

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite C/O AMIE BUSBEE City or town, state or province, country, and ZIP or foreign postal code SPARTANBURG, SC 29303 F Name and address of principal officer: KRISTY CARADORI 101 E WOOD STREET, SPARTANBURG, SC 29303	D Employer identification number ** - ***** E Telephone number 864-560-6729 G Gross receipts \$ 26,310,191. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SRHS.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: SC

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S PURPOSE IS TO PROVIDE FINANCIAL SUPPORT FOR SPARTANBURG REGIONAL HEALTHCARE	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	22
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,134,413.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	351,363.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,990,953.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,054,179.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 737,805.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,100,685.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,339,590.
	19	Revenue less expenses. Subtract line 18 from line 12	3,651,363.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	41,804,712.
	21	Total liabilities (Part X, line 26)	678,893.
	22	Net assets or fund balances. Subtract line 21 from line 20	41,125,819.

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer: KRISTY CARADORI, EXECUTIVE DIRECTOR Date: _____ Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name: JOHN W. ROBINSON, JR. Preparer's signature: JOHN W. ROBINSON, JR Date: 03/31/17 Check if self-employed: <input type="checkbox"/> PTIN: P00429570 Firm's name: GOSNELL MENARD ROBINSON INFANTE CPAS PA Firm's EIN: ** - ***** Firm's address: PO BOX 1726 SPARTANBURG, SC 29304 Phone no.: 8645739211

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

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION

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:

THE FOUNDATION'S PURPOSE IS TO PROVIDE FINANCIAL SUPPORT FOR SPARTANBURG REGIONAL HEALTHCARE SYSTEM. THE FOUNDATION PROMOTES HEALTH BY FUNDING SPECIFIC PROJECTS THAT BENEFIT THE WELLBEING OF THE COMMUNITY. THE FOUNDATION ALSO AWARDS GRANTS TO SPARTANBURG REGIONAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,405,399. including grants of \$) (Revenue \$)
THROUGH GRANTS AND CONTRIBUTIONS FROM DONORS, SPARTANBURG REGIONAL FOUNDATION SUPPORTS THE HEALTH AND WELLBEING OF THE COMMUNITY. IN FY16, THE FOUNDATION PROVIDED FUNDING FOR MORE THAN 60 PROJECTS THAT PROMOTE HEALTH IN ACCORDANCE WITH DONOR DESIGNATIONS. A SMALL SAMPLE OF THE ACCOMPLISHMENTS ACHIEVED WITH THESE FUNDS INCLUDE: 1) MORE THAN 3,000 UNINSURED, AT-RISK PATIENTS WERE CONNECTED WITH FREE HEALTH CLINICS AND PHYSICIANS WHO DONATE THEIR SERVICES; 2) MORE THAN 5,100 SCREENING MAMMOGRAMS OCCURED ON A MOBILE MAMMOGRAPHY UNIT TO REACH WOMEN WITHOUT TRANSPORTATION; 3) CARDIAC REHAB SERVICES WERE PROVIDED TO HEART PATIENTS IN RECOVERY; 4) PREPAID GROCERY CARDS WERE PROVIDED FOR MORE THAN 500 HOSPICE PATIENTS IN NEED.

4b (Code:) (Expenses \$ 556,000. including grants of \$ 556,000.) (Revenue \$)
SPARTANBURG REGIONAL FOUNDATION AWARDS GRANTS TO AREAS OF SPARTANBURG REGIONAL HEALTHCARE SYSTEM FROM ITS UNRESTRICTED FUNDS THROUGH AN ANNUAL GRANT CYCLE. IN FY16, \$556,000 WAS AWARDED FOR 12 DIFFERENT HOSPITAL PROJECTS. JUST A FEW OF THE AREAS FUNDED INCLUDE: 1) PURCHASE OF SIMILIATION MANIKINS FOR EDUCATION AND TRAINING; 2) FUNDING OF INFRASTRUCTURE TO HELP DECREASE WAIT TIMES FOR EMERGENCY CENTER PATIENTS; 3) PURCHASE OF SIMULATORS TO EVALUATE THE DRIVING SKILLS OF STROKE AND CONCUSSION PATIENTS; 4) CONSTRUCTION OF AN OUTDOOR HEALING COURTYARD FOR 113 NURSING HOME RESIDENTS.

4c (Code:) (Expenses \$ 139,000. including grants of \$ 139,000.) (Revenue \$)
SPARTANBURG REGIONAL FOUNDATION MAKES AN IMPACT ON COMMUNITY HEALTH IN THE UPSTATE OF SOUTH CAROLINA BY AWARDED GRANTS TO LOCAL NON PROFIT ORGANIZATIONS. GRANT REQUESTS ARE REVIEWED BY A COMMITTEE OF FOUNDATION BOARD MEMBERS AND COMMUNITY VOLUNTEERS, WHO MAKE RECOMMENDATIONS TO THE FOUNDATION'S BOARD OF TRUSTEES. IN FY16, THE FOUNDATION FUNDED 15 COMMUNITY GRANTS TOTALING \$139,000. A SMALL SAMPLE OF THE PROJECTS FUNDED INCLUDE: 1) ACCESS TO PREVENTATIVE AND RESTORATIVE DENTAL HEALTH FOR CHILDREN AGES 4-18; 2) FIRST AID TRAINING FOR 300 INDIVIDUALS WHO WORK WITH MENTALLY ILL PATIENTS; 3) PRESCRIPTIONS, GLASSES AND HEARING AIDS FOR VETERANS; 4) HOMELESSNESS PREVENTION PROGRAM FOR DISABLED AND ELDERLY CITIZENS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 3,100,399.

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	X	
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>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		X
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>		X
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 "Yes," complete Schedule L, Part II</i>		X
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>		X
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>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	<i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
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>		X
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	X	

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	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)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE P. FLYNN BOARD MEMBER	1.00	X					0.	0.	0.	
(2) BRENDA M. JAMES BOARD MEMBER	1.00	X					0.	0.	0.	
(3) CHRISTOPHER M CROWLEY HEART CHAIR	1.00	X					0.	0.	0.	
(4) DARWIN SIMPSON HOSPICE CHAIR	1.00	X					0.	0.	0.	
(5) ELIZABETH O ORR BOARD MEMBER	1.00	X					0.	0.	0.	
(6) G ASHLEY ALLEN CHAIRMAN	1.00	X					0.	0.	0.	
(7) GARROW CROWLEY BOARD MEMBER	1.00	X					0.	0.	0.	
(8) JAMES D HODGE IMMEDIATE PAST CHAIRMAN	1.00	X					0.	0.	0.	
(9) JEFF BERLINE BOARD MEMBER	1.00	X					0.	0.	0.	
(10) JOHN A HARRILL JR MD BOARD MEMBER	1.00	X					0.	0.	0.	
(11) JOHN S MCBRIDE JR BOARD MEMBER	1.00	X					0.	0.	0.	
(12) JULIA D. LYONS BOARD MEMBER	1.00	X					0.	0.	0.	
(13) L. TERRELL SOVEY BOARD MEMBER	1.00	X					0.	0.	0.	
(14) MARGARET G. BURCH BOARD MEMBER	1.00	X					0.	0.	0.	
(15) MARSHA GIBBS VICE CHAIRMAN	1.00	X					0.	0.	0.	
(16) MELLNEE BUCHHEIT BOARD MEMBER	1.00	X					0.	0.	0.	
(17) MICHAEL ORSECK MD BOARD MEMBER	1.00	X					0.	0.	0.	

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) NORMAN PULLIAM BOARD MEMBER	1.00	X					0.	0.	0.	
(19) PATRICIA C GRIFFIN MD BOARD MEMBER	1.00	X					0.	0.	0.	
(20) ROBERT H CHAPMAN, III BOARD MEMBER	1.00	X					0.	0.	0.	
(21) W. RUSSELL FLOYD JR BOARD MEMBER	1.00	X					0.	0.	0.	
(22) WALTER SCOTT MONTGOMERY IV TREASURER	1.00	X					0.	0.	0.	
(23) WILLIAM H. (BILL) BURTON JR BOARD MEMBER	1.00	X					0.	0.	0.	
(24) WILLIAM M WEBSTER IV CANCER CHAIR	1.00	X					0.	0.	0.	
(25) WILLIAM N. TURRENTINE JR BOARD MEMBER	1.00	X					0.	0.	0.	
(26) KRISTI CARADORI EXECUTIVE DIRECTOR	40.00			X				0.	0.	
1b Sub-total	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)	0.	0.	

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>		X
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>	X	
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>		X

Section B. Independent Contractors

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

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

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

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

Form 990 (2015)

-***

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	1 a Federated campaigns	1a 84,041.				
	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 9,216,995.				
	g Noncash contributions included in lines 1a-1f: \$	16,203.				
	h Total. Add lines 1a-1f	▶ 9,301,036.				
Program Service Revenue	2 a _____	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)	▶ 901,604.	901,604.			
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	15,331,632.			
		c Gain or (loss)	15,714,219.			
	d Net gain or (loss)	▶ -382,587.	-382,587.	-382,587.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 775,919.				
		b Less: direct expenses	b 348,971.			
c Net income or (loss) from fundraising events		▶ 426,948.			426,948.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a 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				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	10,247,001.	519,017.	0.	426,948.	

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

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 domestic organizations and domestic governments. See Part IV, line 21	2,925,348.	2,925,348.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	203,432.	20,140.	112,701.	70,591.
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	761,635.	75,403.	421,945.	264,287.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	201,866.	19,985.	111,834.	70,047.
10 Payroll taxes	66,222.	6,556.	36,687.	22,979.
11 Fees for services (non-employees):				
a Management				
b Legal	41,324.	4,092.	22,893.	14,339.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	122,992.		122,992.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	34,496.	3,415.	19,111.	11,970.
12 Advertising and promotion	58,035.	995.	5,571.	51,469.
13 Office expenses	33,940.	3,360.	18,803.	11,777.
14 Information technology	19,953.	1,975.	11,054.	6,924.
15 Royalties				
16 Occupancy	100,926.	9,992.	55,913.	35,021.
17 Travel	27,695.	2,742.	15,343.	9,610.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,478.	146.	819.	513.
23 Insurance				
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 OTHER EXPENSES	244,829.	24,475.	217,710.	2,644.
b MISCELLANEOUS FUNDRAISI	143,210.			143,210.
c DUES & SUBSCRIPTIONS	17,929.	1,775.	9,933.	6,221.
d EXPENSES IN KIND	16,203.			16,203.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,021,513.	3,100,399.	1,183,309.	737,805.
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)

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	568,446.	2	852,769.
	3 Pledges and grants receivable, net	5,385,802.	3	5,940,164.
	4 Accounts receivable, net	1,453.	4	210,514.
	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 instr). Complete Part II of Sch 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	332,500.		
	b Less: accumulated depreciation	332,500.	10c	332,500.
	11 Investments - publicly traded securities	28,585,629.	11	35,714,493.
	12 Investments - other securities. See Part IV, line 11	6,930,882.	12	5,590,743.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	41,804,712.	16	48,641,183.	
Liabilities	17 Accounts payable and accrued expenses	389,284.	17	257,381.
	18 Grants payable		18	32,500.
	19 Deferred revenue	266,505.	19	121,298.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	23,104.	25	20,187.
	26 Total liabilities. Add lines 17 through 25	678,893.	26	431,366.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,186,399.	27	18,877,329.
	28 Temporarily restricted net assets	22,614,392.	28	28,959,178.
	29 Permanently restricted net assets	325,028.	29	373,310.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	41,125,819.	33	48,209,817.	
34 Total liabilities and net assets/fund balances	41,804,712.	34	48,641,183.	

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

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	10,247,001.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,021,513.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,225,488.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,125,819.
5	Net unrealized gains (losses) on investments	5	1,858,510.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	48,209,817.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

SPARTANBURG REGIONAL HEALTHCARE SYSTEM

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4582580.	3631630.	3808804.	7505177.	9424833.	28953024.
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				71,055.	101,000.	172,055.
4 Total. Add lines 1 through 3	4582580.	3631630.	3808804.	7576232.	9525833.	29125079.
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)						4957047.
6 Public support. Subtract line 5 from line 4.						24168032.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	4582580.	3631630.	3808804.	7576232.	9525833.	29125079.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	690,143.	735,663.	908,909.	718,556.	901,604.	3954875.
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 VI.)						
11 Total support. Add lines 7 through 10						33079954.
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 section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	73.06 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	72.15 %

16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

SPARTANBURG REGIONAL HEALTHCARE SYSTEM

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION Employer identification number **_*****

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	3,764,808.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) MONEY FUNDS	1,682,960.	END-OF-YEAR MARKET VALUE
(B) STRUCTURED NOTE		
(C) INVESTMENT	142,975.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	5,590,743.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	20,187.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	20,187.

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

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,315,287.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,858,510.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	348,971.
e	Add lines 2a through 2d	2e	2,207,481.
3	Subtract line 2e from line 1	3	10,107,806.
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	122,992.
b	Other (Describe in Part XIII.)	4b	16,203.
c	Add lines 4a and 4b	4c	139,195.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,247,001.

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

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

1	Total expenses and losses per audited financial statements	1	5,231,289.
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	348,971.
e	Add lines 2a through 2d	2e	348,971.
3	Subtract line 2e from line 1	3	4,882,318.
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	122,992.
b	Other (Describe in Part XIII.)	4b	16,203.
c	Add lines 4a and 4b	4c	139,195.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,021,513.

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EVENT EXPENSES

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GIFTS IN KIND

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EVENT EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GIFTS IN KIND

SPARTANBURG REGIONAL HEALTHCARE SYSTEM

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 (add col. (a) through col. (c))
		FUNDRAISING EVENTS		NONE	
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts	775,919.			775,919.
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	775,919.			775,919.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	348,971.			348,971.
10	Direct expense summary. Add lines 4 through 9 in column (d)				348,971.
11	Net income summary. Subtract line 10 from line 3, column (d)				426,948.

Part III Gaming. Complete if the organization answered "Yes" on 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))
1	Gross revenue				
Direct Expenses					
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 conducts gaming activities: _____
 a Is the organization licensed to conduct 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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on 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

2015

**Open to Public
Inspection**

Name of the organization **SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

Employer identification number
* * - * * * * * *

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE UPSTATE P. O. BOX 2794 SPARTANBURG, SC 29304	●●*: *—** - *501**(*C) (3)		16,000.	0.			THIS GRANT WILL PROVIDE FUNDS FOR A HEALTHY LIFESTYLES PROGRAM AT THE MARY H. WRIGHT ELEMENTARY
CHARLES LEA CENTER FOUNDATION 195 BURDETTE STREET SPARTANBURG, SC 29307	●●*: *—** - *501**(*C) (3)		8,575.	0.			THIS GRANT WILL PROVIDE FUNDS FOR FOUR TELEHEALTH TOOL KITS ON THE CHARLES LEA CENTER CAMPUS.
ELLEN SAGAR NURSING CENTER 1817 JONESVILLE HIGHWAY UNION, SC 29379	●●*: *—** - *501**(*C) (3)		53,234.	0.			THIS GRANT WILL PROVIDE FUNDS FOR AN OUTDOOR COURTYARD FOR 113 RESIDENTS.
GIRLS ON THE RUN SPARTANBURG P. O. BOX 170773 SPARTANBURG, SC 29301	●●*: *—** - *501**(*C) (3)		5,000.	0.			GIRLS ON THE RUN (GOTR) USES THE TRANSFORMATIVE POWER OF RUNNING TO DEVELOP SELF-ESTEEM,
GREATER ST. JAMES TEMPLE CHURCH 13255 ASHEVILLE HWY. INMAN, SC 29349	●●*: *—** - *501**(*C) (3)		7,000.	0.			THIS GRANT WILL PROVIDE FUNDS FOR MEDICAL SUPPLIES, EQUIPMENT AND CABINETS FOR THE
GREER RELIEF & RESOURCES AGENCY PO BOX 1303 GREER, SC 29652	●●*: *—** - *501**(*C) (3)		7,000.	0.			THIS GRANT WILL PROVIDE FUNDS FOR A HOMELESS PREVENTION PROGRAM FOR DISABLED AN/OR ELDERLY

- 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 ▶ _____

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

Schedule I (Form 990)

_***

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY SMILES OF SPARTANBURG INC. PO BOX 1441 SPARTANBURG, SC 29304	●●*: *___* - *501**(*C) (3)		14,475.	0.			THIS GRANT WILL PROVIDE FUNDS TO EXPAND ACCESS TO PREVENTIVE AND RESTORATIVE DENTAL HEALTH
MENTAL HEALTH AMERICA OF SPARTANBURG COUNTY - 187 W. BROAD STREET - SPARTANBURG, SC 29306	●●*: *___* - *501**(*C) (3)		6,000.	0.			THIS GRANT FUNDS RESOURCE MATERIALS AND OTHER SUPPLIES TO SUPPORT FIRST AID TRAINING FOR 300
MGC-WEIGHT LOSS SERVICES - SPARTANBURG - 100 EAST WOOD STREET, STE .200 - SPARTANBURG, SC 29303	●●*: *___* - *501**(*C) (3)		3,000.	0.			THIS GRANT WILL FUND A PORTABLE TOTAL-BODY COMPOSITION ANALYZER TO MEASURE PATIENTS' WEIGHT
MIDDLE TYGER COMMUNITY CENTER 84 GROCE ROAD LYMAN, SC 29365	●●*: *___* - *501**(*C) (3)		5,000.	0.			THIS GRANT WILL PROVIDE FUNDS TO EXPAND THE CAPACITY OF THE CLINIC THAT PROVIDES PATIENTS
PELHAM MEDICAL CENTER/EDUCATION 250 WESTMORELAND GREER, SC 29651	●●*: *___* - *501**(*C) (3)		62,987.	0.			THIS GRANT WILL SUPPORT THE PURCHASE OF ONE SIMMAN ESSENTIAL MANIKIN AND ACCESSORIES.
PIEDMONT CARE, INC. 101 NORTH PINE STREET, SUITE 200 SPARTANBURG, SC 29302	●●*: *___* - *501**(*C) (3)		15,000.	0.			THIS GRANT WILL PROVIDE FUNDS FOR COMMUNITY EDUCATION ON HIV AND AIDS PREVENTION. PIEDMONT
SPARTANBURG MEDICAL CENTER - TRANSITIONAL UNIT - 101 EAST WOOD STREET - SPARTANBURG, SC 29303	●●*: *___* - *501**(*C) (3)		150,000.	0.			THIS GRANT WILL SUPPORT A NEW EARLY ADMISSIONS TRANSITIONAL UNIT THAT WILL DECREASE WAIT TIMES
SAFE HOME - RAPE CRISIS COALITION 236 UNION STREET SPARTANBURG, SC 29302	●●*: *___* - *501**(*C) (3)		4,000.	0.			THIS GRANT WILL HELP FUND A CONFERENCE TO EDUCATE PROFESSIONALS ON INTERPERSONAL VIOLENCE.
SPARTANBURG REGIONAL REHAB - REHABILITATION SERVICES - 151 RIBAUT STREET - SPARTANBURG, SC 29303	●●*: *___* - *501**(*C) (3)		75,000.	0.			THIS GRANT WILL SUPPORT THE PURCHASE OF TWO DRIVING SIMULATORS TO HELP DETERMINE IF

Schedule I (Form 990)

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

Schedule I (Form 990)

_***

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG REGIONAL HEALTHCARE SYSTEM - TRAUMA - 101 EAST WOOD STREET - SPARTANBURG, SC 29303	●●*: *___* - *501**(*C) (3)		10,338.	0.			THIS GRANT WILL SUPPORT THE PURCHASE OF EQUIPMENT FOR THE STAY ACTIVE AND INDEPENDENT FOR LIFE
ST. LUKE'S FREE MEDICAL CLINIC PO BOX 3466 SPARTANBURG, SC 29304	●●*: *___* - *501**(*C) (3)		31,560.	0.			THIS GRANT WILL PROVIDE FUNDS FOR PATIENTS' LIFE-SUSTAINING MEDICATIONS. ST. LUKE'S
SPARTANBURG REGIONAL HEALTHCARE SYSTEM - MEDICAL STAFF - 101 EAST WOOD STREET - SPARTANBURG, SC 29303	●●*: *___* - *501**(*C) (3)		32,500.	0.			THIS GRANT WILL SUPPORT A PLAN FOR COMBAT BURNOUT AND PROMOTE WELLNESS AMONG PHYSICIANS AND
SPARTANBURG REGIONAL HEALTHCARE SYSTEM - CORPORATE EDUC. - 101 EAST WOOD STREET - SPARTANBURG, SC 29303	●●*: *___* - *501**(*C) (3)		55,384.	0.			THE PROPOSED PROJECT WILL ENHANCE THE TRAINING CAPABILITIES OF THE SIMULATION CENTER. THE
THE CHILDREN'S SECURITY BLANKET 1855 E. MAIN STREET SUITE 14 BOX 10 SPARTANBURG, SC 29302	●●*: *___* - *501**(*C) (3)		2,500.	0.			THIS GRANT WILL SUPPORT A FEASIBILITY STUDY ON EXPANDING THEIR SERVICES INTO CHEROKEE AND UNION
THE WALKER FOUNDATION 355 CEDAR SPRINGS ROAD SPARTANBURG, SC 28302	●●*: *___* - *501**(*C) (3)		5,305.	0.			THIS GRANT WILL SUPPORT THE PURCHASE OF SPECIALIZED EQUIPMENT FOR SPECIAL NEEDS STUDENTS TO
TOTAL MINISTRIES 300 UNION STREET, SUITE B SPARTANBURG, SC 29306	●●*: *___* - *501**(*C) (3)		5,000.	0.			THIS GRANT WILL PROVIDE FUNDS FOR PATIENT MEDICATIONS.
TRANSPORTATION SERVICE BUREAU 101 EAST WOOD STREET SPARTANBURG, SC 29349	●●*: *___* - *501**(*C) (3)		23,108.	0.			THIS GRANT WILL SUPPORT A MATCHING GRANT TO FUND THE PURCHASE OF A REPLACEMENT
UNION MEDICAL CENTER - EMERGENCY DEPARTMENT - PO BOX 789 - UNION, SC 29379	●●*: *___* - *501**(*C) (3)		13,000.	0.			THIS GRANT WILL SUPPORT THE PURCHASE OF 10 TELEVISIONS FOR EXAM ROOMS AND THE EMERGENCY

Schedule I (Form 990)

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

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

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF THE UPSTATE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL PROVIDE FUNDS FOR A HEALTHY LIFESTYLES PROGRAM AT THE MARY H. WRIGHT ELEMENTARY SCHOOL BOYS AND GIRLS CLUB OF THE UPSTATE. THIS PROGRAM WILL AID UP TO 200 CHILDREN IN FIRST THROUGH FIFTH GRADES.

NAME OF ORGANIZATION OR GOVERNMENT: CHARLES LEA CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL PROVIDE FUNDS FOR

Part IV Supplemental Information

FOUR TELEHEALTH TOOL KITS ON THE CHARLES LEA CENTER CAMPUS. SUPPORT AND
MAXIMIZE INDEPENDENT LIVING FOR THE ELDERLY AND THE DISABLED.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS ON THE RUN SPARTANBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: GIRLS ON THE RUN (GOTR) USES THE
TRANSFORMATIVE POWER OF RUNNING TO DEVELOP SELF-ESTEEM, SELF-RELIANCE AND
A LIFE TIME OF HEALTHY DECISION MAKING SKILLS IN YOUNG GIRLS AGES 8-13
(3RD-5TH GRADES). THIS GRANT WILL PROVIDE FUNDS FOR TWO SITES, ALLOWING
20 GIRLS FROM TO ATTEND 20 LESSONS IN PREPARATION FOR A 5K RACE.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER ST. JAMES TEMPLE CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL PROVIDE FUNDS FOR
MEDICAL SUPPLIES, EQUIPMENT AND CABINETRY FOR THE CHURCH'S HEALTH ROOM
AND OUTREACH PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: GREER RELIEF & RESOURCES AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL PROVIDE FUNDS FOR A
HOMELESS PREVENTION PROGRAM FOR DISABLED AN/OR ELDERLY MEMBERS OF GREER,
TAYLORS, DUNCAN, LYMAN AND WELLFORD. THE PROGRAM AIDS PARTICIPANTS
THROUGH INDIVIDUAL CASE MANAGEMENT, MATCHING PARTICIPANTS TO RESOURCES
AND AGENCIES FOR FURTHER HELP WITH FINANCIAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHY SMILES OF SPARTANBURG INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL PROVIDE FUNDS TO
EXPAND ACCESS TO PREVENTIVE AND RESTORATIVE DENTAL HEALTH CARE VIA A
MOBILE DENTAL CLINIC FOR CHILDREN RANGING FROM FOUR 18 THAT ARE FROM
FAMILIES WITH LOW INCOME, UNDER-SERVED AND HIGH NEED AREAS IN SPARTANBURG
COUNTY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH AMERICA OF SPARTANBURG COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT FUNDS RESOURCE MATERIALS AND OTHER SUPPLIES TO SUPPORT FIRST AID TRAINING FOR 300 INDIVIDUALS WHO WORK WITH BEHAVIORAL HEALTH PATIENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

MGC-WEIGHT LOSS SERVICES - SPARTANBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL FUND A PORTABLE TOTAL-BODY COMPOSITION ANALYZER TO MEASURE PATIENTS' WEIGHT AND INSTANTLY CALCULATE BODY FAT PERCENTAGE AND BODY WATER PERCENTAGE, IN ADDITION TO BODY MASS INDEX (BMI).

NAME OF ORGANIZATION OR GOVERNMENT: MIDDLE TYGER COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL PROVIDE FUNDS TO EXPAND THE CAPACITY OF THE CLINIC THAT PROVIDES PATIENTS WITH COUNSELING AND PRESCRIPTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: PIEDMONT CARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL PROVIDE FUNDS FOR COMMUNITY EDUCATION ON HIV AND AIDS PREVENTION. PIEDMONT CARE WORKS THROUGH SPARTANBURG, CHEROKEE, AND UNION COUNTIES TO FIGHT THE SPREAD OF HIV AND AIDS AND PROVIDE CARE AND EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT:

SPARTANBURG MEDICAL CENTER - TRANSITIONAL UNIT

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL SUPPORT A NEW EARLY

Part IV Supplemental Information

ADMISSIONS TRANSITIONAL UNIT THAT WILL DECREASE WAIT TIMES FOR EMERGENCY CENTER PATIENTS. THE TELEMETRY UNIT WILL IMPROVE THE PATIENT TRANSPORT FROM THE EMERGENCY CENTER TO THEIR POINT OF CARE.

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HOME - RAPE CRISIS COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL HELP FUND A CONFERENCE TO EDUCATE PROFESSIONALS ON INTERPERSONAL VIOLENCE. SAFE HOMES EDUCATION EMPOWERS COMMUNITY MEMBERS SO THEY CAN PROVIDE HELP TO A FRIEND BEING ABUSED, SPEAK OUT ABOUT ABUSE OR ACT AS AN ENGAGED BYSTANDER.

NAME OF ORGANIZATION OR GOVERNMENT:

SPARTANBURG REGIONAL REHAB - REHABILITATION SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL SUPPORT THE PURCHASE OF TWO DRIVING SIMULATORS TO HELP DETERMINE IF PATIENTS WHO HAVE SUFFERED FROM INJURIES OR ILLNESSES SUCH AS STROKES OR CONCUSSIONS ARE READY TO DRIVE A MOTOR VEHICLE.

NAME OF ORGANIZATION OR GOVERNMENT:

SPARTANBURG REGIONAL HEALTHCARE SYSTEM - TRAUMA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL SUPPORT THE PURCHASE OF EQUIPMENT FOR THE STAY ACTIVE AND INDEPENDENT FOR LIFE FITNESS CLASS TO HELP OLDER ADULTS WITH BALANCE.

NAME OF ORGANIZATION OR GOVERNMENT: ST. LUKE'S FREE MEDICAL CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL PROVIDE FUNDS FOR PATIENTS' LIFE-SUSTAINING MEDICATIONS. ST. LUKE'S OFFERS PRIMARY MEDICAL CARE, PHYSICIAN-ORDERED MEDICATIONS, PASTORAL SUPPORT AND PATIENT

Part IV Supplemental Information

EDUCATION FOR UNINSURED RESIDENTS OF SPARTANBURG COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

SPARTANBURG REGIONAL HEALTHCARE SYSTEM - MEDICAL STAFF

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL SUPPORT A PLAN FOR
COMBAT BURNOUT AND PROMOTE WELLNESS AMONG PHYSICIANS AND CLINICAL STAFF.

NAME OF ORGANIZATION OR GOVERNMENT:

SPARTANBURG REGIONAL HEALTHCARE SYSTEM - CORPORATE EDUC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROPOSED PROJECT WILL ENHANCE
THE TRAINING CAPABILITIES OF THE SIMULATION CENTER. THE FUNDS WILL
SUPPORT THE PURCHASE OF AN ADULT SIMULATION MANIKIN FOR THE SIMULATION
LAB.

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDREN'S SECURITY BLANKET

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL SUPPORT A
FEASIBILITY STUDY ON EXPANDING THEIR SERVICES INTO CHEROKEE AND UNION
COUNTIES. THE CHILDREN'S SECURITY BLANKET PROVIDES FINANCIAL SUPPORT TO
FAMILIES WITH A CHILD WHO IS DIAGNOSED WITH CANCER.

NAME OF ORGANIZATION OR GOVERNMENT: THE WALKER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL SUPPORT THE PURCHASE
OF SPECIALIZED EQUIPMENT FOR SPECIAL NEEDS STUDENTS TO HELP HEALTHCARE
PROFESSIONALS ASSESS AND MONITOR THESE STUDENTS IN A MORE EFFICIENT
MANNER.

NAME OF ORGANIZATION OR GOVERNMENT: TRANSPORTATION SERVICE BUREAU

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL SUPPORT A MATCHING

Part IV Supplemental Information

GRANT TO FUND THE PURCHASE OF A REPLACEMENT WHEELCHAIR-ACCESSIBLE BUS.

THE TRANSPORTATION SERVICE BUREAU HELPS INDIVIDUALS TRAVEL TO HEALTH AND
HUM SERVICES, TO JOBS, THE GROCERY STORE OR THE LIBRARY.

NAME OF ORGANIZATION OR GOVERNMENT:

UNION MEDICAL CENTER - EMERGENCY DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL SUPPORT THE PURCHASE
OF 10 TELEVISIONS FOR EXAM ROOMS AND THE EMERGENCY DEPARTMENT WAITING
ROOM.

NAME OF ORGANIZATION OR GOVERNMENT: UNION MEDICAL CENTER/PHARMACY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL SUPPORT THE PURCHASE
OF ONE ACUDOSE CABINET IN THE AFTER-HOURS PHARMACY AREA.

NAME OF ORGANIZATION OR GOVERNMENT: UPSTATE STAND DOWN

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL PROVIDE FUNDS FOR
PRESCRIPTIONS, GLASSES, HEARING AIDS AND OTHER SUPPLIES TO ASSIST
VETERANS. UPSTATE STAND DOWN ASSISTS HOMELESS VETERANS AT RISK OF
HOMELESSNESS OR VETERANS IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT:

SPARTANBURG MEDICAL CENTER/SAFE KIDS SPARTANBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT FUNDS AN OPPORTUNITY FOR
15 CERTIFIED CHILD PASSENGER SAFETY TECHNICIANS TO ATTEND A CLASS ON
PROPER CHILD RESTRAINT EVALUATION AND WILL PROVIDE CHILD SEATS FOR
FAMILIES OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION**

Employer identification number
-***

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2015

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 990-EZ 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

2015

Open to Public
Inspection

Name of the organization

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION

Employer identification number
-***

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SYSTEM. THE FOUNDATION PROMOTES HEALTH BY FUNDING SPECIFIC PROJECTS
THAT BENEFIT THE WELLBEING OF THE COMMUNITY. THE FOUNDATION ALSO AWARDS
GRANTS TO SPARTANBURG REGIONAL HEALTHARE SYSTEM AND OTHER COMMUNITY
ORGANIZATIONS WHOSE FOCUS IS HEALTH AND WELLNESS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTHARE SYSTEM AND OTHER COMMUNITY ORGANIZATIONS WHOSE FOCUS IS
HEALTH AND WELLNESS.

FORM 990, PART VI, SECTION A, LINE 2:

THE BOARD HAS TWO MEMBERS WHO ARE MARRIED TO EACH OTHER.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 PRESENTED TO GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION OBTAINS INFORMATION FROM BOARD MEMBERS RELATED TO BUSINESS
ENTITIES AND OTHER NONPROFIT ORGANIZATIONS PRIOR TO ELECTION TO THE BOARD.
ANNUALLY, EACH BOARD MEMBER COMPLETES A CONFLICT OF INTEREST QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION MAY USE AN INDEPENDENT CONSULTANT, COMPENSATION SURVEYS
AND APPROVAL BY GOVERNING BODY.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION	Employer identification number **-*****
--	--

THE ORGANIZATION MAKES GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

990 PART XII LINE 2C

AN AUDIT COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS OVERSEES THE SELECTION OF AN INDEPENDENT AUDITOR AND IS PRESENTED THE AUDIT REPORT UPON COMPLETION. THERE HAS NOT BEEN A CHANGE IN THE OVERSIGHT OR SELECTION PROCESS THIS YEAR.

FORM 990, PART VII, SECTION A

SPARTANBURG REGIONAL HEALTHCARE SYSTEM PAYS SALARIES AND ADMINISTRATIVE COSTS OF THE SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION. SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION TREATS THE PAYMENT AS A CONTRIBUTION FROM SPARTANBURG REGIONAL HEALTHCARE SYSTEM AND AS AN EXPENSE OF SPARTANBURG REGIONAL HEALTHCARE FOUNDATION.

**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.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION** Employer identification number
****-*******

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
SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT - **_*****, 101 E WOOD STREET, SPARTANBURG, SC 29303	HOSPITAL	SOUTH CAROLINA	501(E)(1)(B)(III)	170(B)(1) (A)(IV)	N/A		X

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

Schedule R (Form 990) 2015

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
FOUNDATION**

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SPARTANBURG REGIONAL HEALTHCARE SYSTEM	O	1,233,152.	CASH
(2) SPARTANBURG REGIONAL HEALTHCARE SYSTEM	Q	484,031.	CASH
(3) SPARTANBURG REGIONAL HEALTHCARE SYSTEM	P	2,106,264.	CASH
(4) SPARTANBURG REGIONAL HEALTHCARE SYSTEM	B	123,995.	CASH
(5) SPARTANBURG REGIONAL HEALTHCARE SYSTEM	C	208,077.	CASH
(6)			

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION	Employer identification number (EIN) or **-*****
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O AMIE BUSBEE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPARTANBURG, SC 29303	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATION

- The books are in the care of ▶ **101 EAST WOOD STREET - SPARTANBURG, SC 29303**
Telephone No. ▶ **864-560-6729** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2015**, and ending **SEP 30, 2016**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.