TENDED TO NOVEMBER 15, 20

Return or Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>~</u>	ror u	ne 2022 calendar year, or tax year beginning and	ending							
В	Check applica	f C Name of organization		D Employer id	entif	ication number				
	Add char	MARION COUNTY HEALTHCARE FOUNDATION								
	Nam char	e ge Doing business as		57-11	264	.78				
	Initia		Room/suite	57-1126478 E Telephone number						
	☐Fina retur	_{n/} 230 S MAIN ST				4-0533				
_	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		21,608,453.				
느	lretur			H(a) Is this a gr	oup r					
	Appl tion pend	ling		for subordi	nates	? Yes X No				
		230 S MAIN ST., MULLINS, SC 29574		H(b) Are all subordi	nates i	ncluded? Yes No				
		cempt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) o	r 527	if "No," atta	ach a	list. See instructions				
_	Webs			H(c) Group exe						
	<u>Form c</u> art i	forganization: X Corporation Trust Association Other Summary	L Year	of formation: 200)1 N	M State of legal domicile: SC				
	T			·						
če	1	Briefly describe the organization's mission or most significant activities: OUR MARTINE CHIEF AND FIND TANIONALITY PROTECTION	118810	N IS TO I	<u>)EV</u>	ELOP				
Activities & Governance	2	PARTNERSHIPS AND FUND INNOVATIVE PROJECTS Check this box if the organization discontinued its operations or discontinued.	THAT	TWPKOVE	TH	E HEALTH				
Š	3	The state of the s			1 1					
တိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			3	13				
တ္	5	Total number of individuals employed in calendar year 2022 (Part V, line 1a)	• • • • • • • • • • • • • • • • • • • •	······	4	13				
/itie	6	Total number of volunteers (estimate if necessary)			1 1	1				
듕	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	•••••	•••••	6	0				
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	*************		7a 7b	0.				
				Prior Year	1/0	Current Year				
Φ	8	Contributions and grants (Part VIII, line 1h)			0.	0.				
Revenue	9	Program service revenue (Part VIII, line 2g)		-	0.	0.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,884,91		2,279,816.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			9.	3,394.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,885,32		2,283,210.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		894,90		879,158.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		126,09	3.	134,663.				
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.							
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		650,81		633,458.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>1,671,81</u>		1,647,279.				
_ <u>S</u>	19	Revenue less expenses. Subtract line 18 from line 12		4,213,51		635,931.				
Net Assets or Fund Balances	00	Talahara (D. 1948)		inning of Current Y		End of Year				
Bass	20	Total assets (Part X, line 16)		<u>79,323,09</u>		<u>67,636,888.</u>				
E E	21 22	Total liabilities (Part X, line 26)		502,47		507,398.				
	rt II	Net assets or fund balances. Subtract line 21 from line 20		<u>78,820,61</u>	9.	67,129,490.				
		lties of perjury, I declare that I have examined this return, including accompanying schedules	and etatomo	nto and to the heat	of m	Impudades and hallef the				
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ana stateme h nrenarer h	nas any knowladaa	OI IIIy	knowledge and belief, it is				
			ni proparci i	nas any knowledge.						
Sigr	1	Signature of officer		Date						
-ler		PETE MAZZARONI, EXECUTIVE DIRECTOR								
		Type or print name and title	·							
		Print/Type preparer's name Preparer's signature	DA Da		k	PTIN				
aid	1	CHARLES F. JONES Charles Ch	4 7	27 /23 if self-e	mployed	P00542750				
-	arer	Firm's name KENNETH COBB & COMPANY .C.	7		57	7-0924686				
Jse (Only	Firm's address P.O. BOX 864								
		MULLINS, SC 29574		Phone no.	843	<u>8-464-9</u> 563				
Лay	the IF	S discuss this return with the preparer shown above? See instructions				X Yes No				

Form 990 (2022)

MARION COUNTY HEALTHCARE FOUNDATION

Form 990 (2022)

Form **990** (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	ļ	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? If "Yes," complete Schedule C, Part II	_4_	ļ	
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			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		İ	
^	Schedule D, Part III	8	ļ	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,			
L	Part VI	11a	X	
Q	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	'		
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	·		
h	Schedule D, Parts XI and XII	12a	_X_	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_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? If "Yes " complete Schedule F. Parts Land IV.		- 1	37
15	or more? If "Yes," complete Schedule F, Parts I and IV 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		<u>X</u>
	foreign organization? If "Ves " complete Schedule E. Parts II and IV			~~
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	<u>X</u>
	or for foreign individuals? If "Ves " complete Schedule F. Porte III and IIV		ł	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
• •	column (A) lines 6 and 11e2 if "Ves." complete Schodulo G. Part I See instructions			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
. •	1c and 8a? If "Yes " complete Schedule G. Part II	.		77
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
. •		.		**
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		<u>X</u>
h	If "Voc" to line 200 did the exceptation ettach a server it a sufficient to the server in the server	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
- •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		,	
	government our artist, columnity, inic 1: ii 163, complete ochequie i, Parts I and II	21	X	

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	00		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	22		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_23_	 	_ <u>^</u>
	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	ļ	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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%			
07	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			
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	00-	v	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b	Х	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		i	
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
25.0	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512/b)(13/2 /f "Yes" complete School to Scho			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
-	If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	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?	31		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter ·0- if not applicable			
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		

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	1			
b		ns?		2b	X	
3a				3a		X
b	, was a series of the same years in the series of provide an explanation on occidente			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
L	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?		4a		X
D	If "Yes," enter the name of the foreign country					
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
b	The state of the s			<u>5a</u>		X
C	M 10 / 11 / 12 / 12 / 12 / 12 / 12 / 12 /			5b		X
6a				5c_		
	any contributions that were not tax deductible as charitable contributions?	-		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or aifts		_0a		
	were not tax deductible?	•		6b		
7	Organizations that may receive deductible contributions under section 170(c).	***************************************		- 00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provide	d to the pavor?	7a		X
b	If "Voo " did the examination matifies the dense of the color of the			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required				
	to file Form 8282?			7c	İ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			8		
а	Did the sponsoring organization make any taxable distributions under section 4000			_	ľ	
	Did the energying organization make a distribution to a dense dense dense administration and the distribution to a dense dense administration and the deservoir and the deserv		••••••	9a 9b		
10	Section 501(c)(7) organizations. Enter:	• • • • • • • • • • • • • • • • • • • •		90		
а	Institution Comments of the Co	10a				
b	Oraca manafacta finalization in Co. Co. D. LAWLER AND C. LAR.	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
		11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	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.		. -			
D	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	401	·			
c	Fortage the amount of the court	13b				
4a	Did the organization receive any payments for indeer tenning consists during the territory	13c		110		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		·····	14a		<u>X</u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.		·····	14b		
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		Х
	If "Yes," complete Form 4720, Schedule O.	•	-			
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any acti	vities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.			- 7		7,77

57-1126478

Page 6

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								
1a	Enter the number of voting members of the governing body at the end of the tax year	3										
	If there are material differences in voting rights among members of the governing body, or if the governing			1.								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	2.4										
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3										
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												
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		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		Х								
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									
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	Х									
С	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.			100								
	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											
	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)	availal	ole								
	for public inspection. Indicate how you made these available. Check all that apply.	- /										
	X Own website Another's website X 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	d finan	cial									
	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		· ·									

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MARION COUNTY HEALTHCARE FOUNDATION

57-1126478

Page 7

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.

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

- 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.

(A)	(B)	(C)						(D)	(E)	(E)
Name and title	Average	\	Position (do not check more than one					Reportable	Reportable	(F) Estimated
	hours per	bo	x, unle	ss pe	erson	is bo	th an	compensation	compensation	amount of
	week	_	ficer ar	nd a c	direct	or/tru:	stee)	from	from related	other
	(list any	ector		l				the	organizations	compensation
	hours for	ig is	يو			ited		organization	(W-2/1099-MISC/	from the
	related	stee	ruste			suac		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ia i	onal		ploye	E og		1099-NEC)		and related
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PETER MAZZARONI	40.00	┼╄	╁╧╌		×	王高	12			
EXECUTIVE DIRECTOR		1		X				125,000.	0	•
(2) SYLVIA HOLMES	0.57		$\vdash \lnot$	2,1			-	123,000.	0.	0.
CHAIR	0.07	x						8,400.	0.	0
(3) JAMES A BATTLE JR.	0.57					 		0,400.	0.	0.
BOARD MEMBER	,	X				١.		6,000.	0.	0
(4) JOHNNY FLOYD	0.57							0,000.	0.	0.
BOARD MEMBER		X						5,600.	0.	0.
(5) JANIE M JOHNSON	0.57							, , , ,	•	
BOARD MEMBER		X						5,600.	0.	0.
(6) EDWIN P ROGERS	0.57									<u>0.</u>
BOARD MEMBER		X						4,800.	0.	0.
(7) EDWARD WHITTINGTON	0.57									
BOARD MEMBER		X						4,800.	0.	0.
(8) BETH KLAUBER	0.57									<u> </u>
VICE CHAIR		X						4,800.	0.	0.
(9) JEAN PEARSON	0.57									<u> </u>
SECRETARY		X						4,800.	0.	0.
(10) KENT M. WILLIAMS	0.57									
BOARD MEMBER		X						4,800.	0.	0.
(11) WAYNE GEORGE	0.57			Ţ						
TREASURER		X			- 1	ľ	f	4,700.	0.	0.
(12) DIANNE HERRINGTON	1.00			-						
BOARD MEMBER		X						4,700.	0.	0.
(13) REV. CURTIS CAMPBELL	0.57									<u> </u>
BOARD MEMBER		X						4,500.	0.	0.
(14) GANGATHARAN MATHISUTHAN	0.57									<u> </u>
BOARD MEMBER		X						4,200.	0.	0.
_			İ							
		_	_				\downarrow			
-										
					\perp	_				
<u> </u>										
			L	L						

	n 990 (2022) MARION C									57-112	647	8	Page 8				
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees			ghe	st C	ompensated Employe	es (continued)							
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle	Pos check ess pe nd a d	more rson i	than is bot	th an	(D) Reportable compensation from	(E) Reportable compensation from related		Fstim) amou oth	ated nt of er				
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	9-MISC/ from the						
	·										_						
,																	
													_				
	Subtotal								192,700.	0	-		0				
c	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A						. [192,700.	0	•		0. 0.				
2	Total number of individuals (including but no compensation from the organization										•.1		1				
3	Did the organization list any former officer,	director, truste	e, k	ey e	mplo	oyee	e, or	high	nest compensated emp	loyee on	- :	Yes	_				
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su										3		X				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										4		Х				
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	olete Schedule	J fo	or su	ich p	erso	on				5		<u> </u>				
1	Complete this table for your five highest corthe organization. Report compensation for t										sation	from					
	(A) Name and business		NO			ili i O	VI VVI		(B) Description of se		(Comp	C) ensati	on				
			110		•				•								
		·							,		····						
-													-				
2	Total number of independent contractors (in \$100,000 of compensation from the organization	ot lim	nited	to t	hose	e list	ted a	above) who received me	ore than								

Form 990 (2022) MARION
Part VIII Statement of Revenue

		Check if Schedule O	cont	ains a re	sponse	or note to any li	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns		-	la					
E E		b Membership dues			lb					
آغ ۾		Fundraising events			lc					
業別		d Related organizations			ld					
3, Bii		Government grants (cont			le					
ëë		All other contributions, gifts,		. –						
토		similar amounts not included	-	- 1	lf					
		Noncash contributions included in			lg \$					
걸		Total. Add lines 1a-1f								
		Total Add miles fall .				Business Code				
o l	2 :	a							<u></u>	
Ş		o								
am Ser evenue		>								
E §		d								
Program Service Revenue		· ····································								
Pro	Ì	All other program service	reve	nue						
		· -				<u> </u>				
	3	g Total. Add lines 2a-2f Investment income (including dividends, interest, and								
		•	_				1,312,644.			1,312,644.
i	4	Income from investment								
	5	Royalties		•						
	•	,,		(i) F	Real	(ii) Personal				1 2 2
	6 :	Gross rents	6a		··· · · · · · · · · · · · · · · · · ·					
		Less: rental expenses	6b			-		Market Commence		
		Rental income or (loss)	6c	1						
		Net rental income or (loss				al- a				<u></u>
		Gross amount from sales of	<u>,</u>	(i) Sec	urities	(ii) Other				
İ		assets other than inventory	7a	20,29						
		Less: cost or other basis	· · ·	20,25	<u> </u>					
ē		and sales expenses	7b	19 32	5 243					
Ē		Gain or (loss)								
ther Revenue		Net gain or (loss)			•		967,172.	· · · · · · · · · · · · · · · · · · ·		967.172.
ē		a Gross income from fundraisi					507,172.			307,172.
뒴	٠.	including \$		0	_					
		contributions reported on	line							
		Part IV, line 18		-						
	1	Less: direct expenses				+				
		Net income or (loss) from					· · · · · · · · · · · · · · · · · · ·			
		Gross income from gamin		-						
		Part IV, line 19	-							
	ı	Less: direct expenses				_				
		Net income or (loss) from					<u> </u>			· · · · · · · · · · · · · · · · · · ·
		Gross sales of inventory,	-	_						AN AF
		and allowances			10a	i				
	ŀ	Less: cost of goods sold								
		Net income or (loss) from								
S						Business Code				
و <u>م</u>	11 a	OTHER				900099	3,394.	3,394.		
an	ŀ	·						•		
€ €	c	•								
Miscellaneous Revenue	(All other revenue								
		Total, Add lines 11a-11d					3,394.			
	12	Total revenue. See instruction	ns				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 respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
-	and domestic governments. See Part IV, line 21	879,158.	879,158.		
2	Grants and other assistance to domestic	075,150.	0/2,130.		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	İ			
	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			223,0001	
	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):				
а	Management	67,700.		67,700.	
b					
C	Accounting	35,304.		35,304.	· · · · · · · · · · · · · · · · · · ·
	Lobbying				
е	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.	
7	Travel	403.		403.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,450.		3,450.	
20	Interest	20,601.		20,601.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	30,286.		30,286.	
3	Insurance	13,688.		13,688.	
4	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 0.)				
а	DUES AND MEMBERSHIPS &	5,435.		5,435.	
b	SECURITY	1,092.		1,092.	
С					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,647,279.	879,158.	768,121.	0
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

	πλ	Dalance Sheet					
		Check if Schedule O contains a response or no	te to ar	ny line in this Part X		······	
					(A) Beginning of year		(B) End of year
	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 of					
		trustee, key employee, creator or founder, subs	stantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined	,		
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			500,000.	7	500,000.
Assets	8	Inventories for sale or use				8	
Ř	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		417,733.	182,304.	10c	152,017.
	11	Investments - publicly traded securities			78,153,989.	11	66,211,547.
	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	190,059.	15	193,949.		
	16	Total assets. Add lines 1 through 15 (must equ			79,323,096.	16	67,636,888.
	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			21		
Ø	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
abil		controlled entity or family member of any of the				22	
Ξ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate			500,000.	24	500,000.
	25	Other liabilities (including federal income tax, pa			000/0000		50070001
		parties, and other liabilities not included on lines	-				
		of Schedule D	-			25	
	26				502,477.	26	507,398.
		Organizations that follow FASB ASC 958, che			302/2//		30,,030.
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u> n	27				78,820,619.	27	67,129,490.
Ва	28	Net assets with donor restrictions				28	0,,125,150.
<u>n</u>		Organizations that do not follow FASB ASC 9					
Ť		and complete lines 29 through 33.	,				
5	29	Capital stock or trust principal, or current funds		•	29		
set	30	Paid-in or capital surplus, or land, building, or ed			30		
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	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.

Form **990** (2022)

orm 990	(2022) MARION	COUNTY	HEALTHCARE	FOUNDATION	57	-1126478	Page 12		
Part XI	Reconciliation of Net As	sets			***				
Check if Schedule O contains a response or note to any line in this Part XI									

	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	,28	3,2	10.
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			5,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	78	,82	0,6	19.
5	Net unrealized gains (losses) on investments	5			7,0	
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	,12	9,4	90.
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 Schedule	0.		Tyer.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			4 : 1.1	
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		- W.		11/2
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis			-		
С	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		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	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?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	ļ	

Form **990** (2022)

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

Pa	rt 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		·
		(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		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of		
De	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the org		art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea	· —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
^	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form o	Held at the End of the Tax Year
-	· · · · · · · · · · · · · · · · · · ·		
a b			
0	Number of conservation easements on a certified historic stru	ustura included in (a)	
d			2c
u	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the	organization during the tay
_	year	sacoa, examigationed, or terminated by the	organization 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	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
			- ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that describes the
Da	organization's accounting for conservation easements.	A. LUCA COLOR	
Pa	rt III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items:		_
	(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		gain, provide
_	the following amounts required to be reported under FASB AS	-	
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X		-
D	Assets included in Form 990. Part X		\$

		COUNTY HEA				<u> 57-</u>	<u> 1126478 </u>	Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historic	al Treasures,	or Other	Similar As	sets(continue	d)
3	Using the organization's acquisition, access	ion, and other recor	ds, check any	of the following th	nat make sig	nificant use o	f its	
	collection items (check all that apply):							
а	Public exhibition	(d 🔲 Loan	or exchange prog	ıram			
b	Scholarly research		e 🔲 Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and expla	in how they fur	ther the organiza	tion's exem	pt purpose in	Part XIII.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be m						Yes	No
Pai	t IV Escrow and Custodial Arran	gements. Comp	ete if the organ	nization answered	"Yes" on F	orm 990. Part	IV. line 9. or	
	reported an amount on Form 990, Pa		3			,	, 0, 0.	
	Is the organization an agent, trustee, custod	ian or other interme	diary for contri	butions or other a	assets not in	ncluded		
	on Form 990, Part X?						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:					
	, ,						Amount	
С	Beginning balance					1c		
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21. for escrov	v or custodial acc	ount liability	/?	Yes	No
	If "Yes," explain the arrangement in Part XIII.					· · · · · · · · · · · · · · · · · · ·		
Par	t V Endowment Funds. Complete i	f the organization ar	nswered "Yes"	on Form 990. Pa	rt IV. line 10		·····	
		(a) Current year	(b) Prior ye				ck (e) Four yea	rs back
1a	Beginning of year balance		,,,,,			,	(0) ,	
	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
Ŭ	and programs							
f	Administrative expenses							
	End of year balance							
	Provide the estimated percentage of the curr	ent year and haland	e (line 1a, colu	mp (a)) hold as:				
	Board designated or quasi-endowment		%	mm (a)) meid as.				
b	Permanent endowment	%						
c								
	The percentages on lines 2a, 2b, and 2c sho	-						
За	Are there endowment funds not in the posses		ation that are h	eld and administ	ared for the			
	organization by:	bolon of the organiza	ation that are r	iola ana aanmingt	cica for the		Yes	No
	(i) Unrelated organizations							140
	(ii) Related organizations	***************************************	•••••	***************************************		• • • • • • • • • • • • • • • • • • • •	3a(i)	+
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedu	le R2		• • • • • • • • • • • • • • • • • • • •	3a(ii)	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds			••••••	30	
Par	t VI Land, Buildings, and Equipm	ent.	THIRD I CHARGO.					
	Complete if the organization answered), Part IV, line 1	1a. See Form 99	0. Part X. lin	ie 10.		
	Description of property	(a) Cost or o		Cost or other		umulated	(d) Book val	
		basis (investr	1	asis (other)		ciation	(W) DOOK Val	uu
1a	Land			20,000.			20 (000.
	Buildings			492,734.	36	1,173.	131,5	
	Leasehold improvements				30			<u> </u>
	Equipment			57,016.	5	6,560.		156.
	Other			<u> </u>		-,000		

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 MARION COUN	TY HEALTHCARE	FOUNDATION	57-1126478 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)			<u> </u>
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 000 Port IV line:	11a Saa Farm 000 Part V line 1	3
(a) Description of investment	(b) Book value		st or end-of-year market value
	(b) BOOK Value	(c) Method of Valuation. Cos	st of 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 1	11d. See Form 990, Part X, line 1	5.
(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	э 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X,	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)	· · · · · · · · · · · · · · · · · · ·		
(0)			1

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 ...

(7) (8)

422,321.

BROKERAGE ACCT. FEES

SCHEDULE (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

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.

ď	latest information.
Attach to Form 990.	Go to www.irs.gov/Form990 for the latest inf

OMB No. 1545-0047	2022	Open to Public Inspection

Employer identification number

2 COMMUNITY PARK OPERATIONS 57-1126478 BIOMEDICAL BLOOD PROGRAM (h) Purpose of grant LOW or assistance MEMORIAL FLAG PARK PROJECT LIFESAVER HOME REPAIRS FOR X 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 SENERATOR SERVICES 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö Ö Ö Ö 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. (d) Amount of 80,000 15,000, 56,000 22,800 29,876 50,000 cash grant MARION COUNTY HEALTHCARE FOUNDATION 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) 57-1009097 501 (C)(3) 61-1940802 501 (C)(3) Enter total number of other organizations listed in the line 1 table 23-0196605 86-2869833 57-6000636 57-6001085 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization MARION COUNTY LONGTERM RECOVERY or government 1601 W. LUCAS STREET 307 W. DOZIER STREET HABITAT FOR HUMANITY FLORENCE, SC 29506 514 MULLINS STREET AMERICAN RED CROSS AMAZING GRACE PARK MULLINS, SC 29574 NICHOLS, SC 29581 MARION, SC 29571 SC 29571 MARION, SC 29571 TOWN OF NICHOLS MARION COUNTY PO BOX 1106 PO BOX 183 PO BOX 873 Part Part II MARION,

Schedule I (Form 990) 2022

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Page 1

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.)

OF COLORECTAL CANCER PROGRAM COMMUNITY IMPACT (1 OF 3) <u>.</u> MOBILE MAMMOGRAPHY VAN COUNSELING PROGRAM FOR (h) Purpose of grant or assistance NURSE FAMILY PRISHP SHELTER RENOVATIONS BUILDING REPAIRS DOWNTOWN FACADE RENOVATIONS GIRLS (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0. o. (e) Amount of noncash assistance Ö o. o o (d) Amount of cash grant 17,290 8,507, 25,000, 42,575 300,000 80,000 45,000 65,000 (c) IRC section if applicable 501 (C)(3) 501 (C)(3) 501 (C)(3) 501 (C)(3) 501 (C)(3) 501 (C)(3) 57-0972104 57-0818672 57-0818672 57-0830844 46-2552201 57-6028985 59-2414492 57-0637184 (p) EIN AUTHORITY - 313 S. STADIUM ROAD -PEE DEE REGIONAL TRANSPORTATION HISTORIC MARION REVITALIZATION (a) Name and address of organization or government MCLEOD HEALTH FOUNDATION MCLEOD HEALTH FOUNDATION 6745 PHILIPS IND. BLVD. JACKSONVILLE, FL 32256 PACE CENTER FOR GIRLS CHARLESTON, SC 29425 1001 N. MAIN STREET FLORENCE, SC 29506 FLORENCE, SC 29506 FLORENCE, SC 29506 FLORENCE, SC 29503 MULLINS SC 29574 103 E. DOZIER ST. PEE DEE COALITION MARION, SC 29571 MUSC FOUNDATION PO BOX 100551 18 BEE STREET PO BOX 100551 KINGS COURT PO BOX 2152

Schedule I (Form 990)

Schedule | (Form 990) 2022 MARION COUNTY HEALTHCARE FOUNDATION

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.

Part III

Page 2

57-1126478

(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		2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
GRANT APPLICATIONS ARE RECEIVED BY	THE	COUNTY	MARION COUNTY HEALTHCARE	E FOUNDATION.	
ONCE THE GRANT IS AWARDED, A GRANT	AGR	NT CONTRAC	EEMENT CONTRACT IS EXECUTED	ľED	
DESCRIBING COMPLIANCE REQUIREMENTS		DING THE A	WARD. PROGE	SURROUNDING THE AWARD. PROGRESS REPORTS	
ARE SUBMITTED FOR REVIEW AND INVOICES	ARE	SUBMITTED '	SUBMITTED TO DOCUMENT	r the	
EXPENDITURES IN ACCORDANCE WITH THE GR	ANT	APPLICATION	N AND AGREEMENT	SMENT	
CONTRACT. ONCE THE GRANT FUNDS HAVE	E BEEN SPENT,		MARION COUNTY HEALTHCARE	IEALTHCARE	
FOUNDATION MAY REQUEST ADDITIONAL 1	INFORMATION OR	1	PERFORM A SITE	3 VISIT TO	
INSURE THAT ALL TERMS OF THE AGREEMENT	MENT HAVE	REEN	סיי השמשעהג		

Schedule I (Form 99 Part IV Supp	90) MARI Diemental Information	ON COUNTY H	EALTHCARE	FOUNDATION	57-1126478 Page 2
	_				
FUNDS ARE	ALSO AWARDED	DIRECTLY TO	COLLEGES	AND LOCAL SO	CHOOLS OF HIGHER
LEARNING.	THE SCHOOLS C	CHOOSE RECIP	IENTS FOR	SCHOLARSHIPS	S, BASED UPON
PREDETERMI	NED CRITERIA	OF RESIDENTS	OF MARIO	ON COUNTY AND	GPA AND FINANCIAL
NEED.					
*					
<u> </u>					
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				-	

SCHEDULE L

(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

2022

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

	MARION C	OUNTY HEA	ALTI	HCAR	RE FOUNDATI	ON	57	-11	1264	178		
Part I Excess Be	nefit Transac	tions (section 5	i01(c)(3), sec	tion 501(c)(4), and se	ection 501(c)(29) org	anizati	ons o	only).			
Complete if th	e organization ar	swered "Yes" on	Form	990, P	art IV, line 25a or 25	b, or Form 990-EZ, F	oart V,∃	line 4	0b.			
1	(h	Relationship bet			ulified						Corre	ected?
(a) Name of disqualifie	a person	person and c	rganiz	ation	(c) Description of trar	nsactio	n			'es	No
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2 Enter the amount of ta	x incurred by the	organization mar	aners	or disa	qualified persons du	ring the year under						
								¢				
3 Enter the amount of ta	x. if any, on line 2	above reimbur	ed by	the or	ranization	••••••		Ψ Φ				
	o., a., , o., o.	., abovo, rominari	Jou Dy	1110 01	gai ii 2 211011			Ф				
Part II Loans to a	nd/or From Ir	terested Per	sons).								
					Z, Part V, line 38a or l	Form 990 Bort IV lin	no 06. 1	ar # +1	20 0404	i+i		
	nount on Form 99				., rat v, inte 30a or i	ronn 990, Fait IV, III	1 0 20, 0	JI II LI	ie orga	anızatı	OH	
(a) Name of	(b) Relationshi			oan to or	(e) Original	(f) Balance due	(a)	ln.	(h) Ap	proved	(:) \A	/ritten
interested person with organ				n the	principal amount	(I) Dalarice due	(g) In default?		I by bo	ard or nittee?	(1) "	ment?
				From			Vaa	Nia	· · · · · · · · · · · · · · · · · · ·		-	
			10	I TOTT			Yes	No	Yes	No	Yes	No
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otal Part III Grants or A		C111 1 -1		<u>.</u>	<u> \$</u>			<u> </u>		<u> </u>		
	ssistance Be											
	organization ans	swered "Yes" on	orm 9	990, Pa								
(a) Name of interested	d person	(b) Relationship			(c) Amount of	(d) Type				Purp		f
		interested pers the organiza		a	assistance	assistan	Эе		ć	assista	ance	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 MARION COUNTY HEALTHCA Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered (a) Name of interested person	(b) Relation	onship between in and the organiza	terested	(c) Amount of transaction	(d) Description	organi:	aring of zation's nues?	
							Yes	No
		PROVIDES			A BOARD			Х
		PROVIDES			A BOARD			X
MEDICAL UNIVERSITY OF SOUT	MCHCF	PROVIDES	GRAN	300,000.	A BOARD	MEM		X
Part V Supplemental Information. Provide additional information for response	nses to qu	estions on Schedu	ıle L (see i	nstructions).				.
SCH L, PART IV, BUSINESS TH	RANSAC	CTIONS IN	OLVIN	G INTEREST	ED PERSO	NS:		
(A) NAME OF PERSON: MARION	COUNT	Y	T					
(B) RELATIONSHIP BETWEEN IN	TERES	TED PERSO	N ANI	ORGANIZAT	ION:			
MCHCF PROVIDES GRANT FUNDIN	IG TO	MARION CO	UNTY					
(D) DESCRIPTION OF TRANSACT								
EMPLOYEE OF MARION COUNTY.			IDED	FINANCIAL A	ASSISTAN	CE I	IN T	HE
FORM OF GRANTS TO MARION CO	UNTY.						-	
/A NAME OF DEDCOM. AMARIANO		E DADE						
(A) NAME OF PERSON: AMAZING (B) RELATIONSHIP BETWEEN IN			אר א זר	OD CART CAM	. 011			
MCHCF PROVIDES GRANT FUNDIN					.ON:			
(D) DESCRIPTION OF TRANSACT					ורד דפ או	r e0	7\	
BOARD MEMBER OF THE AMAZING								
ASSISTANCE IN THE FORM OF G						CIAL		
(A) NAME OF PERSON: MEDICAL	UNIV	ERSITY OF	SOUT	H CAROLINA				
(B) RELATIONSHIP BETWEEN IN	TERES	TED PERSO	N AND	ORGANIZATI	ON:			
MCHCF PROVIDES GRANT FUNDIN	G TO	THE MEDIC	AL UN	IVERSITY OF	SOUTH (CARO	LINA	7
(D) DESCRIPTION OF TRANSACT	ION:	A BOARD M	EMBER	OF THE MCH	CF IS AN	1		
EMPLOYEE OF THE MEDICAL UNI	VERSI'	ry of sc.	A BO	ARD MEMBER	OF THE N			

	Supplem	ental Infor	matic	on							DA'r:10			126478 F
		MEMBER												THE
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Schedule L (Form 990)

232461 04-01-22

SCHEDULE 0 (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

OMB No. 1545-0047

Inspection

Name of the organization

MARTON COUNTY HEALTHCARE FOUNDATION

Employer identification number

MARION COUNTY HEALTHCARE FOUNDATION 5/-11264/8
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 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.