KENNETH COBB & COMPANY, P.C. P.O. BOX 864 MULLINS, SC 29574

MARION COUNTY HEALTHCARE FOUNDATION 230 S MAIN ST MULLINS, SC 29574

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KENNETH COBB & COMPANY, P.C. P.O. BOX 864 MULLINS, S.C. 29574

AUGUST 29, 2022

MARION COUNTY HEALTHCARE FOUNDATION 230 S MAIN ST MULLINS, SC 29574

MARION COUNTY HEALTHCARE FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

KENNETH COBB & COMPANY, P.C.

8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning , 2021, and ending

20

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

Name of filer

MARION COUNTY HEALTHCARE FOUNDATION

-*6478

Name and title of officer or person subject to tax PETE MAZZARONI
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here > X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5,885,329
2 a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3 a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here >	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10	0
Part	II Declaration and Signat	ur	e Authorization of Officer or Person Subject to Tax		
Jnder _l	penalties of perjury, I declare that X	Ιa	m an officer of the above entity or 🔲 I am a person subject to tax with res	pect	to (name
of entit	<i>(</i>)		. (ÉIN) and that I hav	e exa	mined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

ERO firm name

PIN:	check	one	hox	only

X | authorize KENNETH COBB & COMPANY, P.C.

to enter my PIN

26478

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date >

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57400929571

Do not enter all zero

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ER0's signature

Date >

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. print **-**6478 MARION COUNTY HEALTHCARE FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 230 S MAIN ST City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions MULLINS, SC 29574 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Return Application Return Application Is For Code Is For Code Form 1041-A Form 990 or Form 990-EZ 01 80 03 Form 4720 (other than individual) 09 Form 4720 (individual) Form 5227 10 Form 990-PF 04 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 8870 Form 990-T (trust other than above) 06 12 Form 990-T (corporation) PETE MAZZARONI The books are in the care of ► 230 S MAIN ST -MULLINS, SC 29574 Telephone No. ► 843-464-0533 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 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: X calendar year 2021 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return ☐ Change in accounting period

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2022)

3a

3b | \$

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change MARION COUNTY HEALTHCARE FOUNDATION Name **-***6478 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 230 S MAIN ST (843) 464-0533 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 26,027,439. Amended return MULLINS, SC 29574 H(a) Is this a group return Applica-F Name and address of principal officer: PETE MAZZARONI for subordinates? ____L Yes X No pending 230 S MAIN ST., MULLINS, SC H(b) Are all subordinates included? Yes Tax-exempt status: \square 501(c)(3) \square 501(c) (4) \triangleleft (insert no.) \square 4947(a)(1) or If "No," attach a list. See instructions J Website: ▶ WWW.MARIONCOUNTYHFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Year of formation: 2001 M State of legal domicile: SC Part I Summary Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO DEVELOP Activities & Governance PARTNERSHIPS AND FUND INNOVATIVE PROJECTS THAT IMPROVE THE HEALTH Check this box lift the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 13 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 1 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,884,910. 4,662,704. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 472. 419. 5,885,329. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,663,176. 1,451,625 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 894,906. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 117,614. 126,093. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 594,755. 650,816. 2,163,994. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,671,815. 2,499,182. 4,213,514. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 79,323,096. 20 Total assets (Part X, line 16) 71,283,300. 21 Total liabilities (Part X, line 26) 5,225 502,477. let let Net assets or fund balances. Subtract line 21 from line 20 78,820,619. 278,075. 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. Signature of officer Date Sign PETE MAZZARONI, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Date PTIN Paid CHARLES F. JONES baller P00542750 self-employed Preparer Firm's name KENNETH COBB & COMPANY, Firm's EIN Firm's address P.O. BOX 864 Use Only MULLINS, SC 29574 Phone no. 843-464-9563 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Page 2

Га	Statement of Frogram Service Accomplishments	77
	///////	X
1	Briefly describe the organization's mission:	
	OUR MISSION IS TO DEVELOP PARTNERSHIPS AND FUND INNOVATIVE PROJECTS	
	THAT IMPROVE THE HEALTH AND PROSPERITY FOR RESIDENTS OF MARION COUNTY.	
	WE DO THIS BY FOCUSING OUR FUNDING IN THE FOLLOWING DETERMINANTS OF A	
	HEALTHY COMMUNITY: ACCESS TO QUALITY HEALTHCARE, IMPROVEMENTS IN	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	ol
	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 X	VО
	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 \$ 500,000 • including grants of \$ 500,000 •) (Revenue \$	
	THE MARION COUNTY LIBRARY WAS PROVIDED WITH FUNDS TO ASSIST WITH	
	LIBRARY RENOVATIONS.	
		_
4b	(Code:) (Expenses \$ 100,000 • including grants of \$ 100,000 •) (Revenue \$	
	FUNDS WERE PROVIDED TO ASSIST MARION COUNTY WITH THE CONSTRUCTION OF	
	THE CLEMENTE PINKNEY MEMORIAL COMMUNITY PARK (THIS WAS THE THIRD AND	
	FINAL PAYMENT OF A 3 YEAR PLEDGE)	
4c	(Code:) (Expenses \$)
	FUNDING WAS PROVIDED TO ASSIST WITH OPERATIONS OF THE AMAZING GRACE	
	PARK (THIS IS THE FIRST OF A 3 YEAR PLEDGE)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 238,906 • including grants of \$ 238,906 •) (Revenue \$)	
4e	Total program service expenses ► 894,906.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	<u> </u>	X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	-	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	_		
4		3	-	Х
•	during the tax year? If "Yes," complete Schedule C, Part II	4	1	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u			х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	Λ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		-21
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	1.0		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a h	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	116		х
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	14b		- 21
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		,,	
	NOTIFICATION OF THE PROPERTY OF THE PROPERTY OF THE STATE OF THE PROPERTY OF T	04	Y I	

Part IV Checklist of Required Schedules (continued)

			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete	1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Joa	\vdash	<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		\vdash
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Boot V			
	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 15	E00000000000		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2021) MARION COUNTY HEALTHCARE FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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).			
oa L	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
60	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
h	any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			v
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		_X_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
٠	to file Form 8282?	-		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		Λ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7-		
f	Did the encoderation of the U.S. S.	7e 7f	_	
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	100		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
	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 Enter the amount of resource on head			
4a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	4.4		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a	-	<u>X</u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b	-+	
	excess parachute payment(s) during the year?	45	- 1	х
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		Λ
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	16		-22
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	17		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.)		
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	icial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PETE MAZZARONI - 843-464-0533			
	230 S MAIN ST, MULLINS, SC 29574			

MARION COUNTY HEALTHCARE 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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	org	aniza	ation	co	mpe	nsat	ted any current officer,	director, or trustee.	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and title	Average	/do		Pos	ition	1 than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer ar	ida d	Irecto	or/trus	stee)	from	from related	other
	(list any	rector			l			the	organizations	compensation
	hours for	or di	8			ated		organization	(W-2/1099-MISC/	from the
	related organizations	nstee	trust		8	bens	dittions.	(W-2/1099-MISC/	1099-NEC)	organization
	below	lual tr	tional		yoldı	t con		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PETER MAZZARONI	40.00	-	_	-	×	T. 00	14.			
EXECUTIVE DIRECTOR		1		X			7	117,083.	0.	0.
(2) DIANNE HERRINGTON	1.00				Eller.			·		
CHAIR		Х	1					8,400.	0.	0.
(3) JOHNNY FLOYD	0.57									
BOARD MEMBER		Х						6,500.	0.	0.
(4) JANIE M JOHNSON	0.57		7 3						180 - 1	
BOARD MEMBER	17	X	4					6,100.	0.	0.
(5) JAMES A BATTLE JR.	0.57									
TREASURER		X		/				6,100.	0.	0.
(6) EDWIN P ROGERS	0.57		7.7							
BOARD MEMBER		X						4,800.	0.	0.
(7) EDWARD WHITTINGTON	0.57									
BOARD MEMBER		X						4,800.	0.	0.
(8) BETH KLAUBER	0.57									
SECRETARY		Х						4,800.	0.	0.
(9) SYLVIA HOLMES	0.57									
VICE CHAIR		X						4,800.	0.	0.
(10) JEAN PEARSON	0.57									
BOARD MEMBER		X						4,800.	0.	0.
(11) REV. CURTIS CAMPBELL	0.57									
BOARD MEMBER		X						4,800.	0.	0.
(12) KENT M. WILLIAMS	0.57									
BOARD MEMBER		Х						4,800.	0.	0.
(13) WAYNE GEORGE	0.57									
BOARD MEMBER		Х						4,500.	0.	0.
(14) GANGATHARAN MATHISUTHAN	0.57									
BOARD MEMBER		Х						4,200.	0.	0.
		Щ		_						

	r ai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	a Hi	ghe	st C	ompensated Employe	es (continuea)			
hours per work and the second state of the compensation from the related organizations and relat		(A)								(D)	(E)		(F)	
Did the organization list any former officer, director, trustee, key employee, or highest compensation from the organization and related organizations and related organizations organization organizations (W2/1059-MISC) (V2/1059-MISC) (V2/1059-		Name and title			not cl	heck	more	than			The state of the s			
Subtotal											l e '	'		
1b Subtotal			Solie Service	ē						54654907.507		co		
1b Subtotal			1	r direc				pa		1 450 450		"		
1b Subtotal			400-01-00-00-00-00-0	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		•	
1b Subtotal			-	nal tru	onal to		oloyee	comb		1099-NEC)				
1b Subtotal				divid	stituti	fficer	ey em	ighest	ormer			Or	ganizati	ions
c Total from continuation sheets to Part VII, Section A				=	=	0	¥	Ξ 45	-			+		
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c Total from continuation sheets to Part VII, Section A									7					
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
d Total (add lines 1b and 1c)	1b	***************************************										15		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3	C										0.00			
compensation from the organization Yes No					- 2	0.						•		0.
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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 NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	2		ot limited to th	ose	liste	ed al	bove	e) wh	no r	eceived more than \$100	0,000 of reportable			1
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than		compensation from the organization											Yes	_
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 1 Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than	3	Did the organization list any former officer	director trust	ا مم	(AV 6	mn	love	ω OI	hio	sheet compensated emi	olovee on		100	140
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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 NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than												3		х
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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 NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	4													
rendered to the organization? If "Yes," complete Schedule J for such person		±0 120										4		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr/	elat	ed organization or indiv	idual for services			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than			plete Schedul	e J f	or su	ıch	pers	son .				. 5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	Sec									× ***				
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	1											nsatio	n from	
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than			the calendar y	ear	endi	ng v	vith	or w	ithir		year.		(0)	
2 Total number of independent contractors (including but not limited to those listed above) who received more than			address	NO	NE	ē.					services	Com	(C) pensatio	n
				147	7141				\dashv	2000, p.101, 0, 1	-			
		_												
									\neg					
									4					
		Total number of independent contractors."	naludina but :-	O 6 11	mit -	4+-	+h -	00 1		I abovo) who received	nore then		5 7 B	
	2		- 25	OL III	mile	นเบ		•	SIEC	above, who received h	note triali			

Form 990 (2021)
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII

		Check if Schedule O co	ontains a res	sponse	or note to any lir	ne in this Part VIII			
0.				•	-	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue		Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
nts	1 a	Federated campaigns	18	а					
ara our			11	0				22.00	
S, G		Fundraising events							
Sift lar		d Related organizations		d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contrib		9					
tior r S	f	All other contributions, gifts, g	rants, and		-				
ip in		similar amounts not included a	above 11	:					
do	ç	Noncash contributions included in li	ines 1a-1f 1	3 \$					
<u>8</u> 0	ŀ	Total. Add lines 1a-1f						1.00	
					Business Code			2000	
ce	2 a								
ervi Ie	b								
n Si	c								
Program Service Revenue	c	1							
	е								
а	f	All other program service re	evenue			1			
	g	Total. Add lines 2a-2f							
	3	Investment income (includi	ng dividend:	s, intere	est, and	*	-		
		other similar amounts)				1,541,161.			1,541,161.
	4	Income from investment of				A = A = A = A			
	5	Royalties							
			(i) R	eal	(ii) Personal				
	6 a	Gross rents	6a						
			6b						
		, , _	6c						
		Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Secu		(ii) Other				
1			7a 24,485	,859.					
ا ه	b	Less: cost or other basis							
Other Revenue		and sales expenses	7b 20,142	,110.					
eve		Gain or (loss)							
<u>بر</u>		Net gain or (loss)				4,343,749.			4,343,749.
ğ	в а	Gross income from fundraising							
١		including \$	of	*1					
- 1		contributions reported on li							
	h	Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from fu Gross income from gaming	_						
	<i>3</i> a	Part IV, line 19							
	h	Less: direct expenses				100			
		Net income or (loss) from ga							A 10 (10 (10 (10 (10 (10 (10 (10 (10 (10
		Gross sales of inventory, les				1200000			
		and allowances		10a					
- 1	b	Less: cost of goods sold							
		Net income or (loss) from sa							55
"		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2		Business Code				-16
Miscellaneous Revenue	11 a	OTHER			900099	419.	419.		
ane	b								
ĕ g	С								
Mis.	d	All other revenue							
	е	Total. Add lines 11a-11d				419.			
	12	Total revenue. See instructions			•	5,885,329.	419.	0.	5,884,910,

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 respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	and and and addition to dominous or garileations				
	and domestic governments. See Part IV, line 21	894,906.	894,906.	Control and Control and Control	
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	117,083.		117,083.	
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				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,010.	^	9,010.	
11	Fees for services (nonemployees):	60 400	•		
a	Management	69,400.		69,400.	
b	Legal	22 024			
C	Accounting	33,031.		33,031.	
a	Lobbying Professional fundamining complete See Bart IV II 47				
	Professional fundraising services. See Part IV, line 17	454,024.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	454 004	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	434,024.	/	454,024.	
9	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	5,289.		5,289.	
14	Information technology	7,044.		7,044.	
15	Royalties	7,011.		7,044.	_
16	Occupancy	14,521.	-	14,521.	
17	Travel			11,521.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	255.		255.	
20	Interest	17,456.		17,456.	
21	Payments to affiliates			,	
22	Depreciation, depletion, and amortization	32,431.	¥	32,431.	
23	Insurance	12,799.		12,799.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
a	DUES AND MEMBERSHIPS &	2,005.		2,005.	
b	SPONSORSHIP	1,500.		1,500.	
C	SECURITY	866.		866.	
d	OTHER	195.		195.	
	All other expenses	1 671 015	004 006	FFC 000	
25	Total functional expenses. Add lines 1 through 24e	1,671,815.	894,906.	776,909.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
100010	12.09-21				- 000

Form 990 (2021)
Part X Balance Sheet

Pa	IT X	Balance Sheet					
		Check if Schedule O contains a response or no	te to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,940,894.	1	294,441.
	2	Savings and temporary cash investments			116,564.	2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	fied pe	ersons (as defined			
		under section 4958(f)(1)), and persons describe			6		
sts	7	Notes and loans receivable, net			7	500,000	
Assets	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·			9	2,303
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	569,750.			
	b	Less: accumulated depreciation			214,734.	10c	182,304.
	11	Investments - publicly traded securities		63,851,596.	11	78,153,989.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	159,512.	15	190,059		
_	16	Total assets. Add lines 1 through 15 (must equ	al line	33)	71,283,300.	16	79,323,096
	17	Accounts payable and accrued expenses			5,225.	17	2,477.
	18	Grants payable		4	18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	•••••			20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or forn	THE REAL PROPERTY.				
Ħ		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	500,000.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			F 225	25	F00 455
_	26_	Total liabilities. Add lines 17 through 25		► V	5,225.	26	502,477.
es		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔼			
anc	97	and complete lines 27, 28, 32, and 33.			71 270 075		70 000 610
3al	27 28	Net assets without donor restrictions		·····	71,278,075.	27	78,820,619.
<u> </u>	20	Net assets with donor restrictions				28	
Ē		Organizations that do not follow FASB ASC 9	56, CN	eck nere			
ō	29	and complete lines 29 through 33.					
ets	30	Capital stock or trust principal, or current funds			29		
Ass		Paid-in or capital surplus, or land, building, or eq			30		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other tunds	71,278,075.	31	70 020 610
2	33	Total liabilities and not assets/fund balances			71,283,300.	32	78,820,619.
_	33	Total liabilities and net assets/fund balances			11,403,300.	33	79,323,096.

Form **990** (2021)

Form **990** (2021)

Pa	rt 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	5,88	5,3	29.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,67		
3	Revenue less expenses. Subtract line 2 from line 1	3	4,21	3,5	14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71,27		
5	Net unrealized gains (losses) on investments	5	3,32		
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	78,82	0,6	19.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	O.	Å.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		798		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

MARION COUNTY HEALTHCARE FOUNDATION

Employer identification number **-***6478

P	art I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	iunde
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No.
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	Yes No
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	forring
		st defici devisor, or for any other purpose con	
Pa	art II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990. Part	IV line 7
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply)	1V, III le 7.
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	Preservation of a ce	ertined historic structure
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	
	day of the tax year.	ned conservation contribution in the form of a	Held at the End of the Tax Year
a	Total number of conservation easements		
b			
c		ucture included in (a)	. 2b
c		ofter 7/25/06 and not on a historia structure	. 2c
	listed in the National Register	arter 7725/00, and not on a historic structure	
3	listed in the National Register Number of conservation easements modified, transferred, rele	aggod extinguished or terminated but he arrest	
	year	eased, extinguished, or terminated by the org	anization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		Yes No
	• The manual of the median of the management of	rialiting of violations, and emorcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing concernation	accompanie di visa di
	S	ing of violations, and emorcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170/b///	VDV:\
	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170(f)(4)	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	Yes No
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statements	that describes the
	organization's accounting for conservation easements.	oto to the organization's financial statements	triat describes trie
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	r Similar Assets
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	Cililai Addeta.
1a	If the organization elected, as permitted under FASB ASC 958		palance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its financial	cial statements that describes these items	rance of public
b	If the organization elected, as permitted under FASB ASC 958	3 to report in its revenue statement and halar	ace sheet works of
	art, historical treasures, or other similar assets held for public	exhibition education or research in furtheren	ace of public conde
	provide the following amounts relating to these items:	exhibition, education, or research in furtheral	ice of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical trea	Surge or other similar assets for financial acid	Þ Þ
	the following amounts required to be reported under FASB AS		i, provide
а			•
b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$

-		COUNTY HEA						**_**	*6478	Page 2
	rt III Organizations Maintaining (ied)
3	Using the organization's acquisition, access	ion, and other recor	ds, check ar	y of the	e following th	at make	significant	use of its		
_	collection items (check all that apply):		. —							
a	Public exhibition				change progr					
b	Scholarly research	•	• L Oth	er						
C	Preservation for future generations	- II L ' I I								
4 5	Provide a description of the organization's c							ose in Par	t XIII.	
5	During the year, did the organization solicit of to be sold to raise funds rather than to be m								٦.,	П.,
Pa	rt IV Escrow and Custodial Arran	aintained as part of	tne organiza	tion's c	collection?		- F 00/	<u> </u>	Yes	No
	reported an amount on Form 990, Pa	rt X. line 21.	ete ii trie ori	janizati	on answered	Yes of	1 Form 990	J, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod		diany for cor	tributio	ns or other a	seate no	t included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	o.					7 162	L NO
	,,,	and complete the re	mowning tabl	0.					Amount	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year			••••••		•••••	1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	ow or c	custodial acco	ount liab	ility?		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation h	as beei	n provided or	Part XII	Ι			
Pa	t V Endowment Funds. Complete i		swered "Ye	s" on F						
2		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships			-						
е	Other expenditures for facilities	,								
	and programs									
Ť	Administrative expenses				 					
g	End of year balance	. /	7 i							
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, c	olumn ((a)) held as:					
a h	Board designated or quasi-endowment ▶ Permanent endowment ▶	0,	_%							
		% %								
·	The percentages on lines 2a, 2b, and 2c sho							19		
3a	Are there endowment funds not in the posse		ation that a	o bold (and administr	arad far t	be eveniment	·ation		
-	by:	ssion of the organiz	alion mat ar	e neiu a	anu auministi	erea for t	ne organiz	zation	Ī	es No
	(i) Unrelated organizations								3a(i)	03 140
	(ii) Related organizations									+-
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sche	dule R?	 7	*********			3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fund	ls.					OD	
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV, lir	e 11a. S	See Form 990	D, Part X	, line 10.			
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) A	ccumulate	ed	(d) Book	/alue
		basis (investr	nent)	basis	(other)	de	preciation			
	Land				20,000.					,000.
b	Buildings			49	2,734.		331,1	23.	161	,611.
С	Leasehold improvements									
	Equipment			5	7,016.		56,32	23.		693.
	Other									
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (I	3), line	10c.)				182	,304.

Schedule D (Form 990) 2021

October D. (E. 1990) cook MARTON COIN			
Schedule D (Form 990) 2021 MARION COUNTY Part VII Investments - Other Securities.	NTY HEALTHCARE	FOUNDATION *	*-***6478 Page
Complete if the organization answered "Yes"	" on Form 990 Part IV line	11h Son Form 000 Port V line 10	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	od of voor model to the
(4) Fi	(b) Dook value	(c) Method of Valuation: Cost of en	id-of-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(D) (E)			
(F)			
(G)	 		
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	110 Soo Form 000 Dort V line 10	
(a) Description of investment	(b) Book value		d of year manual at a l
(1)	(b) DOOK value	(c) Method of valuation: Cost or er	id-of-year market value
(2)			
(3)			
(4)			
(5)	A.		
(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 Soc Form 000 Bort V line 15	
	Description	Trd. See Form 990, Part X, line 15.	/h) Deeless
(1)	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15)		
Part X Other Liabilities.	, 10.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 000 Bost V Illian 00	
. (a) Description of liability	on one ood, raitiv, ille i	TO OF THE GET FORM 990, Part A, IME 28	
(1) Federal income taxes			(b) Book value
(2)			
(3)			
(4)			

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attach to Form 990.

1545-0047	21	pen to Public	ction
OMB No. 1545-0047	20	Open to	Inspection

Employer identification number

► Go to www.irs.gov/Form990 for the latest information.

å SMPLOYEE HEALTH AWARENESS COMMUNITY PARK OPERATIONS **-**6478 CONSTRUCTION OF PINCKNEY (h) Purpose of grant BIOMEDICAL SERVICES SUILDING RENOVATION or assistance HOME REPAIRS FOR X Yes INCOME FAMILIES 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 ENTER PARK 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 。 Ö 。 0 Ö (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 000 .000 000 500,000 50,000 (d) Amount of 119,531 cash grant COUNTY HEALTHCARE FOUNDATION Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19 15, 26 SC POLITAL SUB-DIV SC POLITAL SUB-DIV SC POLITAL SUB-DIV (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 (C)(3) 501 (C)(3) 501 (C)(3) Enter total number of other organizations listed in the line 1 table **-***0802 **-**1075 **-** General Information on Grants and Assistance **-**9833 9890***-** **-**4467 (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization MARION MARION COUNTY LONGTERM RECOVERY or government MARION COUNTY LIBRARY 1601 W. LUCAS STREET 307 W. DOZIER STREET COURT STREET AMERICAN RED CROSS FLORENCE, SC 29506 AMAZING GRACE PARK MULLINS, SC 29574 SC 29571 SC 29571 SC 29571 SC 29571 CITY OF MARION MARION COUNTY PO BOX 1190 PO BOX 1106 PO BOX 183 Part Part II MARION, MARION, MARION, MARION, 101 E. Q

132101 10-26-21

Schedule I (Form 990) 2021

Page 1	
6478	

Schedule I (Form 990) MARION COUNTY HEAL THCARE FOUNDATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

The state of the s	Assistance to Do	mestic Organizations	s and Domestic G	overnments (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARION RESCUE SQUAD PO BOX 817 MARION, SC 29571	**-** **1335	501 (C)(3)	41,486.	0.			ACQUISITION OF TWO LUCAS DEVICES
HISTORIC MARION REVITALIZATION 103 E. DOZIER ST. MARION, SC 29571	**-**2104	501 (C)(3)	26,500.	0	-		DOWNTOWN FACADE RENOVATIONS
HEALTHY LEARNERS 2749 LAUREL STREET COLUMBIA, SC 29204	**-**7197	501 (C)(3)	25,000.	0.			HEALTH CARE FOR LOW INCOME CHILDREN
							3

Schedule I (Form 990)

MARION COUNTY HEALTHCARE FOUNDATION

Schedule | (Form 990) 2021 MARION COUNTY HE

Part III

Page 2

-6478

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.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) COUNTY HEALTHCARE FOUNDATION. DESCRIBING COMPLIANCE REQUIREMENTS SURROUNDING THE AWARD. PROGRESS REPORTS Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. P MARION COUNTY HEALTHCARE FOUNDATION MAY REQUEST ADDITIONAL INFORMATION OR PERFORM A SITE VISIT ARE SUBMITTED FOR REVIEW AND INVOICES ARE SUBMITTED TO DOCUMENT THE THE GRANT APPLICATION AND AGREEMENT A GRANT AGREEMENT CONTRACT IS EXECUTED (d) Amount of non-cash assistance TO. INSURE THAT ALL TERMS OF THE AGREEMENT HAVE BEEN ADHERED (c) Amount of cash grant ONCE THE GRANT FUNDS HAVE BEEN SPENT, THE MARION (b) Number of recipients GRANT APPLICATIONS ARE RECEIVED BY IN ACCORDANCE WITH IS AWARDED, (a) Type of grant or assistance THE GRANT I, LINE EXPENDITURES CONTRACT. PART ONCE

Schedule I (Form 9 Part IV Sup	990)	MAF	RION	COUNTY	HEALTH	ICARE	FOU	NDATIC	N	**_*	**6478	Page 2
rait iv Sup	pieme	ntai iniormat	ion									
FUNDS ARE	ALS	O AWARDEL	DIR	ECTLY '	TO COLI	LEGES	AND	LOCAL	SCHO	OLS OF	HIGHE	 R
LEARNING.												
PREDETERM												CIAL
NEED.												
						4	1.11.5 h					
									•			
								E .				
				8								
								9.11-2				

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

do to www.iis.gov/Formsso for mistractions and the fatest information

Employer identification number

	MARION	CO	UNTY HEA	LTE	ICAR	E FOUNDATI	ON		**	_**	*64	78		
Part I Excess B	enefit Trans	sacti	ons (section 5	01(c)(3), sect	tion 501(c)(4), and se	ectic	n 501(c)(29) orga	anizat	ions o	nly).			
1						lified						(d)	Corre	cted?
(a) Name of disqualif	led person					(4	c) D	escription of tran	sactio	on				No
										st V, line 40b. (d) C Yes (d) C Yes (e) Purpos		110		
											\$ the organization (h) Approved by board or committee?			
												+	\dashv	
									-			+-	\dashv	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Yes and organization organization of transaction organization description organization orga	\dashv												
												+	\dashv	
2 Enter the amount of	tax incurred by	the o	rganization man	agers	or disc	qualified persons du	rina	the year under						
								2		* ¢				
	tax. if any, on li	ne 2 a	above reimburs	ed hy	the or	manization				ψ \$				
	, c , , o	10 2, 0	abovo, rominario	oca by	ti io oi	gariization				Ψ				
Part II Loans to	and/or Fron	n Inte	erested Per	sons										
						Dart V line 39a or	Eorn	a OOO Bort IV lin	26.	or if th				
						, rait v, line soa oi	FOIT	11 990, Fart IV, III	le 20,	OF II LI	le orga	ınızatı	on	
				(d) Lo	oan to or	(a) Original	14	A Palance due	10	\ ln	(h) Ap	proved	(:) \A	Iritton
interested person				fror	n the		1) balance due			by bo	ard or	agree	ment?
				_	_									
		-+		10	From		\vdash		Yes	NO	Yes	No	Yes	No
		-		_		*								-
		-		-			-			-				
		_					_							<u> </u>
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				100000										
		<u></u>												
The state of the s		answ	ered "Yes" on I	orm 9	990, Pa	art IV, line 27.								
(a) Name of interest	ed person										(e)	Purp	ose of	f
					d	assistance		assistan	ce		8	assista	ance	
			the organiza	llion										
(a) Name of disqualified person (b) Relationship between disqualified persons during the year under section 4958 3 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization and amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship of loan for the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization for loan for loan for the organization for loan														
								-8 8.0						
							_		_	$\overline{}$				

D 11/	D		a Interested Persons
I Wart IV I	KIICINACC I	rancactions involves	a Interceted Deveces

Complete if the organization answered	"Yes" on F	orm 990, Part IV, I	ine 28a, 2	8b, or 28c.				
(a) Name of interested person		onship between in on and the organiza		(c) Amount of transaction	(d) Description of transaction	organiz	Sharing of nization's renues?	
MARION COUNTY	MCUCE	PROVIDES	CDAN	110 521	A DOADD MEM	Yes	No	
AMAZING GRACE PARK		PROVIDES			A BOARD MEM A BOARD MEM		X	
THE THE STATE OF T	MCHCF	PROVIDES	GRAIN	56,000.	A BOARD MEM		X	
Part V Supplemental Information.								
Provide additional information for response								
SCH L, PART IV, BUSINESS T			\OTATI	NG INTEREST	ED PERSONS:			
(A) NAME OF PERSON: MARION								
(B) RELATIONSHIP BETWEEN I				D ORGANIZAT	ION:			
MCHCF PROVIDES GRANT FUNDI	NG TO	MARION CO	UNTY					
(D) DESCRIPTION OF TRANSAC	TION:	A BOARD I	IEM BEI	R OF THE MC	HCF IS AN			
EMPLOYEE OF MARION COUNTY.	THE 1	MCHCF PROV	/IDED	FINANCIAL	ASSISTANCE	IN T	HE	
FORM OF GRANTS TO MARION C	OUNTY	200	,					
(A) NAME OF PERSON: AMAZIN	G GRAC	CE PARK						
(B) RELATIONSHIP BETWEEN I	NTERES	STED PERSO	N ANI	ORGANIZAT	ION:			
MCHCF PROVIDES GRANT FUNDI	NG TO	AMAZING C	RACE	PARK				
(D) DESCRIPTION OF TRANSAC	TION:	A BOARD N	EMBE	R OF THE MC	HCF IS ALSO	A		
BOARD MEMBER OF THE AMAZIN	G GRAC	CE PARK. 1	HE MO	CHCF PROVID	ED FINANCIA	L		
ASSISTANCE IN THE FORM OF	GRANTS	TO THE A	MAZI	NG GRACE PA	RK.			
				-				

SCHEDULE O (Form 990)

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 Form 990-EZ

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number **-***6478

Name of the organization MARION COUNTY HEALTHCARE FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND PROSPERITY FOR RESIDENTS OF MARION COUNTY. WE DO THIS BY FOCUSING

OUR FUNDING IN THE FOLLOWING DETERMINANTS OF A HEALTHY COMMUNITY:

ACCESS TO QUALITY HEALTHCARE, IMPROVEMENTS IN PUBLIC EDUCATION AND

WORKFORCE AND ECONOMIC DEVELOPMENT.

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

PUBLIC EDUCATION AND WORKFORCE AND ECONOMIC DEVELOPMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GRANTS WERE MADE TO VARIOUS NONPROFIT ORGANIZATIONS WITHIN THE MARION

COUNTY AREA TO IMPROVE THE QUALITY OF LIFE IN MARION COUNTY SC.

EXPENSES \$ 238,906. INCLUDING GRANTS OF \$ 238,906. REVENUE \$ 0.

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

FORM 990, PART VI, LINE 11B

THE REVIEW PROCESS

THE FORM 990 IS REVIEWED IN DETAIL BY THE CEO. THEN, A COPY OF THE FINAL

FORM 990 IS SENT TO ALL BOARD MEMEBERS, VIA EMAIL FOR THEIR REVIEW, PRIOR

TO FILING WITH THE IRS. IN ADDITION, THE FORM 990 IS PRESENTED AND

DISCUSSED AT A BOARD MEETING, AND THE TAX PREPARER IS AVAILABLE TO ASSIST

IN THE UNDERSTANDING OF THE 990.

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

EACH COVERED PERSON SHALL DISCLOSE TO THE EXECUTIVE DIRECTOR, OR CHAIRMAN

OF THE BOARD, AS APPROPRIATE, ALL CONFLICTS OF INTEREST (1) EXISTING WHEN

Name of the organization **Employer identification number** **-**6478 MARION COUNTY HEALTHCARE FOUNDATION HE OR SHE IS OFFERED OR ELECTED TO A COVERED POSITION (2) OCCURRING AFTER THE ACCEPTANCE OF THE COVERED POSITION AND (3) ANNUALLY THROUGH A CONFLICT OF INTEREST SURVEY THAT IS DISTRIBUTED BY THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR SHALL REPORT ALL POTENTIAL CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS. THE BOARD CHAIRMAN OR EXECUTIVE DIRECTOR AS APPROPRIATE WILL REVIEW THE FACTS AND CIRCUMSTANCES OF ANY POTENTIAL CONFLICTS OF INTEREST AND CONSIDER ANY ALTERNATIVES TO PROPOSED TRANSACTIONS OR EVENTS. THE DISINTERESTED MEMBERS OF THE BOARD, OR OTHER OFFICER AS APPROPRIATE WILL DETERMINE WHETHER THE SITUATION INVOLVES A CONFLICT OF INTEREST AND MAY ATTEMPT TO DEVELOP ALTERNATIVES SUCH THAT ANY CONFLICT IS REMOVED FROM THE SITUATION. FORM 990, PART VI, SECTION B, LINE 15: THE DIRECTOR'S SALARY IS REVIEWED AND APROVED BY THE BOARD OF DIRECTORS ANNUALLY. THE BOARD RETAINS OVERSIGHT RESPONSIBILITY FOR THIS PROCESS. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST AND ON THE FOUNDATION'S WEBSITE. FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.