Form **990**

EXTENDED TO MAY 15, 2024 Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023 Check if applicable C Name of organization D Employer identification number MEDICAL UNIVERSITY OF SOUTH CAROLINA Address change FOUNDATION Name change 57-6028985 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 18 BEE STREET (843)792-1315termin-ated 490,617,690. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende CHARLESTON, SC 29425 H(a) Is this a group return Applica-F Name and address of principal officer: STUART AMES for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? _____Yes ____ No Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. See instructions J Website: WWW.MUSC.EDU/FOUNDATION H(c) Group exemption number Form of organization: X Corporation Trust Association Other Year of formation: 1966 M State of legal domicile: SC Part I Summary Briefly describe the organization's mission or most significant activities: THE MEDICAL UNIVERSITY OF SOUTH Governance CAROLINA FOUNDATION (THE "FOUNDATION") WAS INCORPORATED IN JULY 1966 if the organization discontinued its operations or disposed of more than 25% of its net assets. 30 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 30 4 Activities & 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 1 200 6 Total number of volunteers (estimate if necessary) 6 3,777,356. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 371,804. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 55,439,177. 39,849,315. 8 Contributions and grants (Part VIII, line 1h) 8,873,843. 6,723,606. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 37,725,537. 34,221,323. -386,566. -204,981.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 101,651,991. 80,589,263. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 40,117,108. 46,494,916. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 2,270,114. **b** Total fundraising expenses (Part IX, column (D), line 25) 6,858,757. 9,764,384. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 46,975,865. 56,259,300. 54,676,126. 24,329,963. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 10 730,105,616. 755,133,409. Total assets (Part X, line 16) 193,866,543. 195,973,103. 21 Total liabilities (Part X. line 26) et 534,132,513. 561,266,866. Net assets or fund balances. Subtract line 21 from line 20 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 mouten I Truse Signature of officer Sign MATTHEW MUSE, CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JANICE A RATICA mer a atico 03/22 /24 self-employed P00358837 Paid ELLIOTT DAVIS, LLC/PLLC Firm's EIN 57-0381582 Preparer Firm's name 500 EAST MOREHEAD STREET, Use Only Firm's address Phone no. (704) 333-8881 CHARLOTTE, NC 28202

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Other program services (Describe on Schedule O.)

including grants of \$ Total program service expenses

49,205,033.

Form **990** (2022)

) (Revenue \$

MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
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		<u> </u>
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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, VII, 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,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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 I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21	X	l

MEDICAL UNIVERSITY OF SOUTH CAROLINA

FOUNDATION 57-6028985 Page **4** Form 990 (2022) Part IV Checklist of Required Schedules (continued)

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 74 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yes	No
23 De the organization service* ("ser" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? " "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? " "Yes," answer lines 24th through 24 and complete Schedule K. If "No," to po time 25a. 24a Did the organization manitaria an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? d Did the organization manitaria an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? d Did the organization and an organization. But the organization are completed schedule L Part I d Did the organization and the tax dengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that the angaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that the angaged 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 profess of the organization profess. Part II 25c Ib Is the organization aware that the angaged 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 profess of any current or former officer, director, trustee, key employee, exactor or founder, substantial contributor, or 35% controlled entity or family member of any of three persons? If "Yes," complete Schedule L, Part II " 25c If It was the analysis of the part II " 25d Was the organization except organization organization and exceptions; a A current or	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, brustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part I was issued after December 31, 2002? If "Yes," anaware lines 24b through 24d and complete Schedule II. Part II. Schedule II. Part III. Schedule III. Part III. Schedule I		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 24	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? # "Yes," awawer lines 25th through 24d and complete Schedule K. If "No.", go to line 25e 24b X D to the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b X D to the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X D to the organization invest any proceeds of tax exempt bonds? 24d D to the organization invest any proceeds of tax exempt bonds? 24d D to the organization invest any proceeds of tax exempt bonds? 24d D to the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d D to the organization with a disqualified person during the year? 1" !ves, "complete Schedule L, Part I 25a X b Is the organization wave that it engaged in an excess benefit transaction with a disqualified person during the year? 1" !ves, "complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave that it engaged in an excess benefit transaction with a disqualified person in an aprove of the report of the prior of themselves from organization or appeal and the prior of themselves and organization organization provide against organization exception organization o		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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Schedule K. If "No.", go to line 25a b. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d	24a				
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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 980-E27 // 19*Yes, 'complete Schedule L, Part I // 25b			24d		X
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b X 25	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I 25 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 contribution, or 35% controlled entity of rainily member of any of these persons? If "Yes," complete Schedule I, 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 contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any notified flight provided in the provides the schedule I, Part II 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part IV 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule I, Part IV 28 A family member of any individual described in line 28a? If "Yes," complete Schedule I, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, "complete Schedule II 29 Yes," complete Schedule I, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, "complete Schedule II 20 Did the organization in eliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II 20 Did the organization one of the schedule II 21 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 501,7701-28 in "Yes," complete Schedule II, Part I 21 Did the organization own 100% of an entity disregarded as separate from the organization with a controlled entity within the meaning of section 512(b)(13) 22 Did the organization own 100% of an entity disregarded as separate from the o			25a		X
Schedule L, Part I 25b	b				
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or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // *Yes, *complete Schedule L, Part II		·	25b		X
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27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) thereof, or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X: 29 Did the organization schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization individuals, and/or organization selective contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 Did the organization individuals, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30.17701-2 and 30.17701-2 and 30.17701-2 if "Yes," complete Schedule R, Part II, III, or IV, and Part IV, line 1 30 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, line 2 31 Did the organization own than \$5 of Its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 32 Did the organization organization oreceive any payment fr					37
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Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV					v
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"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c					
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232004 12-13-22

Form **990** (2022)

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

2a Interest the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 1 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? b If Yes, * That If it least one is reported on line 2a, did the organization for or more during the year? b If Yes, * That If it least one is reported on line 2a, did the organization for or more during the year? b If Yes, * That If it least one year, did the organization have an interest in or a significant per or other authority over, a financial account in a foreign country general per organization and party to a prohibited tax sheller transaction at any time during the tax year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See Was the organization aparry to a prohibited tax sheller transaction at any time during the tax year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See D and instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See D and instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See D and If Yes T did not a general party to a point filing that the remainable per any time during that system or the year? See D and If Yes T did not required to the organization solicit any organization and party for goods and services provided to the payor? The Yes T did not organization receive a contribution or surface statement that such contributions or gifts were not tax deductable? Programment that may receive deductable contributions under section 170(c). B If Yes T did not organization receive and contribution or filing that year any time during the year any time that organization filing that the organization receive an					Yes	No				
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FOUNDATION

57-6028985 Page 6 Form 990 (2022) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 30 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 30 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC, NY, CASection 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

X Own website X Upon request Another's website Other (explain on Schedule O)

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.

State the name, address, and telephone number of the person who possesses the organization's books and records MATTHEW MUSE - 843-792-6407

18 BEE STREET, CHARLESTON. 29425

Form **990** (2022)

Form 990 (2022) FOUNDATION

DATION 57-6028985

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) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director				Highest compensated the major of the major o	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) STUART AMES CHIEF EXECUTIVE OFFICER	40.00			х				0.	557,893.	6,983.
(2) ROBYN FRAMPTON	40.00			22				•	337,033.	0,303.
COO/EXECUTIVE VICE PRESIDENT	40.00			х				0.	212,340.	3,935.
(3) MATTHEW MUSE	40.00									
CHIEF FINANCIAL OFFICER				х				0.	103,134.	2,430.
(4) MR. RICHARD ALMEIDA	1.00								-	-
DIRECTOR		Х						0.	0.	0.
(5) MR. JAMES ALLHUSEN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MR. OMAR RAMBERAN	1.00								_	_
DIRECTOR	1 22	Х						0.	0.	0.
(7) MR. JAMES BATTLE	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(8) MR. LANE BALLARD	1.00	37							_	0
(9) DR. BRINDA CHOKSHI	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(10) DR. DEBORAH DAVIS	1.00	Λ						0.	U•	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(11) DR. RICK DHILLON	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MR. JOHN DOWNING	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MR. GEORGE GEPHART, JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MR. THOMAS FLANAGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) COL. MIKE HEATH	1.00	_						_	_	_
DIRECTOR	1 00	Х						0.	0.	0.
(16) DR. HAROLD JABLON	1.00								_	_
DIRECTOR	1 00	Х	\vdash		_			0.	0.	0.
(17) MR. MICHAEL "MISHA" JOUKOWSKY	1.00	37						_	_	^
DIRECTOR	1	X			<u> </u>		l	0.	0.	990 (2022)

232007 12-13-22

Form 990 (2022)

<u> Page</u> **7**

FOMDAT.									37 0020	JUJ Fage U
Part VII Section A. Officers, Directors, Tru	ustees, Key Emp	oloy	ees,	anc	l Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	ss per	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any 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)	compensation from the organization and related organizations
(18) MR. BOB KEANE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(19) DR. JAMES LEMON DIRECTOR	1.00	х						0.	0.	0.
(20) MR. JOHN CAHILL	1.00								-	
DIRECTOR		Х						0.	0.	0.
(21) MR. THOMAS "TOM" MOTAMED DIRECTOR	1.00	х						0.	0.	0.
(22) MS. SUSAN PEARLSTINE	1.00								<u></u>	
DIRECTOR	1.00	Х						0.	0.	0.
(23) MR. W. THOMAS PARRINGTON DIRECTOR	1.00	Х						0.	0.	0.
(24) MR. MIGUEL THAMES	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(25) MS. AUDREY WHETSELL	1.00									
DIRECTOR		Х						0.	0.	0.
(26) MR. CHARLES SCHULZE	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								0.	873,367.	13,348.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								0.	873,367.	13,348.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	

compensation from the organization

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRAYSON LAW FIRM LLC, 1036 LANSING DR.STE 101, MOUNT PLEASANT , SC 29464	LEGAL	108,117.
2 Total number of independent contractors (including but not limited to those listed		

Form **990** (2022)

Form 990 FOUNDATION 57-6028985

A	Form 990 FOUNDATI	OIN								57-602	0903
A	Part VII Section A. Officers, Directors, To	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
Name and title	·									, ,	(F)
Nours Check all that apply) Compensation Co											
Per Week (list arry 10	Name and the	_	(cl					ΙΛ			
week (list any hours for related organizations 1,00		l l	(0)	I			app I	' <i>y)</i>	<u> </u>		
(list ary list ary							au		1		
1.00		I	5				loye		1		
1.00			irect				E E			(88-2/1099-181130)	
1.00		I	ord	ee			sated		(VV-2/1099-IVIISC)		
1.00			ustee	trus		98	ned				
1.00			ualtr	ional		e o	tco				organizations
1.00		I	Jivid	# <u>#</u>	ficer	y em	ghes	Шeг			
X			Ē	Ĕ	0ŧ	<u>\$</u>	主	요			
1.00 X	(27) MR. JIM NEWSOME	1.00									
1.00 X	DIRECTOR		Х						0.	0.	0.
X	(28) MS. LISA MONTGOMERY	1.00				\Box					
1.00 X			v						0	n	n
X		1 00	72			$\vdash\vdash$			0.	0.	0
30) MR, CHARLES WENDELL		1.00	ļ					ĺ		_	_
X		 	Х	<u> </u>		Ш		<u> </u>	0.	0.	0.
1.00 X	(30) MR. CHARLES WENDELL	1.00									
1.00 X	DIRECTOR		X						0.	0.	0 .
X	(31) MS. ANN WROBLESKI	1.00				П					
32 MS. JAN CHILDRESS MCCRARY			v						0	0	n
X		4 00	-22	_		\vdash			0.	0.	0 (
33) MR. JAMES "JIM" MACLEOD		4.00								_	•
X X 0. 0. 0. 0			X		Х	\square			0.	0.	0 .
	(33) MR. JAMES "JIM" MACLEOD	4.00									
	CHAIR		Х		Х				0.	0.	0.
Cotal to Part VII. Section A line 1c.						\Box					
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Total to Part VII. Section A line 1c											
Total to Part VII. Section A line 1c											
	Total to Part VII, Section A, line 1c										

Form 990 (2022) FOUNDAT
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	or note to any lin	e in this Dart VIII			
		Crieck if Scriedule O cortains a response o	i note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
rar	b	Membership dues1b					
e, E	c	Fundraising events	3,257,174.				
ifts ar /	c	d Related organizations 1d					
nig.	e	Government grants (contributions)					
Sir	f	All other contributions, gifts, grants, and					
uti	-	similar amounts not included above	36,592,141.				
Contributions, Gifts, Grants and Other Similar Amounts	,	Noncash contributions included in lines 1a-1f	10,029,225.				
ou				39,849,315.			
O B		n Total. Add lines 1a-1f	Business Code	33,013,313.			
	_	DENMAI INCOME	531110	E 947 610	E 006 600	40 021	
<u>ic</u> e	2 a			5,847,619.	5,806,698.	40,921.	
er v	b	MUHA/MUSC PHYSICIANS/OTHER CLINIC	611710	875,987.	875,987.		
ı S	c	;					
ran Sev	C						
Program Service Revenue	e	;					
<u>P</u>	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		6,723,606.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		7,401,148.		1051987.	6349161.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 =	a Gross rents 6a	, ,				
		D Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
			(ii) Other				
	1 6	Consistent and Consistent Consist	159,153.				
	_	,	139,133.				
	r	Less: cost or other basis	120 000				
nue		and sales expenses 7b 408, 282, 402.	130,000.				
Revenue		Gain or (loss)	29,153.				
Ä		d Net gain or (loss)		26,820,175.	29,153.	2684448.	24106574.
her	8 a	a Gross income from fundraising events (not					
₽		including \$ 3 , 257 , 174 . of					
		contributions reported on line 1c). See					
		Part IV, line 188a	1,411,044.				
	b	Less: direct expenses 8b	1,616,025.				
	c	Net income or (loss) from fundraising events .		-204,981.			-204,981.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		, Net income of floss) from sales of life flory	Business Code				
S			Busiliess Code				
eo e	11 a						
lan	b						
Miscellaneous Revenue	c						
Mis	c	d All other revenue					
_	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		80,589,263.	6,711,838.	3777356.	30250754.

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Form 990 (2022) FOUNDATION
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).								
Check if Schedule O contains a response or note to any line in this Part IX												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	46.494.916.	46,494,916.									
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											
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											
11	Fees for services (nonemployees):				<u> </u>							
а	Management											
b	Legal											
С	Accounting											
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees	1,036,740.		1,036,740.								
g	Other. (If line 11g amount exceeds 10% of line 25,	, ,		, ,								
J	column (A), amount, list line 11g expenses on Sch 0.)	2,799,249.	558,296.	2,141,962.	98,991.							
12	Advertising and promotion											
13	Office expenses	160,569.		160,569.								
14	Information technology											
15	Royalties											
16	Occupancy											
17	Travel	30,429.		30,429.								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest	2,497,151.	1,214,929.	1,282,222.								
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	951,577.	936,892.	14,685.								
23	Insurance											
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 0.)	1 004 542			1 004 542							
a	DONATED COORS	1,994,543.			1,994,543.							
b	DONATED GOODS	176,580.		117 5/6	176,580.							
С.	MISCELLANEOUS	117,546.		117,546.								
d	All all and an area											
e	All other expenses	56 250 200	49,205,033.	4,784,153.	2,270,114.							
25	Total functional expenses. Add lines 1 through 24e	30,433,300.	±3,403,033.	4,/04,133.	4,4/U,114.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)											
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022							

Form 990 (2022)
Part X Balance Sheet

Par	πX	Balance Sneet							
		Check if Schedule O contains a response or note	to any	line in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			10,852,964.	1	10,376,079		
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net			29,024,384.	3	18,845,505		
	4	Accounts receivable, net	162,092.	4	100,000				
	5	Loans and other receivables from any current or							
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%					
		controlled entity or family member of any of these	e perso	ns		5			
	6	Loans and other receivables from other disqualifi	ed pers	sons (as defined					
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6			
ts	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
ĕ	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D		97,955,016.					
	b	Less: accumulated depreciation	10b	20,174,466.			77,780,550		
	11	Investments - publicly traded securities			254,613,021.	11	286,174,942		
	12	Investments - other securities. See Part IV, line 1	348,438,387.	12	353,096,550				
	13	Investments - program-related. See Part IV, line 1		13					
	14	Intangible assets	0.504.000	14					
	15	Other assets. See Part IV, line 11			8,634,808.	15	8,759,783		
	16	Total assets. Add lines 1 through 15 (must equa			730,105,616.	16	755,133,409		
	17	Accounts payable and accrued expenses	21,378,696.	17	21,509,122				
	18	Grants payable	0 071 202	18	1 222 221				
	19	Deferred revenue		2,071,393.	19	1,332,221			
	20				57,561,205.	20	54,784,926		
	21	Escrow or custodial account liability. Complete P				21			
es	22	Loans and other payables to any current or forme							
Liabilities		trustee, key employee, creator or founder, substa							
ia l		controlled entity or family member of any of these			04 000 462	22	05 270 552		
_	23	Secured mortgages and notes payable to unrelat			94,009,462.	23	95,378,552		
	24	Unsecured notes and loans payable to unrelated	•			24			
	25	Other liabilities (including federal income tax, pay							
		parties, and other liabilities not included on lines	17-24).	Complete Part X	20,952,347.	0E	20,861,722		
	26				195,973,103.	20	193 866 543		
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chec			173,773,103.	20	173,000,343		
နွ		and complete lines 27, 28, 32, and 33.	K HEIE	21					
ü	27				91,413,777.	27	100,869,980		
3ala	28	Net assets with donor restrictions	442,718,736.		460,396,886				
힐	20	Organizations that do not follow FASB ASC 95			112/120/1301	20	100/030/000		
필		and complete lines 29 through 33.	o, che	ok nere					
ō	29		ital stock or trust principal, or current funds						
ets	30	Paid-in or capital surplus, or land, building, or equ				29 30			
Ass	31	Retained earnings, endowment, accumulated inc				31			
Net Assets or Fund Balances	32	Total net assets or fund balances			534,132,513.	32	561,266,866		
Z	33	Total liabilities and net assets/fund balances			730,105,616.	33	755,133,409		

Form **990** (2022)

	990 (2022) FOUNDA'TION	5/-6	028985	Pag	ge 12
Pai	t XI Reconciliation of Net Assets			,	
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	80,589	, 2	63 .
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,259	, 3	00.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,329		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	534,132	, 5	13.
5	Net unrealized gains (losses) on investments	5	3,165	,1	17.
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	-360	,7:	27.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	561,266	, 8	<u>66.</u>
Pai	t 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	Ο.			
2a	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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X 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	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 Sche	edule O.			
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 require	ed audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

MEDICAL UNIVERSITY OF SOUTH CAROLINA **Employer identification number** Name of the organization FOUNDATION 57-6028985 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

57-6028985 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	19180297.	25290923.	24681368.	55439177.	39849315.	164441080		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	19180297.	25290923.	24681368.	55439177.	39849315.	164441080		
	The portion of total contributions								
_	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						1108567.		
6	Public support. Subtract line 5 from line 4.						163332513		
	etion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	19180297.				39849315.			
	Gross income from interest,								
_	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	8081715.	7435516.	3421159.	3791040.	7401148.	30130578.		
9	Net income from unrelated business								
·	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						194571658		
	Gross receipts from related activities,	etc. (see instruction	nns)			12			
	First 5 years. If the Form 990 is for the	•	,						
	organization, check this box and stop								
Sec	tion C. Computation of Publi								
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	83.94 %		
	Public support percentage from 2021					15	%		
	33 1/3% support test - 2022. If the					ore, check this bo			
	stop here. The organization qualifies						77		
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I						
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact	-							
	meets the facts-and-circumstances te			=					
b	10% -facts-and-circumstances test	_	•	*	-				
	more, and if the organization meets the	-							
	organization meets the facts-and-circ				· ·				
18	•								
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		T	Т	т		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on				1	1	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•	.,.,	
60	check this box and stop here						<u></u>
	etion C. Computation of Publi			(6)		l an l	
	Public support percentage for 2022 (I	, , , , , ,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)		17	0/
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2022. If the						
196	more than 33 1/3%, check this box ar						
L	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2022

IDATION 57-6028985 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
30		
3с		
4a		
AL		
4b		
4c		
5a		
- 54		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
30		
10a		
10b ule A (Fori	~ 000'	2022
uie A (FOI)	11 220	2022

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		11a		
b		11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing hady members of the governing hady officers acting in their official cancelly, or membership of one or		163	140
'	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
0	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion of Type in Supporting Organizations		<u>, </u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion B. All Type III Supporting Organizations	1	1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
Sec				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uction	·	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	That those delimines constituted careful than, an or no delimines.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

232025 12-09-22 Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	inization (see
	instructions).	-		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

10 Line 8 amount divided by line 9 amount

FOUNDATION

57-6028985 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

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MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

Schedule A (Form 990) 2022 FOUNDATION 57-6028985 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II line 10: Part II line 17a or 17b: Part III line 12:

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, SECTION C, LINE 15:
THE FOUNDATION WAS REDETERMINED TO BE A IRC SECTION 509(A)(1)/SECTION
170(B)(1)(A)(VI) PUBLIC CHARITY EFFECTIVE FOR THE FISCAL-YEAR ENDED
JUNE 30, 2023.

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

Employer identification number

57-6028985

Organization type (check one):							
Filers of	f:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	10-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Name of organization
MEDICAL UNIVERSITY OF SOUTH CAROLINA
FOUNDATION

Employer identification number

57-6028985

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$15,861.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 1 , 500 , 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Name of organization
MEDICAL UNIVERSITY OF SOUTH CAROLINA
FOUNDATION

Employer identification number

57-6028985

Part II			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION 57-6028985 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Inspection

Name of the organization

MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

Employer identification number 57-6028985

Total number at end of year Capture Capt	Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds	or Ac	cour	ts. Complete if the
2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all donors and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of noon advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Tassements. Complete if the organization answered "Yea" on Form 1990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Teld at the End of the Tax Year and Total number of conservation easements included in (a) Qualified after July 25.2006, and not on a historic structure included in (a) Last acreage restricted by conservation easements included in (a) Rumber of conservation easements included in (a) Rumber of conservation easements included in (a) Rumber of conservation easements included in (b) Rumber of conservation easements included in (c) acquired after July 25.2006, and not on a historic structure line the Advisory of the Advi		organization anomorou neo orni om oco, natriv, iiii		vised	I funds	(b) Fun	ds and other accounts
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Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area Preservation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. A Total number of conservation easements Preservation of a certified historic structure included in (a) Preservation of conservation easements Preservation of conservation easements Preservation of conservation easements Preservation Pre								
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year								
Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mount of expenses incurred in the year Mount of expenses incurred in the year	3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organiz	zation	during the tax
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes		·						
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part XIII, line 1 (iii) Assets included in Form 990, Part XIII, line 1 (iv) Assets included on Form 990, Part XIII, line 1 (iv) Assets included on Form 990, Part XIII, line 1			_					
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. In the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Part III Organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items	5							
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?								
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1	6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations	s, and	d enforcing conse	ervatio	n ease	ments during the year
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and section 170(h)(4)(B)(ii)?			,		Ü			,
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1	8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h	n)(4)(B)((i)	
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organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	9	In Part XIII, describe how the organization reports conservation	on easements in its re	eveni	ue and expense s	statem	ent an	d
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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X		balance sheet, and include, if applicable, the text of the footn	ote to the organization	on's	financial stateme	nts tha	at desc	ribes the
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ [Insert Asset Service of the Insert Service of Se	Da	organization's accounting for conservation easements.	Aut Historical 7		OH	C	::I.a.	w Accete
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	Par			rea	sures, or Oti	ner S	ımııa	r Assets.
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$	D	· · · · · · · · · · · · · · · · · · ·	· ·					
(i) Revenue included on Form 990, Part VIII, line 1 \$			exhibition, education	ı, or	research in turthe	erance	or pur	DIIC Service,
 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 								Φ
 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$								
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	0							
a Revenue included on Form 990, Part VIII, line 1	2					gain, p	provide	;
	_							¢
								Ψ \$

232051 09-01-22

Schedule D (Form 990) 2022

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

	t III Organizations Maintaining C	ollections of Ar	t, Historical Ti	easures, o	r Other	Similar A	Assets	(continu	ued)
3	Using the organization's acquisition, accession							,	
	collection items (check all that apply):								
а	a Public exhibition d Loan or exchange program								
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	on's exemp	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be ma							Yes	☐ No
Par	t IV Escrow and Custodial Arrang		ete if the organizat	ion answered	"Yes" on F	orm 990, F	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	ns or other as	sets not in	ıcluded		_	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo				-	y?	L	Yes	☐ No
_	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete i						b		baalı
		(a) Current year	(b) Prior year	(c) Two year		d) Three yea		· ,	years back
	Beginning of year balance	432,267,715.				375,592		<u> </u>	301,218.
	Contributions	16,682,657.			2,832.		9,515.		063,022.
	Net investment earnings, gains, and losses	30,163,957.	-39,676,213	. 115,44	0,1/5.	-3,349	9,936.	11,5	338,929.
	Grants or scholarships								
е	Other expenditures for facilities	F (00 000	12 602 445	10.45	4 400	11 500	175	10.	110 400
_	and programs	5,609,899.	12,692,442	12,45	4,488.	11,509	9,1/5.	10,	110,480.
	Administrative expenses	472 504 420	422 267 715	472 57	1 612	264 553	2 002	275 5	
g	End of year balance		432,267,715		1,012.	364,553	,093.	3/5,3	592,689.
2	Provide the estimated percentage of the curr	•		(a)) held as:					
_	Board designated or quasi-endowment	7.4100	_%						
b	Permanent endowment 74.1710 18.4190	%							
С		%							
0-	The percentages on lines 2a, 2b, and 2c sho	=	la al a						
3a	Are there endowment funds not in the posse	ssion of the organiza	illon that are neid	and administe	rea for the	;		Г	Yes No
	organization by:							3a(i)	X
	(i) Unrelated organizations(ii) Related organizations							3a(ii)	X
h	(ii) Related organizations	tions listed as requir	ed on Schedule B					3b	- 21
4	Describe in Part XIII the intended uses of the			•				30	
	t VI Land, Buildings, and Equipm		William and a						
	Complete if the organization answered		, Part IV, line 11a.	See Form 990), Part X, lii	ne 10.			
	Description of property	(a) Cost or o	1	st or other	i i	cumulated		(d) Book	value
	bescription of property	basis (investr		s (other)		reciation		(a) Book	valuo
	Land	= 4 = 2 2		86,944.			5	4.667	,028.
	Buildings			13,680.	19.8	41,983			,066.
	Leasehold improvements			.,		,,,,,,	<u> </u>	. ,	<u>,</u>
	Equipment		771. 1	37,084.	3	32,483	3.	90	,372.
	Other	1 556		02,970.					,084.
	. Add lines 1a through 1e. (Column (d) must e		•						,550.
	iooidilii jaj mast e	gaari omi oou, rait.	<u>Column (D), IIIIC</u>						990) 2022

Schedule D (Form 990) 2022 FOUNDATION		3	7-6026965 Page 3
Part VII Investments - Other Securities.	5 000 D 1 N/ II d	141 O E 000 D 1 V II 40	
Complete if the organization answered "Yes"			ad of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A) PRIVATE CAPITAL	151,577,121.	END-OF-YEAR MARKET	VALUE
(B) DIVERSIFYING STRATEGIES	98,211,451.	END-OF-YEAR MARKET	
(C) FIXED INCOME	70,581,853.	END-OF-YEAR MARKET	
(D) CASH	31,361,602.	END-OF-YEAR MARKET	
(E) OTHER INVESTMENTS	1,364,523.	END-OF-YEAR MARKET	' VALUE
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	353,096,550.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (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	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	a 15)		
Part X Other Liabilities.	<i>J 10.)</i>		1
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ANNUITIES PAYABLE			3,009,322.
(3) CONTRIBUTIONS PAYABLE			17,852,400.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			20 061 722
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		20,861,722.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

OF THE INTERNAL REVENUE CODE. HOWEVER, ANY INCOME FROM ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE WOULD BE SUBJECT QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).

MANAGEMENT HAS EVALUATED THE TAX POSITIONS OF THE FOUNDATION AND DOES NOT BELIEVE THAT ANY UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS EXIST FOR THE YEARS ENDED JUNE 30, 2023 OR 2022. THE FOUNDATION'S POLICY

Schedule D (Form 990) 2022 FOUNDATION 57-6028985 Page Part XIII Supplemental Information (continued)
IS TO REPORT ACCRUED INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS, WHEN
APPLICABLE, AS INTEREST EXPENSE AND TO REPORT PENALTIES AS OTHER EXPENSE.
WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX
EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR TAX
YEARS BEFORE 2020.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 1,616,025
PART XI, LINE 4B - OTHER ADJUSTMENTS:
UNREALIZED GAIN ON INTEREST RATE SWAP -567,488
CHANGES IN VALUE OF SPLIT INTEREST AGREEMENTS 360,054
UNREALIZED LOSS ON INVESTMENT IN AFFILIATE 568,161
INVESTMENT INTEREST EXPENSE 1,384,417
TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,745,144
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 1,616,025
PART XII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT INTEREST EXPENSE 1,384,417

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

 $\begin{tabular}{lll} \textbf{Go to} & \textit{www.irs.gov/Form990} & \textbf{for instructions and the latest information.} \end{tabular}$

Inspection

Employer identification number

MEDICAL UNIVERS	TTY OF S	JUTH CAR	JLINA			
FOUNDATION					57-60289	35
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part IV						
			ds to substantiate the amount of its gra			
the grantees' eligibility fo	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
	ribe in Part V the	e organization's _l	procedures for monitoring the use of its	grants and otl	her assistance out	side the
United States.						
			n be duplicated if additional space is n			(6) T-1-1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments
		in the region	recipients located in the region)	Of Service	(S) III the region	in the region
EUROPE	0	0	INVESTMENTS			48,483,229.
DEVELOPED ASIA AND						
PACIFIC	0	0	INVESTMENTS			20,694,061.
EMERGING MARKETS	0	0	INVESTMENTS			30,154,203.
	ľ	ı				30,131,203.
3 a Subtotal	0	0				99,331,493.
b Total from continuation	_	_				_
sheets to Part I	0	0				0.
c Totals (add lines 3a	0	0				99,331,493.
and 3b)	1					□ JJ, JJ⊥, 4JJ.

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

Schedule F (Form 990) 2022

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.	

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f					I
exempt 501(c)(3) orga			or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter			

Part III	Grants and Other Assistand Part III can be duplicated if a			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) T	ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV	Foreign	Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

MEDICAL UNIVERSITY OF SOUTH CAROLINA

Schedule F	(Form 990) 2022 FOUNDATION	57-6028985	Page 5
Part V	(Form 990) 2022 FOUNDATION Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	inting method: amounts of	
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info	ormation. See instructions.	
			

232075 10-17-22 Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

MEDICAL UNIVERSITY OF SOUTH CAROLINA **Employer identification number** Name of the organization FOUNDATION 57-6028985 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

Pa	irt i	of fundraising events. Complete if the of fundraising event contributions and groups are supplied to the contributions.				
		or randialoning event continuations and give	(a) Event #1	(b) Event #2	(c) Other events	I
				GOURMET AND		(d) Total events
			LOWVELO	GRAPES	22	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	1,158,540.	781,600.	2,728,078.	4,668,218.
Œ						
	2	Less: Contributions	1,070,088.	472,066.	1,715,020.	3,257,174.
	3	Gross income (line 1 minus line 2)	88,452.	309,534.	1,013,058.	1,411,044.
	4	Cash prizes				
	5	Noncoch prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
xbe	ľ					
ct E	7	Food and beverages				
⊃ire		•				
_	8	Entertainment				
	9	Other direct expenses	500,196.	326,600.	789,229.	1,616,025.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			1,616,025.
Da	11					-204,981.
Pa	ırt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	i 990, Part IV, line 19, or r	reported more than	
		\$15,000 off Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						., .
Ä	1	Gross revenue				
တ္	2	Cash prizes				
Direct Expenses						
хbе	3	Noncash prizes				
ΩĘ		D 16 10				
Dire	4	Rent/facility costs				
	5	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming ac				Yes No
L	' ''	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	erminated during the tax y	rear?	Yes No
		Yes," explain:				
	_					
	_					
2320	22 10	-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022 FOUNDATION 5	7-60	28	<u>985</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	1.	13a		%
	An outside facility		13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		100		
14	cinter the flame and address of the person who prepares the organization's gaming/special events books and records.				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	nt			
	of gaming revenue retained by the third party \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	[Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne			
	organization's own exempt activities during the tax year \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part I	II, lin	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,	, ,
	· · · · · · · · · · · · · · · · · · ·				

Schedule G	G (Form 990) FOUNDATION	57-6028985 Page 4
Part IV	(Form 990) FOUNDATION Supplemental Information (continued)	
_		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

MEDICAL UNIVERSITY OF SOUTH CAROLINA

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATIO	N						57-6028985
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 18 BEE STREET -						MATERIALS, SUPPLIES, AND	
CHARLESTON, SC 29425	57-6007222	115	40,124,782.	733,005.	FMV	CAPITAL	ASSIST UNIVERSITY
MUSC HOSPITAL AUTHORITY 171 ASHLEY AVENUE						MATERIALS, SUPPLIES, AND	
CHARLESTON, SC 29425	57-1098556	501 (C) (3)	6,746,770.	53,015.	FMV	CAPITAL	ASSIST HOSPITAL
2 Enter total number of section 501(c)(3) at	-						
3 Enter total number of other organizations	s iistea iti tile iine	ı ıavıe					

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

Schedule I (Form 990) 2022

FOUNDATION 57-6028985 Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 FOUNDATION					57-6028985	Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(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 ass	sistance
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.		
PART I, LINE 2:						
THE FOUNDATION PROVIDES ASSISTANCE	TO TWO R	ELATED TAX	X-EXEMPT OR	GANIZATIONS.		
ALL REQUESTS ARE REVIEWED TO ENSURE	Е ТНАТ ТН	EY REMAIN	WITHIN THE	DONOR'S		
INTENT AND SATISFY ALL REQUIREMENTS						
INTENT AND DATION AND REQUIREMENTS						

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

on answered "Yes" on Form 990, Part IV, line 23 Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

Employer identification number 57-6028985

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

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

Schedule J (Form 990) 2022

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

57-6028985

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STUART AMES (i	0 .	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER		250,000.	0.	0.	6,983.	564,876.	0.
(2) ROBYN FRAMPTON (i	0		0.	0.	0.	0.	0.
COO/EXECUTIVE VICE PRESIDENT (iii		32,000.	0.	0.	3,935.	216,275.	0.
(i)						
(ii							
į (i)						
(ii)						
į (i,)						
(ii							
(i)							
(ii							
(i)							
(ii							
(6)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(i) (ii)							
(i) (ii)							
(i							
(ii							
(i							
(ii							
(i)							
(ii							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4B:
THOMAS P. ANDERSON RETIRED ON JUNE 30, 2019 AND RECEIVED AN ANNUAL
INSTALLMENT OF \$50,000 DURING FISCAL-YEAR '23 FROM A DEFERRED COMPENSATION
RETIREMENT PLAN.
PART II, COLUMN B:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS RELIES ON PERFORMANCE
EVALUATIONS, BENCHMARKING DATA, AND INDEPENDENT CONSULTANTS IN
DETERMINATION OF INCENTIVE COMPENSATION PAYMENT.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

Name of the organization

MEDICAL UNIVERSITY OF SOUTH CAROLINA

FOUNDATION

Employer identification number 57-6028985

FOUNDATION			- (-))	7 – 6	0203	00		
Part I Bond Issues SE	E PART VI	FOR COLUM	N (A) CONT	TAUNI	IONS _								
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ue price	(f) Description	on of purpose (g) Def		(g) Defeased (h) On b			1 ''	
								<u> </u>		of issuer		financing	
								Yes	No	Yes	No \	Yes	<u>No</u>
SOUTH CAROLINA JOBS-						UILDING	-						
A ECONOMIC DEVELOPMENT AUT	57-0960018	NONE	12/17/09	1,083					X		X		<u>X</u>
SOUTH CAROLINA JOBS-						UILDING							
B ECONOMIC DEVELOPMENT AUT	57-0960018	NONE	12/17/09	2,360					X		X		<u>X</u>
SOUTH CAROLINA JOBS-						UILDING							
C ECONOMIC DEVELOPMENT AUT	57-0960018	NONE	12/17/09	2085		TRUCTUR			Х		Х		<u>X</u>
SOUTH CAROLINA JOBS-						UILDING							
D ECONOMIC DEVELOPMENT AUT	57-0960018	NONE	01/07/10	1938	1084.S	TRUCTUR	ΞS		Х		Х		X
Part II Proceeds													
			Α			В	С			D			
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue			1,08	3,280.	2,3	60,428.	20,858	<u>,099</u>	•	19,	381	<u>,08</u>	<u>4.</u>
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				6,000. 10,000.		96	6,000.		88,0		,00	0.	
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds			1,07	1,077,280. 2,350,428		50,428.	20,762,099.		•	. 19,293		,08	4.
11 Other spent proceeds													
12 Other unspent proceeds													
13 Year of substantial completion			2	009		2009	20	09			20	10	
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding it	ssue of tax-exempt b	onds (or,											
if issued prior to 2018, a current refunding issued	ue)?			X		X		X				X	
15 Were the bonds issued as part of a refunding it	ssue of taxable bond	s (or, if											
issued prior to 2018, an advance refunding iss	sue)?			X		X		X				X	
16 Has the final allocation of proceeds been mad	e?		Х		X		X			X			
17 Does the organization maintain adequate bool	ks and records to sup	port the											
final allocation of proceeds?		<u></u>	X		X		Х			X			

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

Schedule K (Form 990) 2022

SCHEDULE K (Form 990) Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

MEDICAL UNIVERSITY OF SOUTH CAROLINA

FOUNDATION

Employer identification number 57-6028985

FOUNDATION						ɔ	<u>/ – o</u>	0283	900		
Part I Bond Issues SEE PART VI FOR COLUMN	(A) CONT	INUATI	ONS								
(a) Issuer name (b) Issuer EIN (c) CUSIP #	(d) Date issued (e) Issue price			(f) Description	(g) De	feased	(h) On	behalf	(i) Po	οle	
								of iss	suer	finan	cin
						Yes	No	Yes	No	Yes	N
SOUTH CAROLINA JOBS-				BUILDING							
A ECONOMIC DEVELOPMENT AUT 57-0960018 NONE	05/09/18	1575	5000.	STRUCTUR:	ES & LANI)	X		Х		X
В											
С											
D											
Part II Proceeds											
	Α			В	С				D		
1 Amount of bonds retired											
2 Amount of bonds legally defeased											
3 Total proceeds of issue	15,755	<u>5,000.</u>									
4 Gross proceeds in reserve funds											
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds		5,099.									
8 Credit enhancement from proceeds											
9 Working capital expenditures from proceeds											
10 Capital expenditures from proceeds	15,598	<u>3,901.</u>									
11 Other spent proceeds											
12 Other unspent proceeds		110									
Year of substantial completion	20)18			1						
	Yes	No	Yes	No	Yes	No		Yes	+	No	
Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,											
if issued prior to 2018, a current refunding issue)?		X							+		
Were the bonds issued as part of a refunding issue of taxable bonds (or, if											
issued prior to 2018, an advance refunding issue)?		X							+		
Has the final allocation of proceeds been made?	X								+		
17 Does the organization maintain adequate books and records to support the											
final allocation of proceeds?	X										

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022

Concadic It (i t	500 2022 1 CONDATION			J , ,	0020703				i age
Part III Priv	vate Business Use								
			4	l	В		Ç)
1 Was the	organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which ov	wned property financed by tax-exempt bonds?	X		X		X		X	
2 Are there	e any lease arrangements that may result in private business use of								
bond-fina	anced property?		X		X		X		X
	e any management or service contracts that may result in private								
	s use of bond-financed property?		Х		X		X		X
b If "Yes" t	to line 3a, does the organization routinely engage bond counsel or other outside								
counsel	to review any management or service contracts relating to the financed property?								
c Are there	e any research agreements that may result in private business use of								
	anced property?		Х		x		x		X
	to line 3c, does the organization routinely engage bond counsel or other								
	counsel to review any research agreements relating to the financed property?								
	e percentage of financed property used in a private business use by entities		•		'		'		
	an a section 501(c)(3) organization or a state or local government		%		%		%		9,
	e percentage of financed property used in a private business use as a		,,		,,		,,		,
	unrelated trade or business activity carried on by your organization,								
	section 501(c)(3) organization, or a state or local government		%		%		%		9
	lines 4 and 5		<u> </u>		%		%		9
	e bond issue meet the private security or payment test?		X /s		X /º		X /º		X
	re been a sale or disposition of any of the bond-financed property to a non-				 				
	nental person other than a 501(c)(3) organization since the bonds were issued?		х		l x		x		Х
	to line 8a, enter the percentage of bond-financed property sold or				1 25		23		- 21
			%		%		%		9
	d of		%		70		70		9
	to line 8a, was any remedial action taken pursuant to Regulations								
	1.141-12 and 1.145-2?				 		 		
	organization established written procedures to ensure that all								
•	ified bonds of the issue are remediated in accordance with the						37		77
	nents under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
Part IV Arb	ntrage		_						
		/	A		B				
	issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No X	Yes	No X	Yes	No X
	in Lieu of Arbitrage Rebate?								^
	o line 1, did the following apply?		T 37		1 37		37		- V
	not due yet?	77	X	77	Х	37	Х	37	X
	on to rebate?	X	77	X	77	X	77	X	77
c No rebat			X		X		X		X
	to line 2c, provide in Part VI the date the rebate computation was								
performe			ı		, 				
3 Is the bo	ond issue a variable rate issue?	X		X		X		X	

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Schedule K (Form 990) 2022

57-6028985

Part III Private Business Use C D No No Yes Was the organization a partner in a partnership, or a member of an LLC, Yes Yes No Yes No Х which owned property financed by tax-exempt bonds? 2 Are there any lease arrangements that may result in private business use of bond-financed property? Х **3a** Are there any management or service contracts that may result in private Х business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of Х bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government % % Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government % % % % Total of lines 4 and 5 Х Does the bond issue meet the private security or payment test? 8a Has there been a sale or disposition of any of the bond-financed property to a non-Х governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or % % % disposed of c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the Х requirements under Regulations sections 1.141-12 and 1.145-2? Part IV Arbitrage C D Yes No Yes No Yes No Yes Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and No Х Penalty in Lieu of Arbitrage Rebate? 2 If "No" to line 1, did the following apply? Х a Rebate not due yet? Х **b** Exception to rebate? Х c No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed **3** Is the bond issue a variable rate issue?

Schedule K (Form 990) 2022

FOUNDATION 57-6028985

Part IV Arbitrage (continued)									
		A	I	3	(С	D		
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
hedge with respect to the bond issue?	X		X		X		X		
b Name of provider	BB&T		вв&т		BB&T		ВВ&Т		
c Term of hedge	10.0	000000	10.0	000000	10.0	0000000	10.0	000000	
d Was the hedge superintegrated?		X		X		X		X	
e Was the hedge terminated?		X		X		X		X	
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X	
b Name of provider									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X	
7 Has the organization established written procedures to monitor the									
requirements of section 148?		X		X		X		X	
Part V Procedures To Undertake Corrective Action									
		Ą	ı	3	(Ç)	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
of federal tax requirements are timely identified and corrected through the									
voluntary closing agreement program if self-remediation isn't available under									
applicable regulations?	<u> </u>	X		X		X		X	
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instru	uctions.						

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MEDICAL UNIVERSITY OF SOUTH CAROLINA

Schedule K (Form 990) 2022

FOUNDATION 57-6028985

Part IV Arbitrage (continued)									
	A		E	3		2	D		
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
hedge with respect to the bond issue?		X							
b Name of provider	SOUTH STAT								
c Term of hedge	10.0	000000							
d Was the hedge superintegrated?		X							
e Was the hedge terminated?		X							
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X							
b Name of provider									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		X							
7 Has the organization established written procedures to monitor the									
requirements of section 148?		X							
Part V Procedures To Undertake Corrective Action									
	l A	4	E	3			D		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
of federal tax requirements are timely identified and corrected through the									
voluntary closing agreement program if self-remediation isn't available under						1			
applicable regulations?		X							
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	K. See instru	uctions.						
SCHEDULE K, PART I, BOND ISSUES:									
(A) ISSUER NAME: SOUTH CAROLINA JOBS- ECONOMIC DE	EVELOPMI	ENT AUT	HORITY						
(A) ISSUER NAME: SOUTH CAROLINA JOBS- ECONOMIC DE	EVELOPMI	ENT AUT	HORITY						
(A) ISSUER NAME: SOUTH CAROLINA JOBS- ECONOMIC DE	EVELOPME	ENT AUT	HORITY						
(A) ISSUER NAME: SOUTH CAROLINA JOBS- ECONOMIC DE	EVELOPME	ENT AUT	HORITY						
(A) ISSUER NAME: SOUTH CAROLINA JOBS- ECONOMIC DE	EVELOPME	ENT AUT	HORITY						
SCHEDULE K, PART IV, LINE 4C:									
EFFECTIVE AS OF NOVEMBER 17, 2014, THE FOUNDATION	I ENTERI	ED INTO	AN						
AMENDED INTEREST RATE SWAP AGREEMENT TO EFFECTIVE									
FOUNDATION'S VARIABLE INTEREST RATE EXPOSURE OF 6	88 OF (ONE- MO	NTH LIE	BOR					
RATE PLUS 0.7150% WITH NO FLOOR ON THE NOTIONAL A	MOUNT (OF THE	BOND TO) A					
FIXED 2.73% RATE. THIS AGREEMENT WAS AMENDED AS C	F FEBRU	JARY 17	, 2018	ТО					
EFFECTIVELY EXCHANGE THE FOUNDATION'S VARIABLE IN	TEREST	RATE E	XPOSURE	}					
OF 68% OF ONE-MONTH LIBOR RATE PLUS 0.7150% WITH	NO FLOO	OR ON T	HE						
NOTIONAL AMOUNT OF THE BOND TO A FIXED 3.34% RATE	THIS	INTERE	ST RATE	}					

Schedule K (Form 990) 2022 FOUNDATION	57-6028985	Page 4
Part VI Supplemental Information. Provide additional information for res SWAP AGREEMENT MATURES OCTOBER 17, 2029	sponses to questions on Schedule K. See instructions. (continued)	
SWAP AGREEMENT MATURES OCTOBER 17, 2029	9.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

Employer identification number 57-6028985

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	3
1	Art - Works of art	X	4		APPRAISALS		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	105	9,276,032.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other	X	1	130,000.	APPRAISALS		
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies	X	3	295,376.	FMV		
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	77	27	142 754	T3.57.7		
25	Other (SPECIAL EVENT I)	X X	37 11	143,754.			
26	Other (PROGRAM SUPPLIE)	Α	11	131,048.	L W A		
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization completed Form 826	=	•				
	for which the organization completed Form 828	oo, Part V, L	onee Acknowledg	ement		Yes	No
302	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it	162	NO
Jua	must hold for at least 3 years from the date of t						
	exempt purposes for the entire holding period?		·	•		30a	Х
h	If "Yes," describe the arrangement in Part II.					Joa	
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties of					01	
	contributions?		•	, ,		32a X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	d 33, and whether the organization combination of both. Also complete
SCHEDULE M, LINE 32B:	
WE RETAIN A STOCK BROKER TO LIQUIDATE STOCK GIFTS AND RI	EAL ESTATE
BROKERS TO SELL REAL ESTATE GIFTS.	

Schedule M (Form 990) 2022

232142 09-09-22

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 Inspection

OMB No. 1545-0047

Name of the organization

MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

Employer identification number 57-6028985

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNDER THE LAWS OF SOUTH CAROLINA AS AN EDUCATIONAL, CHARITABLE,
ELEEMOSYNARY FOUNDATION TO PROMOTE EDUCATIONAL, RESEARCH, CLINICAL, AND
OTHER FACILITIES AND PROGRAMS OF THE MEDICAL UNIVERSITY OF SOUTH
CAROLINA ("MUSC"). IN 2005, THE FOUNDATION EXPANDED ITS PURPOSE BY
AMENDING ITS BYLAWS TO PROMOTE THE SAME TYPES OF PROGRAMS THROUGH THE
MEDICAL UNIVERSITY HOSPITAL AUTHORITY ("MUHA"), A COMPONENT UNIT OF
MUSC. IF THE FOUNDATION IS DISSOLVED, ITS ASSETS SHALL BE TRANSFERRED
TO MUSC AND USED BY MUSC IN ITS ACTIVITIES. THEREFORE, THE FOUNDATION
MEETS THE DEFINITION ESTABLISHED BY THE GOVERNMENTAL ACCOUNTING
STANDARDS BOARD AS A COMPONENT UNIT OF MUSC. MUSC IS REQUIRED TO
INCLUDE FINANCIAL INFORMATION OF THE FOUNDATION IN ITS REPORTING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOUTH CAROLINA HOSPITAL AUTHORITY.
FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO FILING, MANAGEMENT PROVIDES AN ELECTRONIC COPY OF THE 990 TO THE
BOARD OF DIRECTORS ALONG WITH AN EXECUTIVE SUMMARY FOR THEIR REVIEW AND
FEEDBACK. IN ADDITION, THE 990 IS PRESENTED TO THE AUDIT COMMITTEE FOR
REVIEW AND APPROVAL.
FORM 990 DART UT SECTION R LINE 12C.

LINE 12C

THE POLICY IS PROVIDED TO ALL DIRECTORS, PRINCIPAL OFFICERS, AND TOP MANAGEMENT ANNUALLY. THEY ARE ASKED TO SIGN A STATEMENT AFFIRMING THAT THEY HAVE RECEIVED A COPY OF THE POLICY, HAVE READ AND UNDERSTAND THE POLICY, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Page 2

Name of the organization MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

Employer identification number 57-6028985

AND AGREE TO COMPLY WITH THE POLICY. THE BOARD IS ALSO SURVEYED FOR ANY

ISSUES. IN THE EVENT OF A POTENTIAL CONFLICT DURING THE YEAR, THE

INTERESTED PERSON SHALL RECUSE HIMSELF/HERSELF FROM ALL DISCUSSIONS AND

VOTE ON THE MATTER.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SETS COMPENSATION FOR THE CEO. THE COMMITTEE RELIES ON PERFORMANCE EVALUATIONS, PEER AND INDUSTRY COMPARISONS, AND ANY ADDITIONAL INDEPENDENT DATA TO SET THE EXECUTIVE COMPENSATION. THE DECISION IS DOCUMENTED IN THE BOARD MINUTES. BOTH THE COO'S AND CFO'S COMPENSATION IS SET BY THE CEO WITH ASSISTANCE OF THE BOARD CHAIRPERSON. A FORMAL PERFORMANCE EVALUATION IS PREPARED ALONG WITH COMPARABLE DATA FROM INDEPENDENT PARTIES AND PEERS. ALL MANAGEMENT AND STAFF ARE EMPLOYEES OF EITHER MUSC OR MUSC PHYSICIANS.

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE THROUGH ITS OWN
WEBSITE. ALSO PROVIDED ON THE WEBSITE ARE CERTAIN GOVERNING DOCUMENTS AS
WELL AS THE ORGANIZATION'S IRS DETERMINATION LETTER. THE CONFLICT OF
INTEREST POLICY AND OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST. THE
FOUNDATION IS CONTINUING TO MAKE MORE INFORMATION AVAILABLE THROUGH ITS
WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED GAIN ON INTEREST RATE SWAP 567,488.

CHANGES IN VALUE OF SPLIT INTEREST AGREEMENTS -360,054.

UNREALIZED LOSS ON INVESTMENT IN AFFILIATE -568,161.

TOTAL TO FORM 990, PART XI, LINE 9 -360,727.

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization MEDICAL UNIVERSITY OF SOUTH CARC FOUNDATION	Employer identification number 57-6028985
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

Employer identification number 57-6028985

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
55 BEE STREET, LLC - 57-6028985					
55 BEE STREET					
CHARLESTON, SC 29425	RENTAL	SOUTH CAROLINA	-5,577.	1,347,623.	MUSC FOUNDATION
PARKING GARAGE ASSOCIATES, LLC - 57-6028985					
18 BEE STREET					
CHARLESTON, SC 29425	RENTAL	SOUTH CAROLINA	1,203,004.	23,666,876.	MUSC FOUNDATION
135 CANNON STREET - 57-6028985					
135 CANNON STREET					
CHARLESTON, SC 29403	RENTAL	SOUTH CAROLINA	1,386,108.	30,158,794.	MUSC FOUNDATION
165 CANNON STREET - 57-6028985					
165 CANNON STREET	1				
CHARLESTON, SC 29403	RENTAL	SOUTH CAROLINA	332,602.	12,162,956.	MUSC FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
MEDICAL INTURPORTY OF COUNTY CAROLINA				501(c)(3))		Yes	No
MEDICAL UNIVERSTIY OF SOUTH CAROLINA - 57-6007222, 171 ASHLEY AVENUE, CHARLESTON,	_						
SC 29425	UNIVERSITY	SOUTH CAROLINA	IRC 115	LINE 6	N/A		X
MUSC HOSPITAL AUTHORITY - 57-1098556							
171 ASHLEY AVENUE]						
CHARLESTON, SC 29425	HOSPITAL	SOUTH CAROLINA	501(C)(3)	LINE 6	N/A		X

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

Schedule R (Form 990) 2022

		0 11 201 1 1	", " = 000	D 1 11 11 04 1		
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, I	because it had one c	ir more related
	organizations treated as a partnership during the tax year.					

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) Disproportionate allocations? Yes No		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets			Code V-UBI amount in box 20 of Schedule	managir partner	or Percentage ownership
		country)		sections 512-514)		455015			K-1 (Form 1065)	Yes N	0

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

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

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with	one or more rela	ated organizations listed in	Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b	X			
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f		<u>X</u>		
	Sale of assets to related organization(s)				1 g		_X_		
h	Purchase of assets from related organization(s)				1h		_X_		
i	Exchange of assets with related organization(s)				1i		_X_		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
	Performance of services or membership or fundraising solicitations for related organization				11		X		
	n Performance of services or membership or fundraising solicitations by related organization				1m	X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
	Sharing of paid employees with related organization(s)				10	Х			
р	Reimbursement paid to related organization(s) for expenses				1p		Х		
	Reimbursement paid by related organization(s) for expenses				1a		Х		
-									
r	Other transfer of cash or property to related organization(s)				1r		Х		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who mu								
	(a)	(b)	(c) Amount involved	(d) Method of determining amount invo	olved				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEDICAL UNIVERSTIY OF SOUTH CAROLINA	В	40,857,787.	FMV
(2) MEDICAL UNIVERSTIY OF SOUTH CAROLINA	J	4,661,439.	FMV
(3) MEDICAL UNIVERSTIY OF SOUTH CAROLINA	М	20,714.	FMV
(4) MEDICAL UNIVERSTIY OF SOUTH CAROLINA	0	885,549.	FMV
(5) MUSC HOSPITAL AUTHORITY	В	6,799,785.	FMV
(6) MUSC HOSPITAL AUTHORITY	J	114,438.	FMV

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Schedule R	R (Form 990) 2022 FOUNDATION	57-6028985	Page 5
Part VII	R (Form 990) 2022 FOUNDATION Supplemental Information		
	Provide additional information for responses to questions on Scheo	dule R. See instructions.	
	- To the design of the manner for the position of the gases and the control of th		

65 09-14-22 Schedule R (Form 990) 2022