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Check if Schedule O contains a response to any question in this Part III

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

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

4a	(Code)	(Expenses \$ 6,959,186 including grants of \$ 6,000,450)	(Revenue \$)
GRANTS AND SCHOLARSHIPS TO SUPPORT PHILANTHROPIC ENDEAVORS IN SPARTANBURG COUNTY			

[illegible][illegible]

4e	Total program service expenses	\$ 6,959,186
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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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)?	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.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		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 and IV.		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 and IV.		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.		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.		No
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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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				
Check if Schedule O contains a response to any question in this Part V ☐				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0	
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 (see instructions).		2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		
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 or securities account)?	4a		No
b If "Yes," enter the name of the foreign country See instructions for 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?		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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds 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?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		13a		
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b		
c Enter the aggregate amount of reserves on hand		13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14a		No
		14b		

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	7		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR KAY E WOODWARD TRUSTEE		X						0	0	0
(2) ROBERT GREGORY VICE CHAIRMAN		X						0	0	0
(3) JENNIFER C EVINS CHAIRMAN		X						0	0	0
(4) CLAY H TURNER PAST CHAIRMAN		X						0	0	0
(5) THOMAS R YOUNG III SECRETARY		X						0	0	0
(6) ANDREW FALATOK TRUSTEE		X						0	0	0
(7) JOHN S POOLE TREASURER		X						0	0	0
(8) JOHN H DARGAN PRESIDENT/ ASST SECY	40 00			X				151,608	0	18,192
(9) MARY THOMAS VICE PRESIDENT	40 00			X				100,000	0	12,000

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	251,608	0	30,192

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII

Statement of Revenue

				(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	8,970,574			
	g	Noncash contributions included in lines 1a-1f \$ 289,950					
	h	Total. Add lines 1a-1f		8,970,574			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		743,081	743,081	
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real 30,239	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)	30,239				
d		Net rental income or (loss)		30,239	30,239		
7a		Gross amount from sales of assets other than inventory	(i) Securities 57,318	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)	57,318				
d		Net gain or (loss)		57,318	57,318		
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
		a	12,619				
b		Less direct expenses	b	32,150			
c		Net income or (loss) from fundraising events . .		-19,531			-19,531
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	523920	291,783	291,783			
b	MISCELLANEOUS	900099	35,183	35,183			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		326,966				
12	Total revenue. See Instructions		10,108,647	1,157,604	0	-19,531	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,000,450	6,000,450		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	281,800	112,000	84,900	84,900
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	269,368	105,590	163,778	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,693	9,494	9,199	
9	Other employee benefits	55,888	22,355	30,738	2,795
10	Payroll taxes	37,314	14,725	17,160	5,429
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,430		2,430	
c	Accounting	31,383		31,383	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	16,490		16,490	
14	Information technology				
15	Royalties				
16	Occupancy	43,918		43,918	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	71,320		71,320	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	74,215		74,215	
23	Insurance	19,517		19,517	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHERS	250,265	250,265		
b	GREENSPACE UPKEEP	186,034	186,034		
c	CITIZENS SCHOLAR PROGRA	156,844	156,844		
d	OTHER	94,800		94,800	
e					
f	All other expenses	175,857	101,429	74,428	
25	Total functional expenses. Add lines 1 through 24f	7,786,586	6,959,186	734,276	93,124
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			602,664	2	933,343
	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	5,842,637			
	b	Less: accumulated depreciation	10b	696,460	5,202,996	10c	5,146,177
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			82,595,518	12	83,283,785
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			83,264	15	86,495
16	Total assets. Add lines 1 through 15 (must equal line 34)			88,484,442	16	89,449,800	
Liabilities	17	Accounts payable and accrued expenses				17	213,000
	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			20,588,566	21	22,284,240
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			20,588,566	26	22,497,240
	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			67,895,876	27	66,952,560
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			67,895,876	33	66,952,560
34		Total liabilities and net assets/fund balances			88,484,442	34	89,449,800

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,108,647
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,786,586
3	Revenue less expenses Subtract line 2 from line 1	3	2,322,061
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,895,876
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,265,377
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	66,952,560

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated 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?		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		

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

2011

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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,644,526	6,852,726	6,849,467	7,054,789	8,970,574	42,372,082
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	12,644,526	6,852,726	6,849,467	7,054,789	8,970,574	42,372,082
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)						341,711
6 Public Support. Subtract line 5 from line 4						42,030,371

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	12,644,526	6,852,726	6,849,467	7,054,789	8,970,574	42,372,082
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,586,982	718,671	824,918	1,402,199	1,157,604	5,690,374
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)						48,062,456

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 2011 (line 6 column (f) divided by line 11 column (f))	14	87 450 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	87 460 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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	124
2	Aggregate contributions to (during year)	1,264,925
3	Aggregate grants from (during year)	1,107,898
4	Aggregate value at end of year	6,924,942

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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
1c	
1d	
1e	
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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,967,752	661,350		3,629,102
b Buildings	147,000	1,662,678	509,442	1,300,236
c Leasehold improvements				
d Equipment		403,857	187,018	216,839
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				5,146,177

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	110,108,647
2	Total expenses (Form 990, Part IX, column (A), line 25)	27,786,586
3	Excess or (deficit) for the year Subtract line 2 from line 1	32,322,061
4	Net unrealized gains (losses) on investments	4-3,265,377
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	9-3,265,377
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-943,316

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	15,638,557
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-3,265,377	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d766,348	
e	Add lines 2a through 2d	2e-2,499,029
3	Subtract line 2e from line 1	38,137,586
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 7b4a	
b	Other (Describe in Part XIV)4b1,971,061	
c	Add lines 4a and 4b	4c1,971,061
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	510,108,647

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	17,383,351
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d570,028	
e	Add lines 2a through 2d	2e570,028
3	Subtract line 2e from line 1	36,813,323
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 7b4a	
b	Other (Describe in Part XIV)4b973,263	
c	Add lines 4a and 4b	4c973,263
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	57,786,586

Part XIVSupplemental 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 ELEVEN CHARITABLE TRUSTS. THE TOTAL ASSETS ARE \$8,741,297 AND LIABILITIES TO THIRD PARTIES ARE \$8,741,297. SPARTANBURG COUNTY FOUNDATION HAS ANNUITIES WITH SIX INDIVIDUALS THAT ARE PAID EITHER MONTHLY, QUARTERLY OR ANNUALLY. THE ANNUAL PAYMENTS ARE \$54,303. THE TOTAL ASSETS AT DECEMBER 31, 2011 WAS \$495,744. 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 \$13,736,807.
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES 32,150 INTERFUND FEES 734,198
PART XII, LINE 4B - OTHER ADJUSTMENTS		CONTRIBUTIONS 2,695,951 INVESTMENT INCOME - 726,524 MISCELLANEOUS 1,634
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES 32,150 INTERFUND FEES 537,878
PART XIII, LINE 4B - OTHER ADJUSTMENTS		GRANTS 946,884 GRANT EXPENSES 26,379
		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 MISCELLANEOUS 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 category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
WINSTON HEDGED EQUITY FUND	5,477,469	F
WACHOVIA BANK	5,400,604	F
T ROWE PRICE MID CAP EQUITY GRT ROWE PRICE	2,987,811	F
PIMCOTOTAL RETURN	3,403,063	F
SANDERSON INTERNATIONAL VALUE	7,176,520	F
VANGUARD INSTITUTIONAL INDEX	8,161,334	F
AXIOM INTERNATIONAL	4,969,254	F
NYE LEDGE CAPITAL	6,472,222	F
CHARITABLE TRUST	8,741,297	F
ACADIAN INTERNATIONAL SM CAP	3,944,076	F
ADVISORY RESEARCH SM/MID CAP	3,297,623	F
VANGUARD INFOATION-PROTECTED	1,809,076	F
AEW GLOBAL PROPERTY SECURITIES	1,691,044	F
WELLINGTON - WTC-CCTF DIVERSIF	3,828,186	F
EATON VANCE STRUCTURED EMERGIN	3,065,972	F
WEATHERLOW OFFSHORE FUND I	5,305,639	F
VANGUARD INTER-TERM TREASURY	3,665,895	F
FRANKLIN TEMPLETON	3,653,360	F

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

2011

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.

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 services?

☐ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT (event type)	GOLF TOURNAMENT (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	3,390	4,961	8,351
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	3,390	4,961	8,351
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses . .	28,123	4,387	32,510
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(32,510)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-24,159

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			
	2	Cash prizes			
Direct Expenses	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 and 7 in column (d) ▶					

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 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?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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?

Yes

No

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?

Yes

No

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 \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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

2011

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 listed in the line 1 table ▶

3

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

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
(1) SCHOLARSHIPS	455	487,372			
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 REQUIEMENTS, 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
		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 REQUIEMENTS, 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

Software ID:

Software Version:

EIN: 57-0351398

Name: SPARTANBURG COUNTY FOUNDATION

Return to Form

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
ADULT LEARNING CENTER 145 NORTH CHURCH STREET SUITE 82 SPARTANBURG, SC 29302	57-1006834	501(C)(3)	11,500				EDUCATION
AMERICAN RED CROSS104 GARNER RD SPARTANBURG, SC 29302	53-0196605	501(C)(3)	40,000				HEALTH & HUMAN SERVICES
ARTS PARTNERSHIP OF GREATER SPARTANBURG INCST JOHN STREET SPARTANBURG, SC 29302	57-0986224	501(C)(3)	27,475				ARTS & CULTURE
BALLET SPARTANBURG200 E SAINT JOHN ST SPARTANBURG, SC 29306	57-0658124	501(C)(3)	44,500				ARTS & CULTURAL
BELLVIEW BAPTIST CHURCH901 BELLVIEW RD WOODRUFF, SC 29388	57-0616342	CHURCH	10,000				RELIGIOUS
BOYS AND GIRLS CLUB OF THE UPSTATEPO BOX 2794 SPARTANBURG, SC 29304	57-0862226	501(C)(3)	23,100				RECREATION & YOUTH
BUFORD STREET UNITED METHODIST CHURCH120 E BUFORD ST GAFFNEY, SC 29390	57-0422126	CHURCH	8,400				RELIGIOUS
CANCER ASSOCIATION OF SPARTANBURG AND CHEROKEE COUNTIESPO BOX 1582 SPARTANBURG, SC 29304	57-0526068	501(C)(3)	37,750				MEDICAL
CHARLES LEA CENTER FOUNDATION195 BURDETTE STREET SPARTANBURG, SC 29302	57-0793478	501(C0)(3)	69,235				EDUCATION
CHRISTIAN FREEDOM INTERNATIONALPO BOX 560 SALT ST MARIE, MI 49783	52-1283394	501(C)(3)	10,000				RELIGIOUS
CITY OF SPARTANBURGPO BOX 1749 SPARTANBURG, SC 29304	57-6000245	GOV'T	27,000				RECREATION & YOUTH
CONNIE MAXWELL CHILDREN'S HOMEPO BOX 1178 GREENWOOD, SC 29648	57-0324927	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
CONVERSE COLLEGE580 EAST MAIN STREET SPARTANBURG, SC 29302	57-0314380	501(C)(3)	60,132				EDUCATION
CROSS ANCHOR YARBROUGH CHAPEL UNITED METHODIST CHCROSS ANCHOR YPO BOX 98 CROSS ANCHOR, SC 29331	57-0711102	CHURCH	6,872				RELIGIOUS
EPISCOPAL CHURCH OF THE ADVENTPO BOX 3168 SPARTANBURG, SC 29304	57-0747726	501(C)(3)	35,787				RELIGIOUS
FAITH HOME INCPO BOX 39 GREENWOOD, SC 29648	57-6034112	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
FAMILY CONNECTIONS FAMILY LITERACY PROGRAM459 W CENTENNIAL STREET SPARTANBURG, SC 29306	57-6000942	GOV'T	47,000				EDUCATION
FELLOWSHIP OF CHRISTIAN ATHLETES8701 LEED RD KANSAS CITY, MO 64129	44-0610626	501(C)(3)	26,950				RELIGIOUS
FIRST PRESBYTERIAN CHURCH393 EAST MAIN STREET SPARTANBURG, SC 29302	57-0314439	CHURCH	80,634				RELIGIOUS
GLENN SPRINGS ACADEMY PO BOX 99 PAULINE, SC 29304	57-0834853	501(C)(3)	37,000				EDUCATION
GREEN POND BAPTST CHURCH300 CHICKENFOOT CREEK RD WOODRUFF, SC 29388	57-0360087	CHURCH	10,000				RELIGIOUS
HATCHER GARDENS & WOODLANDS PRESERVE 820 JOHN B WHITE SR BLVD SPARTANBURG, SC 29307	57-1069038	501(C)(3)	95,472				ENVIRONMENTAL PRESERVATION
HAVEN458 N ST SPARTANBURG, SC 29301	57-0809732	501(C)(3)	19,000				HEALTH & HUAMAN SERVICES
HOPE POINT COMMUNITY CHURCHPO BOX 170151 SPARTANBURG, SC 29301	42-1575386	CHURCH	27,200				RELIGIOUS
HUB CITY WRITERS PROJECT186 W MAIN STREET SPARTANBURG, SC 29306	57-1059259	501(C)(13)	5,500				ARTS & CULTURAL
J C STROBLE GLAUCOMA FOUNDATION167 EAST KENNEDY STREET SPARTANBURG, SC 29302	42-1733744	501(C)(3)	12,433				VISION DISABILITIES
KUDZU COALITION128 BAGWELL FARM RD SPARTANBURG, SC 29302	20-8872959	501(C)(3)	9,000				ENVIRONMENTAL PRESERVATION
LAKE JUNALUSKA ASSEMBLY759 NORTH LAKESHORE DRIVE LK JUNALUSKA, NC 28745	56-0547461	501(C)(3)	7,085				EDUCATION
LANDRUM CEMETERY PERPETUAL CARE ASSOCIATIONPO BOX 515 LANDRUM, SC 29356	57-0351398	501(C)(3)	8,000				CEMETERY
MIDDLE TYGER COMMUNITY CENTER84 GROCE ROAD DUNCAN, SC 29365	57-1077940	501(C)(3)	10,500				RECREATION & YOUTH
MOBILE MEALS OF SPARTANBURGPO BOX 461 SPARTANBURG, SC 29304	57-0653452	501(C)(3)	49,889				HEALTH & HUMAN SERVICES
MUSIC FOUNDATION200 E SAINT JOHN ST SPARTANBURG, SC 29302	57-0485556	501(C)(3)	40,997				ARTS & CULTURE
NAZARETH PRESBYTERIAN CHURCH680 NAZARETH CHURCH RD MOORE, SC 29369	57-6024361	CHURCH	81,024				RELIGIOUS
NEW HOPE BAPTIST CHURCHPO BOX 100 CROSS ANCHOR, SC 29331	57-0624595	CHURCH	5,975				RELIGIOUS
OAKWOOD CEMETERY PERPETUAL CARE2000 E MAIN ST SPARTANBURG, SC 29302	57-1096171	501(C)(13)	35,800				ENVIRONMENTAL PRESERVATION
PALMETTO COUNCIL BSA PO BOX 6249 SPARTANBURG, SC 29304	57-0314450	501(C)(3)	61,194				RECREATION & YOUTH
PRESBYTERIAN COLLEGE PO BOX 975 CLINTON, SC 29325	57-0314408	501(C)(3)	15,844				RELIGIOUS
PRESERVATION TRUST OF SPARTANBURGPO BOX 2223 SPARTANBURG, SC 29304	57-1075500	501(C)(3)	16,000				HISTORIC PRESERVATION
SC SCHOOL FOR THE DEAF & BLIND355 CEDAR SPRINGS RD SPARTANBURG, SC 29302	57-0693592	501(C)(3)	59,625				EDUCATION
SALVATION ARMYPO BOX 2909 SPARTANBURG, SC 29304	58-0660607	501(C)(3)	7,800				HEALTH & HUMAN SERVICES
SELMA BAPTIST CHURCH 850 LAWSON RD WOODRUFF, SC 29388	57-0360087	CHURCH	10,000				RELIGIOUS
SHRINER'S HOSPITALS FOR CHILDRENPO BOX 31356 TAMPLA, FL 33631	36-2193608	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
SPARTANBURG ART MUSEUMST JOHN STREET SPARTANBURG, SC 29302	23-7041876	501(C)(3)	7,243				ARTS & CULTURE
SPARTANBURG CHARTER SCHOOL261 GREENGATE LN SPARTANBURG, SC 29302	20-8133996	501(C)(3)	30,000				EDUCATION
SPARTANBURG CO SHERIFF'S OFFICE CHAPLAIN'S BENEVOLENT8045 HOWARD ST SPARTANBURG, SC 29301	57-6000401	GOV'T	24,000				HEALTH & HUMAN SERVICES
SPARTANBURG COMMUNITY COLLEGE FOUNDATIONPO BOX 4386 SPARTANBURG, SC 29304	57-0751500	501(C)(3)	75,965				EDUCATION
SPARTANBURG COUNTY HISTORICAL ASSOCIATIONPO BOX 887 SPARTANBURG, SC 29304	57-6025123	501(C)(3)	76,732				ARTS & CULTURE
SPARTANBURG DAY SCHOOL1701 SKYLAN DRIVE SPARTANBURG, SC 29306	57-0371816	501(C0)(3)	36,000				EDUCATION
SPARTANBURG HUMANE SOCIETY150 DEXTER RD SPARTANBURG, SC 29301	57-0481019	501(C)(3)	39,478				ANIAML CONTROL
SPARTANBURG METHODIST COLLEGE1000 POWELL MILL RD SPARTANBURG, SC 29306	57-0314415	501(C)(3)	93,282				RELIGIOUS
SPARTANBURG REGIONAL HEALTHCARE FOUNDATION101 EAST WOOKD ST SPARTANBURG, SC 29301	57-0937166	501(C)(3)	64,287				HEALTH & HUMAN SERVICES
ST PAUL UNITED METHODIST CHURCH1320 FERNWOOD-GLENDALE ROAD SPARTANBURG, SC 29307	57-0439646	CHURCH	7,134				RELIGIOUS
ST LUKE'S FREE MEDICAL CLINICPO BOX 3466 SPARTANBURG, SC 29304	57-0943232	501(C)(3)	14,220				HEALTH & HUMAN SERVICES
THORNWELL HOME FOR CHILDRENPO BOX 60 CLINTON, SC 29325	57-0314418	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
TRINITY UNITED METHODIST CHURCH626 NORWOOD ST SPARTANBURG, SC 29302	57-1112841	CHURCH	48,706				RELIGIOUS
UNITED MITOCHONDRIAL DISEASE FOUNDATION INC 8085 SALTSBURG RD STE 201 PITTSBURG, PA 15239	25-1767180	501(C)(3)	35,000				HEALTH & HUMAN SERVICES
UNITED WAY OF THE PIEDMONT203 EST MAIN ST SPARTANBURG, SC 29304	57-0314377	501(C)(3)	41,771				COMMUNITY NEEDS
USC UPSTATE800 UNIVERSITY WAY SPARTANBURG, SC 29301	57-6017985	501(C)(3)	22,817				EDUCATION
WALKER FOUNDATION355 CEDAR SPRINGS RD SPARTANBURG, SC 29301	57-0693592	503(C)(3)	41,217				EDUCATION
WOFFORD COLLEGE429 NORTH CHURCH STREET SPARTANBURG, SC 29301	57-0314422	501(C)(3)	66,424				EDUCATION
YMCA OF GREATER SPARTANBURG266 S PINE STREET SPARTANBURG, SC 29302	57-0314425	501(C)(3)	8,422				RECREATION & YOUTH
ARCADIA MASONIC LODGE PO BOX 171384 SPARTANBURG, SC 29301	23-7537719	501(C)(3)	11,000				COMMUNITY NEEDS
ARCH MINISTRIESPO BOX 143 ARCADIA, SC 29320	81-0610647	501(C)(3)	7,750				EDUCATION
BETHLEHEM CENTERPO BOX 3501 SPARTANBURG, SC 29304	57-0314367	501(C)(3)	10,465				HEALTH & HUMAN SERVICES
BIG BORTHERSBIG SISTERS OF THE UPSTATE161 EAST KENNEDY STREET SPARTANBURG, SC 29306	57-0327895	501(C)(3)	35,065				RECREATION & YOUTH
CHILDREN'S ADVOCACY CENTER100 WASHINGTON PLACE SPARTANBURG, SC 29302	57-0987436	501(C)(3)	42,400				YOUTH WELFARE
CHILDREN'S SECURITY BLANKET PROJECT1855 E MAIN STREET STE 14 BOX 101 SPARTANBURG, SC 29307	20-2511033	501(C)(3)	10,000				YOUTH WELFARE
CHISTIAN YOUTH IN ACTIONC/O CHILD EVANGELISM FELLOWSHIP PO BOX 170538 SPARTANBURG, SC 29301	57-0871039	501(C)(3)	5,500				RELIGIOUS
CHURCH BUILDERS348 PRESTON STREET SPARTANBURG, SC 29303	56-2112045	501(C)(3)	7,000				RELIGIOUS
CLEVELAND PARK9039 FAIRFOREST RD SPARTANBURG, SC 29301	57-6000401	501(C)(3)	100,000				RECREATION & YOUTH
FIRST TEE OF SPARTANBURG INC640 KELTNER AVENUE SPARTANBURG, SC 29302	56-2199252	501(C)(3)	34,820				RECREATION & YOUTH
GEORGIA TECH FOUNDATION190 NORTH AVENUE NW ATLANTA, GA 303132550	58-6043294	501(C)(3)	10,000				EDUCATION
GIRL SCOUTS OF SOUTH CAROLINA5 INDEPENDENCE POINT SUITE 120 GREENVILLE, SC 29615	57-0314433	501(C)(3)	5,500				COMMUNITY NEEDS
GRACE UNITED METHODIST CHURCH201 SOUTH CHURCH STREET UNION, SC 29379	57-0846086	CHURCH	25,000				RELIGIOUS
GREENVILLE HOSPITAL SYSTEM701 GROVE ROAD GREENVILLE, SC 29605	57-6007863	501(C)(3)	200,000				HEALTH & HUMAN SERVICES
HABITAT FOR HUMANITY OF SPARTANBURG2270 SOUTH PINE STREET SPARTANBURG, SC 29302	57-0849669	501(C)(3)	39,000				COMMUNITY NEEDS
HAWKINS FOUNDATION200 PATEWOOD DRIVE SUITE C-100 GREENVILLE, SC 29615	20-4561262	501(C)(3)	825,000				HEALTH & EDUCATION
HEALTHY SMILES OF SPARTANBURGPO BOX 1441 SPARTANBURG, SC 29304	03-0529473	501(C)(3)	29,544				HEALTH & HUMAN SERVICES
HEARTLAND HOSPICE MEMORIAL FUND333 N SUMMIT STREET PO BOX 10086 TOLEDO, OH 436990086	86-0821142	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
INMAN-RIVERDALE FOUNDATIONPO BOX 207 INMAN, SC 29349	57-6019736	501(C)(3)	33,544				COMMUNITY NEEDS
JM SMITH FOUNDATIONPO BOX 1779 SPARTANBURG, SC 29304	57-1046595	501(C)(3)	200,000				COMMUNITY NEEDS
MCCARTHYTESZLER SCHOOL175 BURDETTE STREET SPARTANBURG, SC 29307	57-6000942	501(C)(3)	25,500				EDUCATION
MIRACLE HILL MINISTRIES PO BOX 2546 GREENVILLE, SC 29602	57-0425826	501(C)(3)	34,000				HEALTH & HUMAN SERVICES
NEW HOPE BAPTIST CHURCHPO BOX 100 CROSS ANCHOR, SC 29331	57-0624595	501(C)(3)	5,975				RELIGIOUS
PARTNERS FOR ACTIVE LIVINGPO BOX 6728 SPARTANBURG, SC 29304	54-2111221	501(C)(3)	30,800				COMMUNITY NEEDS
REACH UPSTATEPO BOX 2413 SPARTANBURG, SC 29304	57-0791112	501(C)(3)	5,700				COMMUNITY NEEDS
SPARTANBURG COUNTY PARKS AND RECREATION 9039 FAIRFOREST RD SPARTANBURG, SC 29301	57-6000401	501(C)(3)	43,000				RECREATION & YOUTH
SPARTANBURG COUNTY SCHOOL DISTRICT SIX 1390 CAVALIER WAY ROEBUCK, SC 29376	57-0741993	501(C)(3)	12,302				EDUCATION
SPARTANBURG COUNTY SCHOOL DISTRICT THREE 3535 CLIFTON GLENDALE ROAD GLENDALE, SC 29346	57-0759273	501(C)(3)	10,000				EDUCATION
SPARTANBURG HOUSING AUTHORITY201 CAULDER AVENUE STE A SPARTANBURG, SC 29306	57-6001369	501(C)(3)	107,233				HEALTH & HUMAN SERVICES
ST LEO UNIVERSITYPO BOX 655 SAINT LEO, FL 335746665	53-0196617	501(C)(3)	27,000				EDUCATION
TOTAL MINISTRIESPO BOX 354 SPARTANBURG, SC 29304	57-0771620	501(C)(3)	14,600				COMMUNITY NEEDS
USC UNONPO DRAWER 729 UNION, SC 29379	57-6017985	501(C)(3)	72,200				EDUCATION
WESMINISTER PRESBYTERIAN CHURCH 309 FERNWOOD DRIVE SPARTANBURG, SC 29307	57-0424982	501(C)(3)	42,409				COMMUNITY NEEDS
WOODRUFF COMMUNITY CENTERPO BOX 1312 WOODRUFF, SC 29388	57-0752636	501(C)(3)	7,500				COMMUNITY NEEDS
YOUTH SPORTS BUREAU USA424 E KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501(C)(3)	16,100				RECREATION & YOUTH

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
SPARTANBURG COUNTY FOUNDATION

Employer identification number
57-0351398

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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 or provision 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 ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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 accrued 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	

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.

[illegible]

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

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
SPARTANBURG COUNTY FOUNDATION

Employer identification number
57-0351398

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	207,950	STOCK MARKET SALE
10 Securities—Closely held stock	X	1	82,800	VALUATION
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	
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?				Yes 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?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				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 III

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 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.****2011****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 QUESTIONNAIRE ANNUALLY AND THEY ARE REVIEWED BY THE PRESIDENT AND BOARD CHAIRMAN. IF ANY CONFLICTS OR POTENTIAL CONFLICTS ARE NOTED, THEY ARE PRESENTED TO THE BOARD AND OTHER APPROPRIATE PERSONNEL FOR FUTURE REFERENCE.
	FORM 990, PART VI, 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.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -3,265,377
REVIEW OF AUDITED FINANCIAL STATEMENTS	FORM 990, PART XII, LINE 2(C)	THE AUDIT COMMITTEE MEETS WITH THE AUDITOR AND REVIEWS THE AUDITED FINANCIAL STATEMENTS PRIOR THE REGULARLY SCHEDULED BOARD OF TRUSTEES MEETING. THE AUDITOR THEN REVIEWS THE AUDIT REPORT WITH THE FULL BOARD DURING THEIR REGULARLY SCHEDULED BOARD MEETING. THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

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

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Software ID:

Software Version:

EIN: 57-0351398

Name: SPARTANBURG COUNTY FOUNDATION

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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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	(g) Section 512 (b)(13) controlled organization
NOBLE TREE FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1091856	GREENSPACE	SC	501(C)(3)	LINE 11A, I	N/A	No
PERRIN FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1089465	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
JUDY BRADSHAW CHILDRENS FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1066485	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
TENA & FRED OATES FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1066228	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
HABISREUTINGER & BLACK FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 20-5799183	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
BARNET FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 58-2319535	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
BAIN FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1060455	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
THE BENEVOLENT FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 54-2082667	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
ZIMMERLI FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1018476	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
BALMER FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 56-2206524	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
FALATOK FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 26-0641848	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) HABISEUTINGER & BLACK FOUNDATION	R	500	
(2) BALMER FOUNDATION	R	21,151	
(3) JUDY BRADSHAW CHILDRENS FOUNDATION	R	14,584	
(4) TENA & FRED OATES FOUNDATION	R	10,322	
(5) BARNET FOUNDATION	R	26,882	
(6) FALATOK FOUNDATION	R	12,009	
(7) THE BENEVOLENT FOUNDATION	R	10,674	
(8) BAIN FOUNDATION	R	3,002	
(9) ZIMMERLI FOUNDATION	R	13,002	
(10) PERRIN FOUNDATION	R	14,996	
(11) NOBLE TREE FOUNDATION	R	34,210	
(12) BALMER FOUNDATION	C	268,650	
(13) JUDY BRADSHAW CHILDRENS FOUNDATION	C	4,000	
(14) BARNET FOUNDATION	C	10,815	
(15) THE BENEVOLENT FOUNDATION	C	11,600	
(16) ZIMMERLI FOUNDATION	C	21,517	
(17) PERRIN FOUNDATION	C	4,200	
(18) BAIN FOUNDATION	C	1,500	

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description
