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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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?

YesNo

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?

YesNo

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 \$ 7,103,962 including grants of \$ 6,081,250) (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 ▶ 7,103,962

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 Yes	
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 Yes	
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V

☐

			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.				
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? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>			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? <i>If "No," provide an explanation in Schedule O.</i>			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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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	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 ▶TROY M HANNA 424 E KENNEDY STREET SPARTANBURG, SC 29302 (864) 582-0138

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

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2013)

Part VII

(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)							280,500	0	33,660	

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

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	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 or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,650,553			
	g	Noncash contributions included in lines 1a-1f \$		489,041			
	h	Total. Add lines 1a-1f		8,650,553			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,412,895	1,412,895	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses	7,200	0			
c		Rental income or (loss)	0				
d		Net rental income or (loss)	7,200	7,200			
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses		1,304,210			
c		Gain or (loss)		0			
d		Net gain or (loss)	1,304,210	1,304,210			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	19,414			
b		Less direct expenses	b	0			
c		Net income or (loss) from fundraising events		19,414			19,414
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	334,429	334,429		
b	MISCELLANEOUS	900099	36,727	36,727			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		371,156				
12	Total revenue. See Instructions		11,765,428	3,095,461	0	19,414	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	5,500,841	5,500,841		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	580,409	580,409		
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.	314,160	133,280	90,440	90,440
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.	295,305	99,658	195,647	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	32,917	9,439	23,478	
9	Other employee benefits.	61,650	27,400	30,825	3,425
10	Payroll taxes.	40,656	15,439	19,516	5,701
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	7,333		7,333	
c	Accounting.	35,406		35,406	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	47,610		47,610	
13	Office expenses.	15,777		15,777	
14	Information technology.				
15	Royalties.				
16	Occupancy.	100,826		100,826	
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	57,906		57,906	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	75,544		75,544	
23	Insurance.	23,940		23,940	
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	OTHERS	371,346	371,346		
b	CITIZENS SCHOLAR PROGRA	161,416	161,416		
c	GREENSPACE UPKEEP	107,294	107,294		
d	COLLEGE TOWN CONSORTIU	65,492	65,492		
e	All other expenses	162,913	31,948	130,965	
25	Total functional expenses. Add lines 1 through 24e.	8,058,741	7,103,962	855,213	99,566
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 or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			5,756,128	2	6,888,087
	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	5,928,982	5,160,370	10c	5,081,576
	b	Less accumulated depreciation	10b	847,406			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			98,232,306	12	114,150,399
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			88,862	15	90,979
16	Total assets. Add lines 1 through 15 (must equal line 34)			109,237,666	16	126,211,041	
Liabilities	17	Accounts payable and accrued expenses			2,913	17	1,114
	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			24,806,598	21	30,695,029
	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			24,809,511	26	30,696,143
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			84,428,155	27	95,514,898
	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			84,428,155	33	95,514,898
	34	Total liabilities and net assets/fund balances			109,237,666	34	126,211,041

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,765,428
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,058,741
3	Revenue less expenses Subtract line 2 from line 1	3	3,706,687
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	84,428,155
5	Net unrealized gains (losses) on investments	5	7,462,696
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-82,640
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	95,514,898

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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? 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	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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
3b	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	

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 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?

(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?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,849,467	7,054,789	8,970,574	20,973,574	8,650,553	52,498,957
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	6,849,467	7,054,789	8,970,574	20,973,574	8,650,553	52,498,957
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)						5,306,962
6 Public support. Subtract line 5 from line 4						47,191,995

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	6,849,467	7,054,789	8,970,574	20,973,574	8,650,553	52,498,957
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	824,918	1,402,199	1,157,604	1,981,411	3,114,875	8,481,007
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)						60,979,964
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 2013 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>77 390 %</td></tr></table>	14	77 390 %
14	77 390 %			
15	Public support percentage for 2012 Schedule A, Part II, line 14	<table><tr><td>15</td><td>80 060 %</td></tr></table>	15	80 060 %
15	80 060 %			
16a	33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	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.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization SPARTANBURG COUNTY FOUNDATION	Employer identification number 57-0351398
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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	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No
- b

If "Yes," explain the arrangement in Part 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	b (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
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,044,752	661,350		3,706,102
b Buildings	147,000	1,662,678	691,864	1,117,814
c Leasehold improvements				
d Equipment		413,202	155,542	257,660
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,081,576

Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	15,502,477
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	7,462,696
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	866,432
e	Add lines 2a through 2d	2e	8,329,128
3	Subtract line 2e from line 1	3	7,173,349
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	4,592,079
c	Add lines 4a and 4b	4c	4,592,079
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	11,765,428

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,411,784
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	640,434
e	Add lines 2a through 2d	2e	640,434
3	Subtract line 2e from line 1	3	6,771,350
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	1,287,391
c	Add lines 4a and 4b	4c	1,287,391
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,058,741

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 2B	SPARTANBURG COUNTY FOUNDATION IS A NAMED BENEFICIARY OF ELEVEN CHARITABLE TRUSTS. THE TOTAL ASSETS ARE \$9,194,488 AND LIABILITIES TO THIRD PARTIES ARE \$9,194,488. SPARTANBURG COUNTY FOUNDATION HAS ANNUITIES WITH THREE INDIVIDUALS THAT ARE PAID EITHER MONTHLY, QUARTERLY OR ANNUALLY. THE TOTAL ASSETS AT DECEMBER 31, 2013 WAS \$140,485. 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 \$21,732,910.
PART XI, LINE 2D - OTHER ADJUSTMENTS	INTERFUND FEES 866,432
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONTRIBUTIONS 1,674,047. INVESTMENT INCOME 2,913,799. MISCELLANEOUS 4,233.
PART XII, LINE 2D - OTHER ADJUSTMENTS	INTERFUND FEES 640,434
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANTS 1,207,992. GRANT EXPENSES 79,399.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 57-0351398

Name: SPARTANBURG COUNTY FOUNDATION

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other (A) WINSTON HEDGED EQUITY FUND	9,478,822	F
(B) WACHOVIA BANK	1,800,240	F
(C) T ROWE PRICE MID CAP EQUITY GRT ROWE PRICE	4,055,555	F
(D) PIMCO TOTAL RETURN	6,270,512	F
(E) SANDERSON INTERNATIONAL VALUE	10,628,924	F
(F) VANGUARD INSTITUTIONAL INDEX	9,637,809	F
(G) NYE LEDGE CAPITAL	10,734,479	F
(H) CHARITABLE TRUST	9,194,488	F
(I) ACADIAN INTERNATIONAL SM CAP	4,739,131	F
(J) ADVISORY RESEARCH SM/MID CAP	4,193,840	F
(K) VANGUARD INFLATION-PROTECTED	1,996,057	F
(L) AEW GLOBAL PROPERTY SECURITIES	2,384,502	F
(M) WELLINGTON - WTC-CCTF DIVERSIF	5,111,822	F
(N) EATON VANCE STRUCTURED EMERGIN	4,199,964	F
(O) WEATHERLOW OFFSHORE FUND I	10,369,420	F
(P) VANGUARD INTER-TERM TREASURY	6,265,180	F
(Q) FRANKLIN TEMPLETON	6,406,256	F
(R) VANGUARD DEVELOPED MARKETS	4,390,253	F

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u> (event type)	 (event type)	 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	19,414		19,414
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)	19,414		19,414
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					19,414

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a

%

b An outside facility

13b

%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SPARTANBURG COUNTY FOUNDATION

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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	527	580,409			

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

Return Reference	Explanation
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 REQRUIEMENTS, 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
SCHEDULE I, PART 1, QUESTION 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 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 REQRUIEMENTS, THE GRANT IS APPROVED WITHOUT FURTHER MONITORING, IF NOT THE GRANT IS DENIED THE BOARD OF TRUSTEES RECEIVES GRANT UPDATES AT THEIR REGULAR SCHEDULED MEETINGS

Additional Data

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

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)	8,550				EDUCATION
AMERICAN RED CROSS 104 GARNER RD SPARTANBURG, SC 29302	53-0196605	501(C)(3)	13,200				HEALTH & HUMAN SERVICES
ARTS PARTNERSHIP OF GREATER SPARTANBURG INC ST JOHN STREET SPARTANBURG, SC 29302	57-0986224	501(C)(3)	151,970				ARTS & CULTURE
BELLVIEW BAPTIST CHURCH 901 BELLVIEW RD WOODRUFF, SC 29388	57-0616342	CHURCH	10,000				RELIGIOUS
BOYS AND GIRLS CLUB OF THE UPSTATE PO BOX 2794 SPARTANBURG, SC 29304	57-0862226	501(C)(3)	37,780				RECREATION & YOUTH
BUFORD STREET UNITED METHODIST CHURCH 120 E BUFORD ST GAFFNEY, SC 29390	57-0422126	CHURCH	6,209				RELIGIOUS
CHARLES LEA CENTER FOUNDATION 195 BURDETTE STREET SPARTANBURG, SC 29302	57-0793478	501(C)(3)	26,536				EDUCATION
CHRISTIAN FREEDOM INTERNATIONAL PO 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	71,201				RECREATION & YOUTH
CONVERSE COLLEGE 580 EAST MAIN STREET SPARTANBURG, SC 29302	57-0314380	501(C)(3)	57,661				EDUCATION

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

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EPISCOPAL CHURCH OF THE ADVENT PO BOX 3168 SPARTANBURG,SC 29304	57-0747726	501(C)(3)	33,560				RELIGIOUS
FAITH HOME INC PO 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)	19,150				RELIGIOUS
FIRST PRESBYTERIAN CHURCH 393 EAST MAIN STREET SPARTANBURG,SC 29302	57-0314439	CHURCH	100,197				RELIGIOUS
GLENN SPRINGS ACADEMY PO BOX 99 PAULINE,SC 29304	57-0834853	501(C)(3)	82,045				EDUCATION
GREEN POND BAPTST CHURCH 300 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)	54,906				ENVIRONMENTAL PRESERVATION
HAVEN 458 N ST SPARTANBURG,SC 29301	57-0809732	501(C)(3)	44,000				HEALTH & HUAMAN SERICES
HOPE POINT COMMUNITY CHURCH PO BOX 170151 SPARTANBURG,SC 29301	42-1575386	CHURCH	88,120				RELIGIOUS
HUB CITY WRITERS PROJECT 186 W MAIN STREET SPARTANBURG,SC 29306	57-1059259	501(C)(13)	9,600				ARTS & CULTURAL

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
MIDDLE TYGER COMMUNITY CENTER 84 GROCE ROAD DUNCAN,SC 29365	57-1077940	501(C)(3)	29,000				RECREATION & YOUTH
MOBILE MEALS OF SPARTANBURG PO BOX 461 SPARTANBURG,SC 29304	57-0653452	501(C)(3)	47,122				HEALTH & HUMAN SERVICES
MUSIC FOUNDATION 200 E SAINT JOHN ST SPARTANBURG,SC 29302	57-0485556	501(C)(3)	28,211				ARTS & CULTURE
NAZARETH PRESBYTERIAN CHURCH 680 NAZARETH CHURCH RD MOORE,SC 29369	57-6024361	CHURCH	16,918				RELIGIOUS
OAKWOOD CEMETERY PERPETUAL CARE 2000 E MAIN ST SPARTANBURG,SC 29302	57-1096171	501(C)(13)	23,800				ENVIRONMENTAL PRESERVATION
PALMETTO COUNCIL BSA PO BOX 6249 SPARTANBURG,SC 29304	57-0314450	501(C)(3)	37,077				RECREATION & YOUTH
PRESBYTERIAN COLLEGE PO BOX 975 CLINTON,SC 29325	57-0314408	501(C)(3)	8,595				RELIGIOUS
PRESERVATION TRUST OF SPARTANBURG PO BOX 2223 SPARTANBURG,SC 29304	57-1075500	501(C)(3)	5,749				HISTORIC PRESERVATION
SC SCHOOL FOR THE DEAF & BLIND 355 CEDAR SPRINGS RD SPARTANBURG,SC 29302	57-0693592	501(C)(3)	52,738				EDUCATION
SELMA BAPTIST CHURCH 850 LAWSON RD WOODRUFF,SC 29388	57-0360087	CHURCH	10,000				RELIGIOUS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHRINER'S HOSPITALS FOR CHILDREN PO BOX 31356 TAMPLA,FL 33631	36-2193608	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
SPARTANBURG ART MUSEUM ST JOHN STREET SPARTANBURG,SC 29302	23-7041876	501(C)(3)	5,877				ARTS & CULTURE
SPARTANBURG CO SHERIFF'S OFFICE CHAPLAIN'S BENEVOL 8045 HOWARD ST SPARTANBURG,SC 29301	57-6000401	GOV'T	22,000				HEALTH & HUMAN SERVICES
SPARTANBURG COMMUNITY COLLEGE FOUNDATION PO BOX 4386 SPARTANBURG,SC 29304	57-0751500	501(C)(3)	368,650				EDUCATION
SPARTANBURG COUNTY HISTORICAL ASSOCIATION PO BOX 887 SPARTANBURG,SC 29304	57-6025123	501(C)(3)	40,025				ARTS & CULTURE
SPARTANBURG DAY SCHOOL 1701 SKYLAN DRIVE SPARTANBURG,SC 29306	57-0371816	501(C)(3)	49,707				EDUCATION
SPARTANBURG HUMANE SOCIETY 150 DEXTER RD SPARTANBURG,SC 29301	57-0481019	501(C)(3)	17,457				ANIAML CONTROL
SPARTANBURG METHODIST COLLEGE 1000 POWELL MILL RD SPARTANBURG,SC 29306	57-0314415	501(C)(3)	62,374				RELIGIOUS
SPARTANBURG REGIONAL HEALTHCARE FOUNDATION 101 EAST WOOKD ST SPARTANBURG,SC 29301	57-0937166	501(C)(3)	90,944				HEALTH & HUMAN SERVICES
ST LUKE'S FREE MEDICAL CLINIC PO BOX 3466 SPARTANBURG,SC 29304	57-0943232	501(C)(3)	48,672				HEALTH & HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THORNWELL HOME FOR CHILDREN PO BOX 60 CLINTON,SC 29325	57-0314418	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
TRINITY UNITED METHODIST CHURCH 626 NORWOOD ST SPARTANBURG,SC 29302	57-1112841	CHURCH	8,073				RELIGIOUS
UNITED MITOCHONDRIAL DISEASE FOUNDATION INC 8085 SALTSBURG RD STE 201 PITTSBURG,PA 15239	25-1767180	501(C)(3)	30,000				HEALTH & HUMAN SERVICES
UNITED WAY OF THE PIEDMONT 203 EST MAIN ST SPARTANBURG,SC 29304	57-0314377	501(C)(3)	52,482				COMMUNITY NEEDS
USC UPSTATE 800 UNIVERSITY WAY SPARTANBURG,SC 29301	57-6017985	501(C)(3)	39,446				EDUCATION
WALKER FOUNDATION 355 CEDAR SPRINGS RD SPARTANBURG,SC 29301	57-0693592	503(C)(3)	33,325				EDUCATION
WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG,SC 29301	57-0314422	501(C)(3)	73,914				EDUCATION
GEORGIA TECH FOUNDATION 190 NORTH AVENUE NW ATLANTA,GA 303132550	58-6043294	501(C)(3)	10,000				EDUCATION
HAWKINS FOUNDTION 200 PATEWOOD DRIVE SUITE C-100 GREENVILLE,SC 29615	20-4561262	501(C)(3)	726,000				HEALTH & EDUCATION
HEARTLAND HOSPICE MEMORIAL FUND 333 N SUMMIT STREET PO BOX 10086 TOLEDO,OH 436990086	86-0821142	501(C)(3)	10,000				HEALTH & HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG COUNTY SCHOOL DISTRICT THREE 3535 CLIFTON GLENDALE ROAD GLENDALE, SC 29346	57-0759273	501(C)(3)	10,000				EDUCATION
SPARTANBURG HOUSING AUTHORITY 201 CAULDER AVENUE STE A SPARTANBURG, SC 29306	57-6001369	501(C)(3)	7,000				HEALTH & HUMAN SERVICES
USC UNON PO DRAWER 729 UNION, SC 29379	57-6017985	501(C)(3)	52,200				EDUCATION
WESMINISTER PRESBYTERIAN CHURCH 309 FERNWOOD DRIVE SPARTANBURG, SC 29307	57-0424982	501(C)(3)	24,928				COMMUNITY NEEDS
SPARTANBURG COUNTY LIBRARY 151 SOUTH CHURCH ST SPARTANBURG, SC 29306	57-6000940	501(C)(3)	37,500				EDUCATION
SPARTANBURG SOUP KITCHEN 136 S FOREST ST SPARTANBURG, SC 29302	27-0530812	501(C)(13)	34,193				COMMUNITY NEEDS
ENCOURAGING WOOD PO BOX 2110 SPARTANBURG, SC 29304	20-1829608	501(C)(3)	50,000				RELIGIOUS
UNIONLAURENS COMMISSION FOR HIGHER EDUCATION PO DRAWER 729 UNION, SC 29379	57-0717445	GOV'T	125,000				CAPITAL IMPROVEMENTS
CHRISTMAS IN ACTION PO BOX 5852 SPARTANBURG, SC 29304	56-2015602	501(C)(3)	23,125				COMMUNITY/NEIGHBORHOOD PROGRAMS
EMORY UNIVERSITY 1762 CLIFTON RD ATLANTA, GA 30322	58-0566256	501(C)(3)	5,000				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH OF SPARTANBURG 250 EAST MAIN STREET SPARTANBURG,SC 29306	57-0339440	CHURCH	180,790				RELIGIOUS
SOUTHSIDE BAPTIST CHURCH 316 SOUTH CHURCH STREET SPARTANBURG,SC 29306	57-0324934	CHURCH	8,000				RELIGIOUS
SPARTANBURG COUNTY SCHOOL DISTRICT SEVEN PO BOX 970 SPARTANBURG,SC 29304	57-6000942	GOV'T	20,399				EDUCATION
BIRTHMATTERS PO BOX 5163 SPARTANBURG,SC 29304	45-4900759	501(C)(3)	25,000				HEALTH & HUMAN SERVICES
CANE CREEK PRESBYTERIAN CHURCH 120 CANE CREEK CHURCH ROAD UNION,SC 29379	57-0764433	CHURCH	5,000				RELIGIOUS
CHILDRENS' ADVOCACY CENTER 100 WASHINGTON PLACE SPARTANBURG,SC 29302	57-0987436	501(C)(3)	44,472				YOUT HWELFARE
CONNIE MAXWELL CHILDREN'S HOME PO BOX 1178 GREENWOOD,SC 29648	57-0324927	501(C)(13)	10,000				HEALTH & HUMAN SERVICES
EDWARDS ROAD BAPTIST CHURCH 1050 EDWARDS ROAD GREENVILLE,SC 29615	57-0421715	CHURCH	10,000				RELIGIOUS
EPISCOPAL CHURCH OF THE NATIVITY PO BOX 456 UNION,SC 29379	57-0846086	CHURCH	13,000				RELIGIOUS
GRACE UNITED METHODIST CHURCH 201 SOUTH CHRUCH STREET UNION,SC 29379		CHURCH	74,235				RELIGIOUS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER EUROPE MISSION PO BOX 1669 MONUMENT,CO 80132	36-2345199	501(C)(3)	5,000				RELIGIOUS
GREATER SPARTANBURG MINISTRIES INC 680 ASHEVILLE HWY SPARTANBURG,SC 29303	57-0603712	501(C)(3)	12,126				FOOD/HOUSING/SHELTER
HOPE CENTER FOR CHILDREN PO BOX 1731 SPARTANBURG,SC 29304	57-0601487	501(C)(3)	19,525				GENERAL WELFARE CHILDREN/YOUTH
JESSE S BOBO ELEMENTARY SCHOOL 495 POWELL MILL RD SPARTANBURG,SC 29301	57-0741233	GOV'T	29,766				EDUCATION
KEEP THE CHANGE INC PO BOX 650723 STERLING,VA 20165	45-2641038	501(C)(3)	5,000				RELIGIOUS
LAKE JUNALUSKA ASSEMBLY PO BOX 67 LAKE JUNALUSKA,NC 28745	56-0547461	501(C)(3)	6,125				RELIGIOUS
LANDER FOUNDATION 320 STANLEY AVE GREENWOOD,SC 29649	57-0327816	501(C)(3)	12,510				EDUCATION
LANDRUM PRESBYTERIAN CHURCH PO BOX 483 LANDRUM,SC 29356	57-1086719	CHURCH	6,092				RELIGIOUS
NEW BEGINNINGS UNITED METHODIST CHURCH 210 RAINBOW LAKE ROAD BOILING SPRINGS,SC 29316	52-2115226	CHURCH	32,113				RELIGIOUS
NEW HOPE BAPTIST CHURCH PO BOX 100 CROSS ANCHOR,SC 29331	57-0624595	CHURCH	56,399				RELIGIOUS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSIDE DEVELOPMENT CORPORATION PO BOX 1749 SPARTANBURG,SC 29304	30-0698663	501(C)(3)	16,000				COMMUNITY PROGRAMS
OPERATION RESTORATION PO BOX 6084 SPARTANBURG,SC 29304	57-0953101	501(C)(3)	5,000				FOOD/HOUSING/SHELTER
PIEDMONT SERTOMA PO BOX 5041 SPARTANBURG,SC 29304	23-7143056	501(C)(3)	7,150				COMMUNITY PROGRAMS
SOUTH CAROLINA MEDICAL ASSOCIATION FOUNDATION PO BOX 11188 COLUMBIA,SC 29211	57-0168534	501(C)(3)	5,000				EDUCATION
SOUTH CAROLINA NATURE CONSERVANCY PO BOX 5475 COLUMBIA,SC 29250	53-0242652	501(C)(3)	12,000				ENVIRNMENT
SPARTANBURG ACADEMIC MOVEMENT 101 W ST JOHN ST SUITE 204 SPARTANBURG,SC 29306	45-2104341	501(C)(3)	99,090				EDUCATION
SPARTANBURG COUNTY SCHOOL DISTRICT SIX 1390 CAVALIER WAY ROEBUCK,SC 29376	57-0741993	GOV'T	16,300				EDUCATION
SPARTANBURG PREPARATIORY SCHOOL 385 SOUTH SPRING ST SPARTANBURG,SC 29306	20-8133996	501(C)(3)	79,481				EDUCATION
ST CHRISTOPHER'S EPISCOPAL CHURCH 400 DUPRE DRIVE SPARTANBURG,SC 29307	57-0475529	CHURCH	5,763				RELIGIOUS
ST LEO UNIVERSITY PO BOX 6665 SAINT LEO,FL 33574	53-0196617	501(C)(3)	54,000				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL THE APOSTLE CHATHOLIC CHURCH 151 N DEAN STREET SPARTANBURG, SC 29302	57-0327879	CHURCH	62,500				RELIGIOUS
ST PAUL'S UNITED METHODIST CHURCH 1320 FERNWOOD- GLENDALE ROAD SPARTANBURG, SC 29307	57-0439646	CHURCH	15,037				RELIGIOUS
YMCA OF GREATER SPARTANBURG 266 S PINE ST SPARTANBURG, SC 29302	57-0314425	501(C)(3)	33,829				RECREATION & YOUTH

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1bYes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2Yes	
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 ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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)	161,500	0	0	0	19,380	180,880	168,000
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

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

SCHEDULE M
(Form 990)

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.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	25	489,041	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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?

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?

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

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

Return Reference	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.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013**Open to Public
Inspection**Name of the organization
SPARTANBURG COUNTY FOUNDATION**Employer identification number**

57-0351398

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	COPY OF FORM 990 AND ATTACHMENTS ARE GIVEN TO ALL TRUSTEES FOR THEIR REVIEW PRIOR TO FILING AFTER ITS' REVIEW THE PRESIDENT SIGNS THE RETURN
FORM 990, PART VI, SECTION B, LINE 12C	THE TRUSTEES AND ALL EMPLOYEES COMPLETE A CONFLICT OF INTEREST QUESTIONAIRE ANNUALLY AND THEY ARE REVIEWED BY THE PRESIDENT AND BOARD CHAIRMAN IF ANY CONFLICTS OR POTENTIAL CONFLICTS ARE NOTED, THEY ARE PRESENTED TO THE BOARD AND OTHER APPROPRIATE PERSONNEL FOR FUTURE REFERENCE
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY REVIEWS SALARY OF ALL STAFF THE COMMITTEE USES A NATIONAL COMPENSATION SURVEY FOR NON PROFIT ORGANIZATIONS AND OTHER COMPARATIVE DATA THE RESULTS ARE PRESENTED TO THE FULLY BOARD FOR APPROVAL
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE FOR INSPECTION AT THE OFFICE OF SPARTANBURG COUNTY FOUNDATION, 424 E KENNEDY STREET, SPARTANBURG, SC 29302, TELEPHONE 864-582-0138, BETWEEN THE HOURS OF 9AM AND 5PM, MONDAY THROUGH FRIDAY
FORM 990, PART 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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SPARTANBURG COUNTY FOUNDATION

Employer identification number
57-0351398

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V Transactions With Related Organizations

Yes	No
-----	----

[illegible]

- | | | |
|-----------|------------|-----------|
| 1a | | No |
| 1b | | No |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |

- | | | |
|----|-----|----|
| 1f | | No |
| 1g | | |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| | | |
| 1k | | No |
| 1l | | No |
| 1m | | No |
| 1n | | No |
| 1o | | No |
| | | |
| 1p | | No |
| 1q | | No |
| | | |
| 1r | | No |
| 1s | Yes | |

[illegible]

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) NOBLE TREE FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1091856	GREENSPACE	SC	501(C)(3)	LINE 11A, I	N/A		No
(1) PERRIN FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1089465	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A		No
(2) 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
(3) 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
(4) HABISREUTINGER & BLACK FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 20-5799183	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A		No
(5) BARNET FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 58-2319535	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A		No
(6) BAIN FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1060455	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A		No
(7) THE BENEVOLENT FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 54-2082667	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A		No
(8) ZIMMERLI FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 57-1018476	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A		No
(9) BALMER FOUNDATION 424 E KENNEDY STREET SPARTANBURG, SC 29302 56-2206524	SUPPORT ORGANIZATION	SC	501(C)(3)	LINE 11A, I	N/A		No
(10) 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	375	
BALMER FOUNDATION	S	17,560	
JUDY BRADSHAW CHILDRENS FOUNDATION	S	15,090	
TENA & FRED OATES FOUNDATION	S	10,798	
BARNET FOUNDATION	S	35,207	
FALATOK FOUNDATION	S	11,754	
THE BENEVOLENT FOUNDATION	S	21,034	
BAIN FOUNDATION	S	1,293	
ZIMMERLI FOUNDATION	S	15,090	
PERRIN FOUNDATION	S	17,369	
NOBLE TREE FOUNDATION	S	33,941	
BALMER FOUNDATION	C	58,850	
JUDY BRADSHAW CHILDRENS FOUNDATION	C	4,500	
BARNET FOUNDATION	C	33,490	
THE BENEVOLENT FOUNDATION	C	11,500	
ZIMMERLI FOUNDATION	C	6,770	
PERRIN FOUNDATION	C	1,600	
BAIN FOUNDATION	C	5,500	
NOBLE TREE FOUNDATION	C	1,800	