONCERNING OUTCOMES ACHIEVED, LESSONS LEARNED AND PLANS FOR CONTINUATION OF THE PROGRAM ADDITIONALLY, PERIODIC SITE VISITS ARE MADE TO ENSURE THE SUCCESSFUL IMPLEMENTATION OF THE GRANT FUNDED PROGRAM THE BOARD OF TRUSTEES RECEIVES A FORMAL WRITTEN REPORT AND PRESENTATION ON THE EFFECTIVENESS OF ITS GRANT ALLOCATIONS EACH YEAR DONOR ADVISED AND OTHER GRANTS GRANT REQUEST ARE REVIEWED TO DETERMINE THAT THE GRANTEE ORGANIZATION IS EXEMPT UNDER 501(C)(3), OR QUALIFIES AS A CHURCH, OR IS AGOVERNMENTAL UNIT IF THE GRANTEE MEETS ONE OF THESE REQURIEMENTS, THE GRANT IS APPROVED WITHOUT FURTHER MONITORING, IF NOT THE GRANT IS DENIED THE BOARD OF TRUSTEES RECEIVES GRANT UPDATES AT THEIR REGULAR SCHEDULED MEETINGS
Other Information	Part IV	TRUSTEE INITIATED GRANTS THE SPARTANBURG COUNTY FOUNDATION ENTERS A CONTRACTUAL GRANT AGREEMENT WITH THE GRANTEE WHICH INCLUDES SPECIAL TERMS AND CONDITIONS TO ENSURE THE SUCCESSFUL IMPLEMENTATION OF THE GRANT THE FOUNDATION AS A PRACTICE MONITORS ITS GRANTS FUNDED PROGRAMS ON A SEMI ANNUAL AND ANNUAL BASIS WHICH INCLUDES A WRITTEN REPORT SUBMITTED BY THE GRANTEE CONCERNING OUTCOMES ACHIEVED, LESSONS LEARNED AND PLANS FOR CONTINUATION OF THE PROGRAM ADDITIONALLY, PERIODIC SITE VISITS ARE MADE TO ENSURE THE SUCCESSFUL IMPLEMENTATION OF THE GRANT FUNDED PROGRAM THE BOARD OF TRUSTEES RECEIVES A FORMAL WRITTEN REPORT AND PRESENTATION ON THE EFFECTIVENESS OF ITS GRANT ALLOCATIONS EACH YEAR DONOR ADVISED AND OTHER GRANTS GRANT REQUEST ARE REVIEWED TO DETERMINE THAT THE GRANTEE ORGANIZATION IS EXEMPT UNDER 501(C)(3), OR QUALIFIES AS A CHURCH, OR IS AGOVERNMENTAL UNIT IF THE GRANTEE MEETS ONE OF THESE REQURIEMENTS, THE GRANT IS APPROVED WITHOUT FURTHER MONITORING, IF NOT THE GRANT IS DENIED THE BOARD OF TRUSTEES RECEIVES GRANT UPDATES AT THEIR REGULAR SCHEDULED MEETINGS

Additional Data Return to Form

Software ID:
Software Version:
EIN: 57-0351398
Name: SPARTANBURG COUNTY FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HEALTHY SMILES OF SPARTANBURGPO BOX 1441 SPARTANBURG,SC 29304	03-0529473	501(C)(3)	32,000				HEALTH & HUMAN SERVICES
CHILDREN'S SECURITY BLANKET PROJECTPO BOX 18064 SPARTANBURG,SC 29304	20-2511033	501(C)(3)	45,000				HEALTH & HUMAN SERVICES
ORTHOPAEDIC RESEARCH FOUNDATION OF THE CAROLINAS1690 SKYLYN DRIVE SPARTANBURG,SC 29307	20-4561262	501(C)(3)	950,000				EDUCATION
SPARTANBURG CHARTER SCHOOL261 GREENGATE LN SPARTANBURG,SC 29302	20-8133996	501(C)(3)	13,396				EDUCATION
KUDZU COALITION128 BAGWELL FARM RD SPARTANBURG,SC 29302	20-8872959	501(C)(3)	13,250				ENVIRONMENTAL PRESERVATION
SPARTANBURG ART MUSEUMST JOHN STREET SPARTANBURG,SC 29302	23-7041876	501(C)(3)	52,700				ARTS & CULTURE
UNITED MITOCHONDRIAL DISEASE FOUNDATION INC8085 SALTSBURG RD STE 201 PITTSBURG,PA 15239	25-1767180	501(C)(3)	15,000				HEALTH & HUMAN SERVICES
SHRINER'S HOSPITALS FOR CHILDRENPO BOX 31356 TAMPLA,FL 33631	36-2193608	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
FELLOWSHIP OF CHRISTIAN ATHLETES8701 LEED RD KANSAS CITY,MO 64129	44-0610626	501(C)(3)	21,700				RELIGIOUS
CHRISTIAN FREEDOM INTERNATIONALPO BOX 560 SALT ST MARIE,MI 49783	52-1283394	501(C)(3)	10,000				RELIGIOUS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AMERICAN RED CROSS104 GARNER RD SPARTANBURG,SC 29302	53-0196605	501(C)(3)	11,050				HEALTH & HUMAN SERVICES
UNITED WAY OF THE PIEDMONT203 EST MAIN ST SPARTANBURG,SC 29304	57-0314377	501(C)(3)	25,800				COMMUNITY NEEDS
CONVERSE COLLEGE580 EAST MAIN STREET SPARTANBURG,SC 29302	57-0314380	501(C)(3)	43,235				EDUCATION
PRESBYTERIAN COLLEGE PO BOX 975 CLINTON,SC 29325	57-0314408	501(C)(3)	8,100				RELIGIOUS
SPARTANBURG METHODIST COLLEGE1000 POWELL MILL RD SPARTANBURG,SC 29306	57-0314415	501(C)(3)	24,195				RELIGIOUS
THORNWELL HOME FOR CHILDRENPO BOX 60 CLINTON,SC 29325	57-0314418	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
WOFFORD COLLEGE429 NORTH CHURCH STREET SPARTANBURG,SC 29301	57-0314422	501(C)(3)	38,568				EDUCATION
FIRST PRESBYTERIAN CHURCH393 EAST MAIN STREET SPARTANBURG,SC 29302	57-0314439	CHURCH	74,796				RELIGIOUS
FIRST BAPTIST CHURCH OF SPARTANBURG250 EAST MAIN ST SPARTANBURG,SC 29302	57-0314439	CHURCH	16,000				RELIGIOUS
PALMETTO COUNCIL BSA PO BOX 6249 SPARTANBURG,SC 29304	57-0314450	501(C)(3)	50,550				RECREATION & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CONNIE MAXWELL CHILDREN'S HOMEPO BOX 1178 GREENWOOD,SC 29648	57-0324927	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
SELMA BAPTIST CHURCH 850 LAWSON RD WOODRUFF,SC 29388	57-0360087	CHURCH	10,000				RELIGIOUS
GREEN POND BAPTST CHURCH300 CHICKENFOOT CREEK RD WOODRUFF,SC 29388	57-0360087	CHURCH	10,000				RELIGIOUS
SPARTANBURG DAY SCHOOL1701 SKYLAN DRIVE SPARTANBURG,SC 29306	57-0371816	501(C0(3)	29,900				EDUCATION
BUFORD STREET UNITED METHODIST CHURCH120 E BUFORD ST GAFFNEY,SC 29390	57-0422126	CHURCH	7,500				RELIGIOUS
CLEMSON UNIVERSITY FOUNDATIONPO BOX 1889 CLEMSON,SC 29633	57-0426335	501(C)(3)	121,995				EDUCATION
SPARTANBURG HUMANE SOCIETY150 DEXTER RD SPARTANBURG,SC 29301	57-0481019	501(C)(3)	27,478				ANIAML CONTROL
MUSIC FOUNDATION200 E SAINT JOHN ST SPARTANBURG,SC 29302	57-0485556	501(C)(3)	9,100				ARTS & CULTURE
BELLVIEW BAPTIST CHURCH901 BELLVIEW RD WOODRUFF,SC 29388	57-0616342	CHURCH	10,000				RELIGIOUS
MOBILE MEALS OF SPARTANBURGPO BOX 461 SPARTANBURG,SC 29304	57-0653452	501(C)(3)	44,750				HEALTH & HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SHEPHERD'S CENTER OF SPARTANBURG393 EAST MAIN STREET SPARTANBURG,SC 29302	57-0691077	501(C)(3)	18,000				HEALTH & HUMAN SERVICES
WALKER FOUNDATION355 CEDAR SPRINGS RD SPARTANBURG,SC 29301	57-0693592	503(C)(3)	93,700				EDUCATION
CROSS ANCHOR YARBOROUGH CHAPEL UNITED METHODIST CHCROSS ANCHOR YPO BOX 98 CROSS ANCHOR,SC 29331	57-0711102	CHURCH	7,373				RELIGIOUS
EPISCOPAL CHURCH OF THE ADVENTPO BOX 3168 SPARTANBURG,SC 29304	57-0747726	501(C)(3)	20,043				RELIGIOUS
SPARTANBURG COMMUNITY COLLEGE FOUNDATIONPO BOX 4386 SPARTANBURG,SC 29304	57-0751500	501(C)(3)	31,808				EDUCATION
CHARLES LEA CENTER FOUNDATION195 BURDETTE STREET SPARTANBURG,SC 29302	57-0793478	501(C0(3)	47,551				EDUCATION
HAVEN458 N ST SPARTANBURG,SC 29301	57-0809732	501(C)(3)	5,500				HEALTH & HUAMAN SERICES
GLENN SPRINGS ACADEMY PO BOX 99 PAULINE,SC 29304	57-0834853	501(C)(3)	165,250				EDUCATION
BOYS AND GIRLS CLUB OF THE UPSTATEPO BOX 2794 SPARTANBURG,SC 29304	57-0862226	501(C)(3)	29,100				RECREATION & YOUTH
ROTARY CLUB OF SPARTANBURGPO BOX 385 SPARTANBURG,SC 29304	57-0878136	501(C)(4)	15,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG REGIONAL HEALTHCARE FOUNDATION101 EAST WOOKD ST SPARTANBURG,SC 29301	57-0937166	501(C)(3)	29,228				HEALTH & HUMAN SERVICES
ST LUKE'S FREE MEDICAL CLINICPO BOX 3466 SPARTANBURG,SC 29304	57-0943232	501(C)(3)	126,500				HEALTH & HUMAN SERVICES
UNITARIAN UNIVERSALIST CHURCH 210 HENRY PLACE SPARTANBURG,SC 29302	57-0947382	CHURCH	17,091				RELIGIOUS
SPARTANBURG TERRACE TENANTS ASSOCIATIONS 108 PINENEEDLE DROVE SPARTANBURG,SC 29302	57-0961574	501(C)(3)	5,500				RECREATION & YOUTH
ARTS PARTNERSHIP OF GREATER SPARTANBURG INCST JOHN STREET SPARTANBURG,SC 29302	57-0986224	501(C)(3)	56,550				ARTS & CULTURE
ADULT LEARNING CENTER 145 NORTH CHURCH STREET SUITE 82 SPARTANBURG,SC 29302	57-1006834	501(C)(3)	70,690				EDUCATION
HATCHER GARDENS & WOODLANDS PRESERVE 820 JOHN B WHITE SR BLVD SPARTANBURG,SC 29307	57-1069038	501(C)(3)	51,405				ENVIRONMENTAL PRESERVATION
UPSTATE FOREVERPO BOX 2308 SPARTANBURG,SC 29304	57-1070433	501(C)(3)	10,650				ENVIRONMENTAL PRESERVATION
MIDDLE TYGER COMMUNITY CENTER84 GROCE ROAD DUNCAN,SC 29365	57-1077940	501(C)(3)	7,500				RECREATION & YOUTH
OAKWOOD CEMETERY PERPETUAL CARE2000 E MAIN ST SPARTANBURG,SC 29302	57-1096171	501(C)(13)	34,800				ENVIRONMENTAL PRESERVATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
TRINITY UNITED METHODIST CHURCH626 NORWOOD ST SPARTANBURG,SC 29302	57-1112841	CHURCH	23,409				RELIGIOUS
CITY OF SPARTANBURGPO BOX 1749 SPARTANBURG,SC 29304	57-6000245	GOV'T	43,000				RECREATION & YOUTH
SPARTANBURG CO SHERIFF'S OFFICE CHAPLAIN'S BENEVOL8045 HOWARD ST SPARTANBURG,SC 29301	57-6000401	GOV'T	17,550				HEALTH & HUMAN SERVICES
SPARTANBURG COUNTY PUBLIC LIBRARIES151 S CHURCH STREET SPARTANBURG,SC 29301	57-6000940	GOV'T	6,500				EDUCATION
SPARTANBURG HOUSING AUTHORITY201 CAULDER AVE SPARTANBURG,SC 29301	57-6001369	GOV'T	25,950				COMMUNITY NEEDS
USC UPSTATE800 UNIVERSITY WAY SPARTANBURG,SC 29301	57-6017985	501(C)(3)	38,200				EDUCATION
CITADEL COLLEGE171 MOULTRIE ST CHARLESTON,SC 29409	57-6020493	501(C)(3)	25,200				EDUCATION
NAZARETH PRESBYTERIAN CHURCH680 NAZARETH CHURCH RD MOORE,SC 29369	57-6024361	CHURCH	67,074				RELIGIOUS
SPARTANBURG COUNTY HISTORICAL ASSOCIATIONPO BOX 887 SPARTANBURG,SC 29304	57-6025123	501(C)(3)	54,280				ARTS & CULTURE
FAITH HOME INCPO BOX 39 GREENWOOD,SC 29648	57-6034112	501(C)(3)	10,000				HEALTH & HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUB-BUBCOM149 S DANIEL MORGAN AVE SPARTANBURG,SC 29302	58-0566256	501(C)(3)	11,000				ARTS & CULTURE
EMORY UNIVERSITY1762 CLIFTON RD ATLANTA,GA 30322	58-0566256	501(C)(3)	27,000				EDUCATION
JUNIOR ACHIEVEMENT OF SPARTANBURG1004 S PINE ST SPARTANBURG,SC 29302	84-1267604	501(C)(3)	33,800				RECREATION & YOUTH
VISTA CARE HOSPICE FOUNDATION4800 N SCOTTSDALE RD SCOTTSDALE,AZ 85251	86-0821142	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
PACE FOUNDATION720 OLIVE WAY STE 1020 SEATTLE,WA 98101	91-1662970	501(C)(3)	13,670				ARTS & CULTURE
YMCA OF GREATER SPARTANBURG266 S PINE STREET SPARTANBURG,SC 29302	57-0314425	501(C)(3)	34,583				RECREATION & YOUTH
WESTMINISTER PRESBUTERIAN CHURCH 309 FERNWOOD DRIVE SPARTANBURG,SC 29307	57-0424982	501(C)(3)	54,010				RELIGIOUS
WALLACE THOMSON HOSITAL ADULT VOLUNTEERSPO BOX 789 UNION,SC 29379	57-0987841	501(C)(3)	12,000				HEALTH & HUMAN SERVICES
UNION-LAURENS COMMISSION FOR HIGHER EDUCATIONPO DRAWER 729 UNION,SC 29379	57-0717445	GOVERNMENT	70,000				EDUCATION
UNION COUNTY HISTORICAL SOCIETYPO BOX 220 UNION,SC 29379	57-0728737	501(C)(3)	20,000				HISTORICAL PRESERVATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
UNION COUNTY CARNEIGIE LIBRARYPO BOX 1153 UNION,SC 29379	57-0761230	501(C)(3)	36,000				EDUCATION
TOTAL MINISTRIES420 UNION STREET SPARTANBURG,SC 29306	57-0771620	501(C)(3)	61,326				HEALTH & HUMAN SERVICES
SPASRTANBURG COUNTY SCHOOL DISTRICT SEVEN DUPREE DRIVE SPARTANBURG,SC 29306	57-6000942	GOVERNMENT	19,000				EDUCATION
SPARTANBURG MEMORIAL AUDITORIUMPO BOX 1410 SPARTANBURG,SC 29304	57-6001496	501(C)(3)	6,452				COMMUNITY NEEDS
SPARTANBURG COUNTY 366 N CHURCH STREET SPARTANBURG,SC 29303	57-6000401	GOVERNMENT	165,000				COMMUNITY NEEDS
SPARTANBURG CONVENTION & VISITORS BUREAU366 N CHURCH STREET SPARTANBURG,SC 29303	67-6000401	GOVERNMENT	9,000				COMMUNITY NEEDS
SPACE100 E MAIN STREET STE 7B SPARTANBURG,SC 29306	57-0885225	501(C)(3)	6,050				ENVIRONMENTAL PRESERVATION
SILVER HILL MEMORIAL UNITED METHODIST CHURCH778 JOHN B WHITE SR BLVD SPARTANBURG,SC 29306	57-1071946	501(C)(3)	11,000				RELIGIOUS
SC SCHOOL FOR THE DEAF & BLIND355 CEDAR SPRINGS RD SPARTANBURG,SC 29302	57-0693592	501(C)(3)	70,816				EDUCATION
REGENESIS COMMUNITY HEALTH CENTERPO BOX 5158 SPARTANBURG,SC 29304	57-1084051	501(C)(3)	35,427				HEALTH & HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
NORTHWESTERN UNIVERSITY555 CLARK STREET EVANSTON,IL 60208	36-2167817	501(C)(3)	41,067				EDUCATION
HANNAH'S HOPE MINISTRIESPO BOX 5802 SPARTANBURG,SC 29304	20-8041528	501(C)(3)	6,000				HEALTH & HUAMAN SERICES
GIRL SCOUTS of SC - MOUNTAINS TO MIDLANDS 5 INDEPENDENCE PT STE 120 GREENVILLE,SC 29615	57-0314407	501(C)(3)	22,000				RECREATION & YOUTH
GEATER SAINT JAMES TEMPLE CHURCH13255 ASHEVILLE HWY INMAN,SC 29349	57-1100099	CHURCH	25,000				RELIGIOUS
FIRST CHURCH OF CHRIST SCIENTIST45 SOUTHLAND AVE GREENVILLE,SC 29601	57-0718029	CHURCH	5,500				RELIGIOUS
CENTRAL CHURCH OF CHRIST2052 N CHURCH STREET SPARTANBURG,SC 29303	57-0842646	CHURCH	5,862				RELIGIOUS
CIVITAN REHABILIATATION WORKSHOPS925 BEAUMONT AVE SPARTANBURG,SC 29303	57-0386378	501(C)(3)	10,200				HEALTH & HUMAN SERVICES
CHILDRENS SHLETER OF THE UPSTATEPO BOX 2663 SPARTANBURG,SC 29304	57-0658405	501(C)(3)	80,940				HEALTH & HUMAN SERVICES
CHARITY BALL OF GREENVILLEPO BOX 16834 GREENVILLE,SC 29606	57-0646214	501(C)(3)	10,000				COMMUNITY NEEDS

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Schedule J (Form 990)

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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SPARTANBURG COUNTY FOUNDATION

Employer identification number
57-0351398

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN H DARGAN	(i)	142,582				17,100	159,682	159,683
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE FOUNDATION PAYS THE DUES TO A COUNTRY CLUB AND BUSINESS DINNER CLUB FOR ITS PRESIDENT

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	21	280,072	STOCK MARKET SALE
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 IV, Donee Acknowledgement . . . 29

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SPARTANBURG COUNTY FOUNDATION

Employer identification number
57-0351398

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		COPY OF FORM 990 AND ATTACHMENTS ARE GIVEN TO ALL TRUSTEES FOR THEIR REVIEW PRIOR TO FILING AFTER ITS' REVIEW THE PRESIDENT SIGNS THE RETURN
Form 990, Part VI, Section B, line 12c		THE TRUSTEES AND ALL EMPLOYEES COMPLETE A CONFLICT OF INTEREST QUESTIONAIRE 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, Section B, line 15		THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY REVIEWS SALARY OF ALL STAFF THE COMMITTEE USES A NATIONAL COMPENSATION SURVEY FOR NON PROFIT ORGANIZATIONS AND OTHER COMPARATIVE DATA THE RESULTS ARE PRESENTED TO THE FULLY BOARD FOR APPROVAL
Form 990, Part VI, Section C, line 19		UPON REQUEST, THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE FOR INSPECTION 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
FORM 990, PART XI, LINE 2C	COMMITTEE OVERSIGTH OF AUDIT	THE AUDIT COMMITTEE MEETS WITH THE AUDITORS PRIOR TO AND AFTER THE AUDIT THE AUDIT IS REVIEWED BY THE COMMITTEE AND PRESENTED TO THE BOARD OF TRUSTEES AT THE FEBRUARY MEETING THERE HAS BEEN NO CHANE IN THE PROCESS FROM PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

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 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

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

See Additional Data Table

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 57-0351398
Name: SPARTANBURG COUNTY FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
NOBLE TREE FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC29302 57-1091856	GREENSPCE	SC	501(c)(3)	Line 11a, I	N/A
PERRIN FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC29302 57-1089465	SUPPORT ORGANIZATION	SC	501(c)(3)	Line 11a, I	N/A
JUDY BRADSHAW CHILDRENS FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC29302 57-1066485	SUPPORT ORGANIZATION	SC	501(c)(3)	Line 11a, I	N/A
TENA & FRED OATES FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC29302 57-1066228	SUPPORT ORGANIZATION	SC	501(c)(3)	Line 11a, I	N/A
HABISREUTINGER & BLACK FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC29302 20-5799183	SUPPORT ORGANIZATION	SC	501(c)(3)	Line 11a, I	N/A
BARNET FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC29302 58-2319535	SUPPORT ORGANIZATION	SC	501(c)(3)	Line 11a, I	N/A
BAIN FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC29302 57-1060455	SUPPORT ORGANIZATION	SC	501(c)(3)	Line 11a, I	N/A
THE BENEVOLENT FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC29302 54-2082667	SUPPORT ORGANIZATION	SC	501(c)(3)	Line 11a, I	N/A
ZIMMERLI FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC29302 57-1018476	SUPPORT ORGANIZATION	SC	501(c)(3)	Line 11a, I	N/A
BALMER FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC29302 56-2206524	SUPPORT ORGANIZATION	SC	501(c)(3)	Line 11a, I	N/A
FALATOK FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC29302 26-0641848	SUPPORT ORGANIZATION	SC	501(c)(3)	Line 11a, I	N/A

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	HABISEUTINGER & BLACK FOUNDATION	R	500
(2)	BALMER FOUNDATION	R	20,564
(3)	JUDY BRADSHAW CHILDRENS FOUNDATION	R	13,309
(4)	TENA & FRED OATES FOUNDATION	R	8,583
(5)	BARNET FOUNDATION	R	11,273
(6)	FALATOK FOUNDATION	R	10,699
(7)	THE BENEVOLENT FOUNDATION	R	8,590
(8)	BAIN FOUNDATION	R	3,450
(9)	ZIMMERLI FOUNDATION	R	12,356
(10)	PERRIN FOUNDATION	R	10,999
(11)	NOBLE TREE FOUNDATION	R	33,412
(12)	BALMER FOUNDATION	C	60,000
(13)	JUDY BRADSHAW CHILDRENS FOUNDATION	C	3,000
(14)	BARNET FOUNDATION	C	31,240
(15)	FALATOK FOUNDATION	C	1,000
(16)	THE BENEVOLENT FOUNDATION	C	5,000
(17)	ZIMMERLI FOUNDATION	C	12,000
(18)	PERRIN FOUNDATION	C	1,800

Additional Data

Software ID:
Software Version:
EIN: 57-0351398
Name: SPARTANBURG COUNTY FOUNDATION

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
GREENSPACE UPKEEP	260,958	260,958		
YOUTH ATHELICS	200,662	200,662		
OTHERS	148,309	148,309		
CITIZENS SCHOLAR PROGRA	147,558	147,558		
COMMUNITY INDICATORS PR	66,679	66,679		