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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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

C Name of organization
SPARTANBURG COUNTY FOUNDATION

Doing Business As

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

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

D Employer identification number
57-0351398

E Telephone number
(864) 582-0138

G Gross receipts $ 22,954,985

F Name and address of principal officer
JOHN H DARGAN
424 E KENNEDY STREET
SPARTANBURG, SC 29302

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SPCF ORG

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

L Year of formation 1943

M State of legal domicile SC

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	28
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	8,970,574	20,973,574
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	800,399	1,541,388
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	337,674	440,023
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,108,647	22,954,985
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,000,450	8,696,555
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	663,063	671,285
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶92,808		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,123,073	1,482,478
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,786,586	10,850,318
19	Revenue less expenses Subtract line 18 from line 12	2,322,061	12,104,667
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	89,449,800	109,237,666
21	Total liabilities (Part X, line 26)	22,497,240	24,809,511
22	Net assets or fund balances Subtract line 21 from line 20	66,952,560	84,428,155

Part II Signature Block

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

Sign Here

****** | 2013-04-12
Signature of officer | Date

JOHN H DARGAN PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
HOMER E MCABEE JR				P00965340

Firm's name ▶ MCABEE TALBERT HALLIDAY & CO | Firm's EIN ▶ 57-0925346

Firm's address ▶ 824 EAST MAIN STREET
SPARTANBURG, SC 29302 | Phone no (864) 583-0886

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 9,980,732 including grants of $ 8,696,555) (Revenue $)

GRANTS AND SCHOLARSHIPS TO SUPPORT PHILANTHROPIC ENDEAVORS IN SPARTANBURG COUNTY

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 9,980,732

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	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*	10		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.*	11a	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*	11b	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*	11c		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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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, Transmittal of Wage and Tax Statements, 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			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 as charitable contributions? . . .	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?	12a			
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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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 TREASURER	0 00	X						0	0	0
(2) ROBERT GREGORY VICE CHARIMAN	0 00	X						0	0	0
(3) JENNIFER C EVINS PAST CHAIRMAN	0 00	X						0	0	0
(4) JOHN C STOCKWELL TRUSTEE	0 00	X						0	0	0
(5) THOMAS R YOUNG III CHAIRMAN	0 00	X						0	0	0
(6) ANDREW FALATOK TRUSTEE	0 00	X						0	0	0
(7) JOHN S POOLE SECRETARY	0 00	X						0	0	0
(8) JOHN H DARGAN PRESIDENT/ ASST SECY	40 00			X				150,000	0	18,000
(9) MARY THOMAS VICE PRESIDENT	40 00			X				100,000	0	12,000

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								250,000	0	30,000

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	20,973,574			
	g	Noncash contributions included in lines 1a-1f $		7,074,988			
	h	**Total.** Add lines 1a-1f		20,973,574			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f					
	3	Investment income (including dividends, interest, and other similar amounts)		1,132,815	1,132,815		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	17,448				
	b	Less rental expenses	0				
	c	Rental income or (loss)	17,448				
	d	Net rental income or (loss)		17,448	17,448		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	408,573				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	408,573				
	d	Net gain or (loss)		408,573	408,573		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 10,082				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from fundraising events		10,082			10,082
	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	308,592	308,592		
	b	MISCELLANEOUS	900099	103,901	103,901		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		412,493			
	12	**Total revenue.** See Instructions		22,954,985	1,971,329	0	10,082

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	8,186,711	8,186,711		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	509,844	509,844		
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	280,000	112,000	84,000	84,000
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	265,963	92,339	173,624	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,533	8,873	17,660	
9 Other employee benefits	61,826	27,478	30,913	3,435
10 Payroll taxes	36,963	13,779	17,811	5,373
11 Fees for services (non-employees)				
a Management				
b Legal	3,985		3,985	
c Accounting	32,342		32,342	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	37,137		37,137	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	44,221		44,221	
13 Office expenses	13,598		13,598	
14 Information technology				
15 Royalties . .				
16 Occupancy	54,919		54,919	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	70,398		70,398	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	75,402		75,402	
23 Insurance	21,124		21,124	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CHURCH CONSTRUCTION	313,197	313,197		
b OTHERS	248,276	248,276		
c GREENSPACE UPKEEP	228,668	228,668		
d CITIZENS SCHOLAR PROGRA	154,163	154,163		
e All other expenses	185,048	85,404	99,644	
25 **Total functional expenses.** Add lines 1 through 24e	10,850,318	9,980,732	776,778	92,808
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		933,343	2	5,756,128
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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 5,932,232			
	b	Less accumulated depreciation	10b 771,862	5,146,177	10c	5,160,370
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		83,283,785	12	98,232,306
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		86,495	15	88,862
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		89,449,800	16	109,237,666
Liabilities	17	Accounts payable and accrued expenses		213,000	17	2,913
	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		22,284,240	21	24,806,598
	22	Loans and other 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		22,497,240	26	24,809,511
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		66,952,560	27	84,428,155
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		66,952,560	33	84,428,155
	34	Total liabilities and net assets/fund balances		89,449,800	34	109,237,666

Part XI Reconcilliation 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	22,954,985
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,850,318
3	Revenue less expenses Subtract line 2 from line 1	3	12,104,667
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,952,560
5	Net unrealized gains (losses) on investments	5	5,370,928
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	84,428,155

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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

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 described in **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 - Non-functionally integrated

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,852,726	6,849,467	7,054,789	8,970,574	20,973,574	50,701,130
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	6,852,726	6,849,467	7,054,789	8,970,574	20,973,574	50,701,130
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)						5,241,017
6 **Public support.** Subtract line 5 from line 4						45,460,113

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	6,852,726	6,849,467	7,054,789	8,970,574	20,973,574	50,701,130
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	718,671	824,918	1,402,199	1,157,604	1,981,411	6,084,803
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						56,785,933

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 2012 (line 6, column (f) divided by line 11, column (f))	**14**	80 060 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	**15**	87 450 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

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	130	
2	Aggregate contributions to (during year)	9,495,419	
3	Aggregate grants from (during year)	3,283,092	
4	Aggregate value at end of year	14,037,474	

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

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

4 Describe in Part XIII 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	3,044,752	661,350		3,706,102
b Buildings	147,000	1,662,678	405,274	1,404,404
c Leasehold improvements				
d Equipment		416,452	366,588	49,864
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				5,160,370

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	4,533,847	F
Other See Additional Data Table		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	98,232,306	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	24,475,662
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,370,928		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	737,436		
e	Add lines **2a** through **2d**			2e	6,108,364
3	Subtract line **2e** from line **1**			3	18,367,298
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	4,587,687		
c	Add lines **4a** and **4b**			4c	4,587,687
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	22,954,985

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

1	Total expenses and losses per audited financial statements			1	9,596,141
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	528,781		
e	Add lines **2a** through **2d**			2e	528,781
3	Subtract line **2e** from line **1**			3	9,067,360
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1,782,958		
c	Add lines **4a** and **4b**			4c	1,782,958
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	10,850,318

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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 $8,970,538 AND LIABILITIES TO THIRD PARTIES ARE $8,970,538 SPARTANBURG COUNTY FOUNDATION HAS ANNUITIES WITH SIX INDIVIDUALS THAT ARE PAID EITHER MONTHLY, QUARTERLY OR ANNUALLY THE TOTAL ASSETS AT DECEMBER 31, 2012 WAS $127,269 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 $16,089,539
PART XI, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES INTERFUND FEES 737,436
PART XI, LINE 4B - OTHER ADJUSTMENTS		CONTRIBUTIONS 2,647,623 INVESTMENT INCOME 1,938,785 MISCELLANEOUS 1,279
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES INTERFUND FEES 528,781
PART XII, LINE 4B - OTHER ADJUSTMENTS		GRANTS 1,386,100 GRANT EXPENSES 396,858
		PART XII, LINE 2D INCOME ON BOOKS NOT ON RETURN FUND RAISING EXPENSES NETTED AGAINST INCOME INTERFUND FEES 737,436 PART XII, LINE 4B IKNCOME ON RETURN NOT ON BOOKS FASB 136 AGENCY FUND INVESTMENT INCOME 1,938,785 CONTRIBUTIONS 2,647,623 MISCELLENEOUS INCOME 1,279
		PART XIII, ITEM 2D EXPENSE ON BOOKS NOT ON RETURN INTERFUND FEES 528,781 FUNDRAISING EXPENSES NETTED AGAINST INCOME PART XIII, ITEM 4B EXPENSES ON RETURN NOT ON BOOKS FASB 136 AGENCY FUNDS GRANTS 1,386,100 OPERATING EXPENSES 396,858

Additional Data

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

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

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(3)Other (A) WINSTON HEDGED EQUITY FUND	7,716,212	F
(B) WACHOVIA BANK	2,126,930	F
(C) T ROWE PRICE MID CAP EQUITY GRT ROWE PRICE	2,631,362	F
(D) PIMCOTOTAL RETURN	5,333,082	F
(E) SANDERSON INTERNATIONAL VALUE	8,375,681	F
(F) VANGUARD INSTITUTIONAL INDEX	6,557,685	F
(G) NYE LEDGE CAPITAL	7,785,582	F
(H) CHARITABLE TRUST	8,970,538	F
(I) ACADIAN INTERNATIONAL SM CAP	4,608,843	F
(J) ADVISORY RESEARCH SM/MID CAP	3,090,371	F
(K) VANGUARD INFLATION-PROTECTED	1,865,571	F
(L) AEW GLOBAL PROPERTY SECURITIES	2,024,257	F
(M) WELLINGTON - WTC-CCTF DIVERSIF	4,281,342	F
(N) EATON VANCE STRUCTURED EMERGIN	4,335,866	F
(O) WEATHERLOW OFFSHORE FUND I	9,143,146	F
(P) VANGUARD INTER-TERM TREASURY	5,379,076	F
(Q) FRANKLIN TEMPLETON	5,541,288	F
(R) VANGUARD DEVELOPLED MARKETS	3,931,627	F

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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

2012

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. Part II can be duplicated 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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	500	509,844			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADULT LEARNING CENTER 145 NORTH CHURCH STREET SUITE 82 SPARTANBURG,SC 29302	57-1006834	501(C)(3)	32,850				EDUCATION
AMERICAN RED CROSS 104 GARNER RD SPARTANBURG,SC 29302	53-0196605	501(C)(3)	22,350				HEALTH & HUMAN SERVICES
ARTS PARTNERSHIP OF GREATER SPARTANBURG INCST JOHN STREET SPARTANBURG,SC 29302	57-0986224	501(C)(3)	138,587				ARTS & CULTURE
BALLET SPARTANBURG 200 E SAINT JOHN ST SPARTANBURG,SC 29306	57-0658124	501(C)(3)	11,950				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)	17,850				RECREATION & YOUTH
BUFORD STREET UNITED METHODIST CHURCH120 E BUFORD ST GAFFNEY,SC 29390	57-0422126	CHURCH	6,763				RELIGIOUS
CHARLES LEA CENTER FOUNDATION195 BURDETTE STREET SPARTANBURG,SC 29302	57-0793478	501(C0(3)	55,082				EDUCATION
CHRISTIAN FREEDOM INTERNATIONALPO BOX 560 SALT ST MARIE,MI 49783	52-1283394	501(C)(3)	10,000				RELIGIOUS
CITY OF SPARTANBURG PO BOX 1749 SPARTANBURG,SC 29304	57-6000245	GOV'T	10,000				RECREATION & YOUTH
CONVERSE COLLEGE580 EAST MAIN STREET SPARTANBURG,SC 29302	57-0314380	501(C)(3)	46,019				EDUCATION
EPISCOPAL CHURCH OF THE ADVENTPO BOX 3168 SPARTANBURG,SC 29304	57-0747726	501(C)(3)	41,307				RELIGIOUS
FAITH HOME INCPO BOX 39 GREENWOOD,SC 29648	57-6034112	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEED RD KANSAS CITY,MO 64129	44-0610626	501(C)(3)	38,100				RELIGIOUS
FIRST PRESBYTERIAN CHURCH393 EAST MAIN STREET SPARTANBURG,SC 29302	57-0314439	CHURCH	53,248				RELIGIOUS
GLENN SPRINGS ACADEMYPO BOX 99 PAULINE,SC 29304	57-0834853	501(C)(3)	162,139				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)	23,123				ENVIRONMENTAL PRESERVATION
HAVEN458 N ST SPARTANBURG,SC 29301	57-0809732	501(C)(3)	15,500				HEALTH & HUAMAN SERICES
HOPE POINT COMMUNITY CHURCHPO BOX 170151 SPARTANBURG,SC 29301	42-1575386	CHURCH	28,000				RELIGIOUS
HUB CITY WRITERS PROJECT186 W MAIN STREET SPARTANBURG,SC 29306	57-1059259	501(C)(13)	8,700				ARTS & CULTURAL
J C STROBLE GLAUCOMA FOUNDATION167 EAST KENNEDY STREET SPARTANBURG,SC 29302	42-1733744	501(C)(3)	10,000				VISION DISABILITIES
MIDDLE TYGER COMMUNITY CENTER84 GROCE ROAD DUNCAN,SC 29365	57-1077940	501(C)(3)	5,000				RECREATION & YOUTH
MOBILE MEALS OF SPARTANBURGPO BOX 461 SPARTANBURG,SC 29304	57-0653452	501(C)(3)	76,536				HEALTH & HUMAN SERVICES
MUSIC FOUNDATION200 E SAINT JOHN ST SPARTANBURG,SC 29302	57-0485556	501(C)(3)	15,582				ARTS & CULTURE
NAZARETH PRESBYTERIAN CHURCH 680 NAZARETH CHURCH RD MOORE,SC 29369	57-6024361	CHURCH	18,201				RELIGIOUS
OAKWOOD CEMETERY PERPETUAL CARE2000 E MAIN ST SPARTANBURG,SC 29302	57-1096171	501(C)(13)	43,300				ENVIRONMENTAL PRESERVATION
PALMETTO COUNCIL BSA PO BOX 6249 SPARTANBURG,SC 29304	57-0314450	501(C)(3)	38,527				RECREATION & YOUTH
PRESBYTERIAN COLLEGE PO BOX 975 CLINTON,SC 29325	57-0314408	501(C)(3)	8,623				RELIGIOUS
PRESERVATION TRUST OF SPARTANBURGPO BOX 2223 SPARTANBURG,SC 29304	57-1075500	501(C)(3)	6,000				HISTORIC PRESERVATION
SC SCHOOL FOR THE DEAF & BLIND355 CEDAR SPRINGS RD SPARTANBURG,SC 29302	57-0693592	501(C)(3)	50,054				EDUCATION
SALVATION ARMYPO BOX 2909 SPARTANBURG,SC 29304	58-0660607	501(C)(3)	7,550				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)	14,458				ARTS & CULTURE
SPARTANBURG CHARTER SCHOOL261 GREENGATE LN SPARTANBURG,SC 29302	20-8133996	501(C)(3)	35,000				EDUCATION
SPARTANBURG CO SHERIFF'S OFFICE CHAPLAIN'S BENEVOL 8045 HOWARD ST SPARTANBURG,SC 29301	57-6000401	GOV'T	23,600				HEALTH & HUMAN SERVICES
SPARTANBURG COMMUNITY COLLEGE FOUNDATIONPO BOX 4386 SPARTANBURG,SC 29304	57-0751500	501(C)(3)	150,700				EDUCATION
SPARTANBURG COUNTY HISTORICAL ASSOCIATIONPO BOX 887 SPARTANBURG,SC 29304	57-6025123	501(C)(3)	38,610				ARTS & CULTURE
SPARTANBURG DAY SCHOOL1701 SKYLAN DRIVE SPARTANBURG,SC 29306	57-0371816	501(C0(3)	2,238,300				EDUCATION
SPARTANBURG HUMANE SOCIETY150 DEXTER RD SPARTANBURG,SC 29301	57-0481019	501(C)(3)	284,471				ANIAML CONTROL
SPARTANBURG METHODIST COLLEGE 1000 POWELL MILL RD SPARTANBURG,SC 29306	57-0314415	501(C)(3)	40,761				RELIGIOUS
SPARTANBURG REGIONAL HEALTHCARE FOUNDATION101 EAST WOOKD ST SPARTANBURG,SC 29301	57-0937166	501(C)(3)	111,351				HEALTH & HUMAN SERVICES
ST LUKE'S FREE MEDICAL CLINICPO BOX 3466 SPARTANBURG,SC 29304	57-0943232	501(C)(3)	93,581				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	16,681				RELIGIOUS
UNITED MITOCHONDRIAL DISEASE FOUNDATION INC8085 SALTSBURG RD STE 201 PITTSBURG,PA 15239	25-1767180	501(C)(3)	25,000				HEALTH & HUMAN SERVICES
UNITED WAY OF THE PIEDMONT203 EST MAIN ST SPARTANBURG,SC 29304	57-0314377	501(C)(3)	23,010				COMMUNITY NEEDS
USC UPSTATE800 UNIVERSITY WAY SPARTANBURG,SC 29301	57-6017985	501(C)(3)	11,500				EDUCATION
WALKER FOUNDATION355 CEDAR SPRINGS RD SPARTANBURG,SC 29301	57-0693592	503(C)(3)	30,843				EDUCATION
WOFFORD COLLEGE429 NORTH CHURCH STREET SPARTANBURG,SC 29301	57-0314422	501(C)(3)	33,623				EDUCATION
BETHLEHEM CENTERPO BOX 3501 SPARTANBURG,SC 29304	57-0314367	501(C)(3)	25,000				HEALTH & HUMAN SERVICES
CHILDREN'S SECURITY BLANKET PROJECT1855 E MAIN STREET STE 14 BOX 101 SPARTANBURG,SC 29307	20-2511033	501(C)(3)	49,026				YOUTH WELFARE
GEORGIA TECH FOUNDATION190 NORTH AVENUE NW ATLANTA,GA 303132550	58-6043294	501(C)(3)	10,000				EDUCATION
HAWKINS FOUNDTION200 PATEWOOD DRIVE SUITE C-100 GREENVILLE,SC 29615	20-4561262	501(C)(3)	826,000				HEALTH & EDUCATION
HEALTHLY SMILES OF SPARTANBURGPO BOX 1441 SPARTANBURG,SC 29304	03-0529473	501(C)(3)	5,050				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
JM SMITH FOUNDATION PO BOX 1779 SPARTANBURG,SC 29304	57-1046595	501(C)(3)	400,000				COMMUNITY NEEDS
SPARTANBURG COUNTY PARKS AND RECREATION 9039 FAIRFOREST RD SPARTANBURG,SC 29301	57-6000401	501(C)(3)	55,000				RECREATION & YOUTH
SPARTANBURG COUNTY SCHOOL DISTRICT THREE 3535 CLIFTON GLENDALE ROAD GLENDALE,SC 29346	57-0759273	501(C)(3)	10,880				EDUCATION
SPARTANBURG HOUSING AUTHORITY201 CAULDER AVENUE STE A SPARTANBURG,SC 29306	57-6001369	501(C)(3)	13,000				HEALTH & HUMAN SERVICES
USC UNONPO DRAWER 729 UNION,SC 29379	57-6017985	501(C)(3)	30,000				EDUCATION
WESMINISTER PRESBYTERIAN CHURCH 309 FERNWOOD DRIVE SPARTANBURG,SC 29307	57-0424982	501(C)(3)	13,000				COMMUNITY NEEDS
HALTERPO BOX 1403 SPARTANBURG,SC 29304	57-0864733	501(C)(3)	226,174				EDUCATION
RHD12 FUND FOR SIGHT PO BOX 161481 BOILING SPRINGS,SC 29316	45-4028932		187,173				PASS THRU GRANTS
SPARTANBURG COUNTY LIBRARY151 SOUTH CHURCH ST SPARTANBURG,SC 29306	57-6000940	501(C)(3)	182,000				EDUCATION
SPARTANBURG SOUP KITCHEN136 S FOREST ST SPARTANBURG,SC 29302	27-0530812	501(C)(13)	105,343				COMMUNITY NEEDS
ENCOURAGING WOODPO BOX 2110 SPARTANBURG,SC 29304	20-1829608	501(C)(3)	100,000				RELIGIOUS
UNIONLAURENS COMMISSION FOR HIGHER EDUCATIONPO DRAWER 729 UNION,SC 29379	57-0717445	GOV'T	100,000				CAPITAL IMPROVEMENTS
BETHANY BAPTIST CHURCHPO BOX 4086 SPARTANBURG,SC 29305	57-6007994	CHURCH	10,623				CAPITAL IMPROVEMENTS
BUTTERFLY FOUNDATION 185 LIBERTY ST SPARTANBURG,SC 29305	41-2213159	501(C)(3)	25,000				GENERAL WELFARE
CARMA INC151 MARTIN LANE COWPENS,SC 29330	45-4295027		5,000				ARTS/OTHER
CHILDREN'S SERVICE ALLIANCE900 SOUTH PINE ST SPARTANBURG,SC 29302	57-1097869	501(C)(3)	5,000				EDUCATION
CHRISTMAS IN ACTION PO BOX 5852 SPARTANBURG,SC 29304	56-2015602	501(C)(3)	5,000				COMMUNITY/NEIGHBORHOOD PROGRAMS
COLLEGE HUB OF SPARTANBURG101 W ST JOHN STREET SPARTANBURG,SC 29306	45-2104341	501(C)(3)	40,300				EDUCATION
DESTINATION CLEVELAND COUNTYPO BOX 2063 SHELBY,NC 28151	20-8085344	501(C)(3)	15,000				ARTS/OTHER
ELLEN HINES SMITH GIRLS HOMEPO BOX 1731 SPARTANBURG,SC 29304	57-0601487	501(C)(3)	32,200				HEALTH & HUMAN SERVICES
EMORY UNIVERSITY1762 CLIFTON RD ATLANTA,GA 30322	58-0566256	501(C)(3)	5,000				EDUCATION
FIRST BAPTIST CHURCH - RUTHERFORDTONPO BOX 839 RUTHERFORDTON,NC 28139	56-0709672	CHURCH	10,000				RELIGIOUS
FIRST BAPTIST CHURCH OF COWPENSPO BOX 1818 COWPENS,SC 29330	57-0468777	CHURCH	46,042				RELIGIOUS
FIRST BAPTIST CHURCH OF SPARTANBURG250 EAST MAIN STREET SPARTANBURG,SC 29306	57-0339440	CHURCH	12,880				RELIGIOUS
HERITAGE CLASSIC FOUNDATION71 LIGHTHOUSE RAOD HILTON HEAD,SC 29928	57-0835114	501(C)(3)	42,000				FOUNDASTIN OTHER THAN SPARTANBURG COUNTY FOUNDATION
IMPACT SPORTS INTERNATIONALPO BOX 5765 SPARTANBURG,SC 29304	20-3995547	501(C)(3)	11,400				RELIGIOUS
JAI SACHCHIDANAND SANGH INC3144 WEST US HIGHWAY 90 LAKE CITY,FL 32055	62-1188208	501(C)(3)	25,000				RELIGIOUS
KEEP THE CHANGE INCPO BOX 650723 STERLING,VA 20165	45-2641038	501(C)(3)	5,000				RELIGIOUS
LANDRUM HIGH SCHOOL PO BOX 609 LANDRUM,SC 29356	57-0687554	GOV'T	8,000				EDUCATION
MILESTONE CHURCH885 SIMUEL ROAD SPARTANBURG,SC 29301	57-1060839	CHURCH	8,300				RELIGIOUS
PACE FOUNDATION720 OLIVE WAY STE 1020 SEATTE,WA 98101	91-1662970	501(C)(3)	8,500				ARTS AND CULTURE
PROJECT HOPE FOUNDATION751 E GEORGIA ST WOODRUFF,SC 29388	58-2324540	501(C)(3)	35,662				GENERAL WELFARE/CHILDREN AND YOUTH
ROTARY DISTRICT 7750 18 WEST SEVEN OAKS DRIVE GREENVILLE,SC 29605	57-0750229	501(C)(3)	25,000				COMMUNITY/NEIGHBORHOOD PROGRAMS
SC CAMPAIGN TO PREVENT TEEN PREGNANCY1331 ELMWOOD AVEUE COLUMBIA,SC 29201	57-0897120	501(C)(3)	5,000				GENERAL WELFARE/CHILDREN AND YOUTH
SCFBWC EDUCATION FOUNDATION133 BURNETT DRIVE SPARTANBURG,SC 29302	91-1790716	501(C)(3)	11,554				EDUCATION/SCHOLARSHIPS
SHEPHERD'S CENTER OF SPARTANBURG393 E MAIN STREET SPARTANBURG,SC 29302	57-0691077	501(C)(3)	8,350				COMMUNITY/NEIGHBORHOOD PROGRAMS
SOUTHSIDE BAPTIST CHURCH316 SOUTH CHURCH STREET SPARTANBURG,SC 29306	57-0324934	CHURCH	5,000				RELIGIOUS
SPARTANBURG AREA CONSERVANCY100 E MAIN STREET SPARTANBURG,SC 29306	57-0885225	501(C)(3)	25,450				NATURAL ENVIRONMENT
SPARANBURG COUNTY CHAPLAIN BENEVOLENT FUND8045 HOWARD ST SPARTANBURG,SC 29301	57-6000401	GOV'T	5,000				HEALTH AND HUMAN SERVICES
SPARTANBURG COUNTY SCHOOL DISTRICT SEVEN PO BOX 970 SPARTANBURG,SC 29304	57-6000942	GOV'T	5,873				EDUCATION
SPARTANBURG SCIENCE CENTER200 E ST JOHN STREET SPARTANBURG,SC 29306	57-0661215	501(C)(3)	42,025				EDUCATION
THERMAL BELT OUTREACH MINISTRYPO BOX 834 TRYON,NC 28782	56-1793796	501(C)(3)	29,328				SHELTER FOR LESS FORTUNATE
TOWN OF COWPENSPO DRAWER 1399 COWPENS,SC 29330	57-6001018	GOV'T	5,000				COMMUNITY PROGRAMS
TRYON FINE ARTS CENTER34 MELROSE AVENUE TRYON,NC 28782	56-6086694	501(C)(3)	29,577				CULTURAL/ARTS
TRYON PRESBYTERIAN CHURCH430 HARMON FIELD ROAD TRYON,NC 28782	56-0746008	CHURCH	29,327				RELIGIOUS
UPSTATE WORKFORCE FUTURE'S CORPPO BOX 5313 SPARTANBURG,SC 29304	61-1614418	501(C)(3)	35,129				EDUCATON - WGFS GRANTS
USC EDUCATION FOUNDATION712 MAIN STREET ROOM 614 COLUMBIA,SC 29208	57-6017985	501(C)(3)	6,000				HEALTH

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SPARTANBURG COUNTY FOUNDATION

Employer identification number
57-0351398

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JOHN H DARGAN PRESIDENT/ ASST SECY	(i) (ii)	150,000 0	0 0	0 0	18,000 0	0 0	168,000 0	169,800 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SPARTANBURG COUNTY FOUNDATION

Employer identification number
57-0351398

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	37	7,054,988	STOCK MARKET SALE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

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

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SPARTANBURG COUNTY FOUNDATION

Employer identification number
57-0351398

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	COPY OF FORM 990 AND ATTACHMENTS ARE GIVEN TO ALL TRUSTEES FOR THEIR REVIEW PRIOR TO FILING AFTER ITS' REVIEW THE PRESIDENT SIGNS THE RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	THE TRUSTEES AND ALL EMPLOYEES COMPLETE A CONFLICT OF INTEREST QUESTIONAIRE ANNUALLY AND THEY ARE REVIEWED BY THE PRESIDENT AND BOARD CHAIRMAN IF ANY CONFLICTS OR POTENTIAL CONFLICTS ARE NOTED, THEY ARE PRESENTED TO THE BOARD AND OTHER APPROPRIATE PERSONNEL FOR FUTURE REFERENCE
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY REVIEWS SALARY OF ALL STAFF THE COMMITTEE USES A NATIONAL COMPENSATION SURVEY FOR NON PROFIT ORGANIZATIONS AND OTHER COMPARATIVE DATA THE RESULTS ARE PRESENTED TO THE FULLY BOARD FOR APPROVAL
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE FOR INSPECTION AT THE OFFICE OF SPARTANBURG COUNTY FOUNDATION, 424 E KENNEDY STREET, SPARTANBURG, SC 29302, TELEPHONE 864-582-0138, BETWEEN THE HOURS OF 9AM AND 5PM, MONDAY THROUGH FRIDAY
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 TO THE REGULARLY SCHEDULED BOARD OF TRUSTEES MEETING THE AUDITOR THEN REVIEWS THE AUDIT REPORT WITH THE FULL BOARD DURING THEIR REGULARLY SCHEDULED BOARD MEETING THE PROCESS HAS NOT CHANGED FORM PRIOR YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
(1) NOBLE TREE FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1091856	GREENSPACE	SC	501(C)(3)	LINE 11A, I	N/A	No
(2) PERRIN FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1089465	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
(3) 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
(4) 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
(5) HABISREUTINGER & BLACK FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 20-5799183	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
(6) BARNET FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 58-2319535	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
(7) BAIN FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1060455	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
(8) THE BENEVOLENT FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 54-2082667	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
(9) ZIMMERLI FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1018476	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
(10) BALMER FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 56-2206524	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A	No
(11) 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-s)	(c) Amount Involved	(d) Method of determining amount involved
HABISEUTINGER & BLACK FOUNDATION	S	125	
BALMER FOUNDATION	S	14,690	
JUDY BRADSHAW CHILDRENS FOUNDATION	S	20,177	
TENA & FRED OATES FOUNDATION	S	10,027	
BARNET FOUNDATION	S	32,379	
FALATOK FOUNDATION	S	11,587	
THE BENEVOLENT FOUNDATION	S	14,690	
BAIN FOUNDATION	S	1,174	
ZIMMERLI FOUNDATION	S	11,771	
PERRIN FOUNDATION	S	15,877	
NOBLE TREE FOUNDATION	S	34,063	
BALMER FOUNDATION	C	57,900	
JUDY BRADSHAW CHILDRENS FOUNDATION	C	3,000	
BARNET FOUNDATION	C	48,490	
THE BENEVOLENT FOUNDATION	C	10,000	
ZIMMERLI FOUNDATION	C	5,167	
PERRIN FOUNDATION	C	3,700	
BAIN FOUNDATION	C	25,500	