

Form **990**

EXTENDED TO NOVEMBER 15, 2022
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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.

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

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

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 MARION COUNTY HEALTHCARE FOUNDATION		D Employer identification number 57-1126478
	Doing business as		E Telephone number (843) 464-0533
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 21,608,453.
	230 S MAIN ST		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code MULLINS, SC 29574		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: PETE MAZZARONI 230 S MAIN ST., MULLINS, SC 29574		If "No," attach a list. See instructions	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MARIONCOUNTYHFFOUNDATION.ORG			
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: 2001 M State of legal domicile: SC	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO DEVELOP PARTNERSHIPS AND FUND INNOVATIVE PROJECTS THAT IMPROVE THE HEALTH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.	0.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,884,910.	2,279,816.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	419.	3,394.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,885,329.	2,283,210.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	894,906.	879,158.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	126,093.	134,663.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	650,816.	633,458.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,671,815.	1,647,279.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	4,213,514.	635,931.
	20 Total assets (Part X, line 16)	79,323,096.	67,636,888.
	21 Total liabilities (Part X, line 26)	502,477.	507,398.
	22 Net assets or fund balances. Subtract line 21 from line 20	78,820,619.	67,129,490.

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 PETE MAZZARONI, EXECUTIVE DIRECTOR	Date
Paid Preparer Use Only	Print/Type preparer's name CHARLES F. JONES	Preparer's signature <i>Charles Jones CPA</i>
	Firm's name KENNETH COBB & COMPANY, P.C.	Date 7/27/23
	Firm's address P.O. BOX 864 MULLINS, SC 29574	Check if self-employed <input type="checkbox"/> PTIN P00542750
		Firm's EIN 57-0924686
		Phone no. 843-464-9563

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 300,000. including grants of \$ 300,000.) (Revenue \$) THE MEDICAL UNIVERSITY OF SOUTH CAROLINA WAS PROVIDED WITH FUNDING TO ASSIST WITH THEIR COLORECTAL CANCER OUTREACH PROGRAM.

4b (Code:) (Expenses \$ 80,000. including grants of \$ 80,000.) (Revenue \$) FUNDS WERE PROVIDED TO ASSIST THE TOWN OF NICHOLS WITH THE DEVELOPMENT OF "MEMORIAL FLAG PARK"

4c (Code:) (Expenses \$ 80,000. including grants of \$ 80,000.) (Revenue \$) FUNDING WAS PROVIDED TO THE PACE CENTER FOR GIRLS FOR COUSELING AND OUTREACH.

4d Other program services (Describe on Schedule O.) (Expenses \$ 419,158. including grants of \$ 419,158.) (Revenue \$)

4e Total program service expenses 879,158.

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> ? See instructions		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>		
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? <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 donor-restricted endowments or in 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> See instructions		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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, controlled entities, and contributions.

Note: All Form 990 filers are required to complete Schedule O

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	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	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		X
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		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
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		X
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		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		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	X	
b 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
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		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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

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 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, box 6 of 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) PETER MAZZARONI EXECUTIVE DIRECTOR	40.00			X				125,000.	0.	0.
(2) SYLVIA HOLMES CHAIR	0.57	X						8,400.	0.	0.
(3) JAMES A BATTLE JR. BOARD MEMBER	0.57	X						6,000.	0.	0.
(4) JOHNNY FLOYD BOARD MEMBER	0.57	X						5,600.	0.	0.
(5) JANIE M JOHNSON BOARD MEMBER	0.57	X						5,600.	0.	0.
(6) EDWIN P ROGERS BOARD MEMBER	0.57	X						4,800.	0.	0.
(7) EDWARD WHITTINGTON BOARD MEMBER	0.57	X						4,800.	0.	0.
(8) BETH KLAUBER VICE CHAIR	0.57	X						4,800.	0.	0.
(9) JEAN PEARSON SECRETARY	0.57	X						4,800.	0.	0.
(10) KENT M. WILLIAMS BOARD MEMBER	0.57	X						4,800.	0.	0.
(11) WAYNE GEORGE TREASURER	0.57	X						4,700.	0.	0.
(12) DIANNE HERRINGTON BOARD MEMBER	1.00	X						4,700.	0.	0.
(13) REV. CURTIS CAMPBELL BOARD MEMBER	0.57	X						4,500.	0.	0.
(14) GANGATHARAN MATHISUTHAN BOARD MEMBER	0.57	X						4,200.	0.	0.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							192,700.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							192,700.	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 **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	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	(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**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f					
Program Service Revenue			Business Code			
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,312,644.			1,312,644.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6 a Gross rents	6a				
	b Less: rental expenses ...	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
			20,292,415.			
	b Less: cost or other basis and sales expenses	7b	19,325,243.			
	c Gain or (loss)	7c	967,172.			
	d Net gain or (loss)			967,172.		967,172.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code			
	11 a OTHER		900099	3,394.	3,394.	
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d			3,394.			
12 Total revenue. See instructions			2,283,210.	3,394.	0.	2,279,816.

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	879,158.	879,158.		
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	125,000.		125,000.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,663.		9,663.	
11 Fees for services (nonemployees):				
a Management	67,700.		67,700.	
b Legal				
c Accounting	35,304.		35,304.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	422,321.		422,321.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	4,954.		4,954.	
14 Information technology	7,546.		7,546.	
15 Royalties				
16 Occupancy	20,678.		20,678.	
17 Travel	403.		403.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,450.		3,450.	
20 Interest	20,601.		20,601.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,286.		30,286.	
23 Insurance	13,688.		13,688.	
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 &	5,435.		5,435.	
b SECURITY	1,092.		1,092.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,647,279.	879,158.	768,121.	0.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	294,441.	1	579,375.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	500,000.	7	500,000.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,303.	9	0.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 569,750.		
	b	Less: accumulated depreciation	10b 417,733.	10c	152,017.
	11	Investments - publicly traded securities	78,153,989.	11	66,211,547.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	190,059.	15	193,949.
16	Total assets. Add lines 1 through 15 (must equal line 33)	79,323,096.	16	67,636,888.	
Liabilities	17	Accounts payable and accrued expenses	2,477.	17	7,398.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	500,000.	24	500,000.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	502,477.	26	507,398.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	78,820,619.	27	67,129,490.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	78,820,619.	32	67,129,490.	
33	Total liabilities and net assets/fund balances	79,323,096.	33	67,636,888.	

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	2,283,210.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,647,279.
3	Revenue less expenses. Subtract line 2 from line 1	3	635,931.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	78,820,619.
5	Net unrealized gains (losses) on investments	5	-12,327,060.
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	67,129,490.

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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2022

Open to Public Inspection

Name of the organization

MARION COUNTY HEALTHCARE FOUNDATION

Employer identification number

57-1126478

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 questions about donor informed status.

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 of easements, total number and acreage, and monitoring expenses.

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 art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,000.		20,000.
b Buildings		492,734.	361,173.	131,561.
c Leasehold improvements				
d Equipment		57,016.	56,560.	456.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				152,017.

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) Other		
(A)		
(B)		
(C)		
(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 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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	-10,466,171.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-12,327,060.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-422,321.	
	e Add lines 2a through 2d	2e		-12,749,381.
3	Subtract line 2e from line 1		3	2,283,210.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,283,210.

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	1,224,958.
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		
	e Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	1,224,958.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	422,321.	
	c Add lines 4a and 4b	4c		422,321.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,647,279.

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:

BROKERAGE ACCT. FEES -422,321.

OTHER

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BROKERAGE ACCT. FEES 422,321.

**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.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MARION COUNTY HEALTHCARE FOUNDATION

Employer identification number
57-1126478

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TOWN OF NICHOLS 514 MULLINS STREET NICHOLS, SC 29581	57-6001085	SC POLITICAL SUB-DIV	80,000.	0.			MEMORIAL FLAG PARK
AMERICAN RED CROSS 1601 W. LUCAS STREET FLORENCE, SC 29506	23-0196605	501 (C)(3)	15,000.	0.			BIOMEDICAL BLOOD PROGRAM SERVICES
AMAZING GRACE PARK 307 W. DOZIER STREET MARION, SC 29571	86-2869833	501 (C)(3)	56,000.	0.			COMMUNITY PARK OPERATIONS
MARION COUNTY PO BOX 183 MARION, SC 29571	57-6000636	SC POLITICAL SUB-DIV	22,800.	0.			PROJECT LIFESAVER
HABITAT FOR HUMANITY PO BOX 873 MARION, SC 29571	57-1009097	501 (C)(3)	29,876.	0.			GENERATOR
MARION COUNTY LONGTERM RECOVERY PO BOX 1106 MULLINS, SC 29574	61-1940802	501 (C)(3)	50,000.	0.			HOME REPAIRS FOR LOW INCOME FAMILIES

- 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) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
KINGS COURT 1001 N. MAIN STREET MULLINS, SC 29574	46-2552201		17,290.	0.			SHELTER RENOVATIONS
HISTORIC MARION REVITALIZATION 103 E. DOZIER ST. MARION, SC 29571	57-0972104	501 (C)(3)	8,507.	0.			DOWNTOWN FACADE RENOVATIONS
MCLEOD HEALTH FOUNDATION PO BOX 100551 FLORENCE, SC 29506	57-0818672	501 (C)(3)	25,000.	0.			MOBILE MAMMOGRAPHY VAN
MCLEOD HEALTH FOUNDATION PO BOX 100551 FLORENCE, SC 29506	57-0818672	501 (C)(3)	42,575.	0.			NURSE FAMILY PRTRSHP (1 OF 2)
MUSC FOUNDATION 18 BEE STREET CHARLESTON, SC 29425	57-6028985	501 (C)(3)	300,000.	0.			COLORECTAL CANCER PROGRAM
PACE CENTER FOR GIRLS 6745 PHILLIPS IND. BLVD. JACKSONVILLE, FL 32256	59-2414492	501 (C)(3)	80,000.	0.			COUNSELING PROGRAM FOR GIRLS
PEE DEE REGIONAL TRANSPORTATION AUTHORITY - 313 S. STADIUM ROAD - FLORENCE, SC 29506	57-0637184		45,000.	0.			COMMUNITY IMPACT (1 OF 3)
PEE DEE COALITION PO BOX 2152 FLORENCE, SC 29503	57-0830844	501 (C)(3)	65,000.	0.			BUILDING REPAIRS

MARION COUNTY HEALTHCARE 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 noncash assistance

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

PART I, LINE 2:

GRANT APPLICATIONS ARE RECEIVED BY THE MARION COUNTY HEALTHCARE FOUNDATION.
ONCE THE GRANT IS AWARDED, A GRANT AGREEMENT CONTRACT IS EXECUTED
DESCRIBING COMPLIANCE REQUIREMENTS SURROUNDING THE AWARD. PROGRESS REPORTS
ARE SUBMITTED FOR REVIEW AND INVOICES ARE SUBMITTED TO DOCUMENT THE
EXPENDITURES IN ACCORDANCE WITH THE GRANT APPLICATION AND AGREEMENT
CONTRACT. ONCE THE GRANT FUNDS HAVE BEEN SPENT, MARION COUNTY HEALTHCARE
FOUNDATION MAY REQUEST ADDITIONAL INFORMATION OR PERFORM A SITE VISIT TO
INSURE THAT ALL TERMS OF THE AGREEMENT HAVE BEEN ADHERED TO.

Part IV Supplemental Information

FUNDS ARE ALSO AWARDED DIRECTLY TO COLLEGES AND LOCAL SCHOOLS OF HIGHER LEARNING. THE SCHOOLS CHOOSE RECIPIENTS FOR SCHOLARSHIPS, BASED UPON PREDETERMINED CRITERIA OF RESIDENTS OF MARION COUNTY AND GPA AND FINANCIAL NEED.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARION COUNTY	MCHCF PROVIDES GRAN	22,800.	A BOARD MEM		X
AMAZING GRACE PARK	MCHCF PROVIDES GRAN	56,000.	A BOARD MEM		X
MEDICAL UNIVERSITY OF SOUTH CAROLINA	MCHCF PROVIDES GRAN	300,000.	A BOARD MEM		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARION COUNTY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MCHCF PROVIDES GRANT FUNDING TO MARION COUNTY

(D) DESCRIPTION OF TRANSACTION: A BOARD MEMBER OF THE MCHCF IS AN EMPLOYEE OF MARION COUNTY. THE MCHCF PROVIDED FINANCIAL ASSISTANCE IN THE FORM OF GRANTS TO MARION COUNTY.

(A) NAME OF PERSON: AMAZING GRACE PARK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MCHCF PROVIDES GRANT FUNDING TO AMAZING GRACE PARK

(D) DESCRIPTION OF TRANSACTION: A BOARD MEMBER OF THE MCHCF IS ALSO A BOARD MEMBER OF THE AMAZING GRACE PARK. THE MCHCF PROVIDED FINANCIAL ASSISTANCE IN THE FORM OF GRANTS TO THE AMAZING GRACE PARK.

(A) NAME OF PERSON: MEDICAL UNIVERSITY OF SOUTH CAROLINA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MCHCF PROVIDES GRANT FUNDING TO THE MEDICAL UNIVERSITY OF SOUTH CAROLINA

(D) DESCRIPTION OF TRANSACTION: A BOARD MEMBER OF THE MCHCF IS AN EMPLOYEE OF THE MEDICAL UNIVERSITY OF SC. A BOARD MEMBER OF THE MCHCF IS

Part V Supplemental Information

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

ALSO A BOARD MEMBER OF THE MEDICAL UNIVERSITY OF SOUTH CAROLINA. THE
MCHCF PROVIDED FINANCIAL ASSISTANCE IN THE FORM OF GRANTS TO THE MEDICAL
UNIVERSITY.

**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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MARION COUNTY HEALTHCARE FOUNDATION

Employer identification number

57-1126478

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 \$ 419,158. INCLUDING GRANTS OF \$ 419,158. 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

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

Schedule O (Form 990) 2022

Name of the organization

MARION COUNTY HEALTHCARE FOUNDATION

Employer identification number

57-1126478

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.