

Form **990**  
Department of the Treasury  
Internal Revenue Service

# 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  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

### A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final
  - Return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
CENTRAL CAROLINA COMMUNITY FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
2711 MIDDLEBURG DR NO 213

City or town, state or province, country, and ZIP or foreign postal code  
COLUMBIA, SC 29204

**F** Name and address of principal officer  
JOANN M TURNQUIST  
2711 MIDDLEBURG DR SUITE 213  
COLUMBIA, SC 29204

**D** Employer identification number  
57-0793960

**E** Telephone number  
(803) 254-5601

**G** Gross receipts \$ 18,935,238

- I** Tax-exempt status  501(c)(3)  501(c) ( ) (Insert no )  4947(a)(1) or  527
- J** Website: WWW.YOURFOUNDATION.ORG
- K** Form of organization  Corporation  Trust  Association  Other

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number

**L** Year of formation 1984 **M** State of legal domicile SC

### Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO PROMOTE PHILANTHROPY TO CREATE A SUSTAINABLE IMPACT WITHIN OUR COMMUNITY THROUGH GIVING			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	36	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	36	
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	12	
	<b>6</b>	Total number of volunteers (estimate if necessary)	26	
Revenue	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0	
	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: 19,481,233 Current Year: 15,221,725	
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,993,782	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	338,392	
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,813,407	
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,380,572
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	845,854
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0	
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 511,387		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	420,284	
<b>18</b>		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,646,710	
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	9,166,697	
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year: 114,272,980 End of Year: 125,025,960	
	<b>21</b>	Total liabilities (Part X, line 26)	10,677,009	
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	103,595,971	

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date: 2017-11-15

JOANN M TURNQUIST PRESIDENT/CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: DAVID L SPLITTGERBER  
Preparer's signature: DAVID L SPLITTGERBER  
Date: \_\_\_\_\_  
Check  if self-employed PTIN: P01066536

Firm's name: MAULDIN & JENKINS  
Firm's EIN: 58-0692043  
Firm's address: 508 HAMPTON STREET 1ST FLOOR  
COLUMBIA, SC 29201  
Phone no: (803) 799-5810

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

OUR MISSION IS TO PROMOTE, FACILITATE, AND INCREASE PHILANTHROPY TO CREATE A SUSTAINABLE IMPACT WITHIN OUR COMMUNITY THROUGH RESPONSIBLE GIVING WE ARE A NONPROFIT ORGANIZATION SERVING 11 COUNTIES IN THE MIDLANDS BY DISTRIBUTING GRANTS AND SCHOLARSHIPS AND LINKING THE RESOURCES OF DONORS, NONPROFITS AND COMMUNITY LEADERS TO AREAS OF NEED

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 13,046,763 including grants of \$ 12,525,587 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses ▶ 13,046,763

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	Yes	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .		No
<b>11</b> 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 <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . . <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . . <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . . <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . . <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . . <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	No
<b>11a</b> . . . . .	Yes	
<b>11b</b> . . . . .		No
<b>11c</b> . . . . .		No
<b>11d</b> . . . . .	Yes	
<b>11e</b> . . . . .	Yes	
<b>11f</b> . . . . .	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . . <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	Yes	No
<b>12a</b> . . . . .	Yes	
<b>12b</b> . . . . .		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>13</b> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . . <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>14a</b> . . . . .		No
<b>14b</b> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>15</b> . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>16</b> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>17</b> . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	Yes	
<b>18</b> . . . . .	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>19</b> . . . . .		No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</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? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (36), 1b (36), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b (No).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (List states SC), 18 (Own website, Another's website, Upon request, Other), 19 (Describe governing documents), 20 (State name, address, and telephone number of the person who possesses the organization's books and records).







**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	15,221,725				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .		15,221,725				
<b>Program Service Revenue</b>	<b>2a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . .						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,816,022	2,816,022			
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses		0			
		<b>c</b> Gain or (loss)		646,689			
		<b>d</b> Net gain or (loss) . . . . .		646,689	646,689		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	75,375				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	23,665			
		<b>c</b> Net income or (loss) from fundraising events . . . . .		51,710			51,710
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code						
<b>11a</b> ADMINISTRATIVE INCOME	900099	175,427	175,427				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		175,427					
<b>12 Total revenue.</b> See Instructions . . . . .		18,911,573	3,638,138	0	51,710		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	12,525,587	12,525,587		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	274,723	107,142	63,186	104,395
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	415,756	144,884	102,528	168,344
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	39,267	14,334	9,423	15,510
<b>9</b> Other employee benefits . . . . .	97,358	37,709	22,543	37,106
<b>10</b> Payroll taxes . . . . .	46,589	17,005	11,175	18,409
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	3,901	1,424	936	1,541
<b>c</b> Accounting . . . . .	12,886	4,703	3,093	5,090
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	60,943		60,943	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	58,582	22,537	13,623	22,422
<b>12</b> Advertising and promotion . . . . .	43,726	17,738	9,822	16,166
<b>13</b> Office expenses . . . . .	5,458	2,119	1,262	2,077
<b>14</b> Information technology . . . . .	28,800	10,512	6,912	11,376
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	50,649	18,487	12,156	20,006
<b>17</b> Travel . . . . .	4,848	1,808	1,149	1,891
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	5,141		5,141	
<b>23</b> Insurance . . . . .				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> WEBSITE HOSTING/MAINTEN	48,697	22,537	9,888	16,272
<b>b</b> DEVELOPMENT RESOURCES	33,724	14,849	7,134	11,741
<b>c</b> PUBLIC RELATIONS	26,499	9,672	6,360	10,467
<b>d</b> COLLATERAL MATERIALS, P	23,397	11,941	4,330	7,126
<b>e</b> All other expenses	128,408	61,775	25,185	41,448
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,934,939	13,046,763	376,789	511,387
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,192,979	<b>1</b>	4,758,085
	<b>2</b> Savings and temporary cash investments . . . . .	1,068,442	<b>2</b>	1,483,539
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	38,328	<b>9</b>	28,711
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,430,134		
	<b>b</b> Less accumulated depreciation	145,208		
	<b>11</b> Investments—publicly traded securities . . . . .	85,536,750	<b>11</b>	97,247,730
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	18,577,165	<b>15</b>	18,222,969
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	114,272,980	<b>16</b>	125,025,960	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	42,872	<b>17</b>	24,391
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	10,634,137	<b>25</b>	12,058,249
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	10,677,009	<b>26</b>	12,082,640
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	85,095,029	<b>27</b>	94,795,984
	<b>28</b> Temporarily restricted net assets . . . . .	18,500,942	<b>28</b>	18,147,336
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	103,595,971	<b>33</b>	112,943,320
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	114,272,980	<b>34</b>	125,025,960

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	18,911,573
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,934,939
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	4,976,634
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	103,595,971
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,616,329
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,245,614
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	112,943,320

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 57-0793960

**Name:** CENTRAL CAROLINA COMMUNITY FOUNDATION

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

GRANTS AND ALLOCATIONS WERE MADE IN THE AREAS OF THE ARTS, HUMANITIES, EDUCATION, HEALTH CARE THE ABOVE AMOUNT WAS MODIFIED FOR THOSE AGENCY EDOWMENT FUNDS COVERED BY ASC 958

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR BRUCE W HUGHES CHAIRMAN	1 00	X						0	0	0
MR CARROLL HEYWARD VICE CHAIRMAN	1 00	X						0	0	0
MR STACEY STOKES SECRETARY/TREASURER	1 00	X						0	0	0
MR VAN ANDERSON BOARD MEMBER	1 00	X						0	0	0
MR WILLIAM BABCOCK MD BOARD MEMBER	1 00	X						0	0	0
MR RUSSELL BAUKNIGHT BOARD MEMBER	1 00	X						0	0	0
MR J MAC BENNETT BOARD MEMBER	1 00	X						0	0	0
MR CLIFF BOURKE JR BOARD MEMBER	1 00	X						0	0	0
MS SHARON BRYANT BOARD MEMBER	1 00	X						0	0	0
MR WILLIAM CASON BOARD MEMBER	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MS RITA CAUGHMAN ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS JILL DAVIS ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS ELIZABETH DINNDORF ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS SHARON EARLE PHD ..... BOARD MEMBER	1 00 .....	X						0	0	0
MR JOHN GARRISON ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS RACHEL HODGES ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS FELICIA RHUE-HOWARD ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS CATHERINE KENNEDY ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS LOU KENNEDY ..... BOARD MEMBER	1 00 .....	X						0	0	0
MR DAVID KULBERSHMD ..... BOARD MEMBER	1 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR CORY MANNING ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS LINDA O'BRYON ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS DONNA PULLEN ..... BOARD MEMBER	1 00 .....	X						0	0	0
MR ROGER SCHRUM ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS SUSIE SHANNON ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS JULIE BRENNAN ..... BOARD MEMBER	1 00 .....	X						0	0	0
MR HENRY CLAY ..... BOARD MEMBER	1 00 .....	X						0	0	0
MR CALVIN ELAM ..... BOARD MEMBER	1 00 .....	X						0	0	0
MR BEN REX ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS BETH RICHARDSON ..... BOARD MEMBER	1 00 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MS BHAVNA VASUDEVA ..... BOARD MEMBER	1 00 .....	X						0	0	0
MS JOANN TURNQUIST ..... PRESIDENT/CEO	40 00 .....			X				171,243	0	18,948
MS HEATHER SHERWIN ..... VICE PRESIDENT FOR ADVANCEMENT	40 00 .....			X				103,480	0	11,522

**SCHEDULE A**  
**(Form 990 or 990EZ)**

**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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CENTRAL CAROLINA COMMUNITY FOUNDATION

Employer identification number

57-0793960

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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 \_\_\_\_\_
- 5  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)**.
- 7  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 )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **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 university \_\_\_\_\_
- 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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s) \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	10,866,013	9,577,750	15,833,528	19,481,233	15,221,725	70,980,249
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	10,866,013	9,577,750	15,833,528	19,481,233	15,221,725	70,980,249
<b>5</b> 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)						9,184,856
<b>6 Public support.</b> Subtract line 5 from line 4						61,795,393

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4	10,866,013	9,577,750	15,833,528	19,481,233	15,221,725	70,980,249
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,503,168	1,920,984	2,211,566	2,412,504	2,596,820	10,645,042
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						81,625,291

**12** Gross receipts from related activities, etc (see instructions) **12**

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .  ▶

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	75.710 %
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	78.110 %

**16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			



**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).

**Facts And Circumstances Test**

**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.  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**Name of the organization**  
CENTRAL CAROLINA COMMUNITY FOUNDATION  
**Employer identification number**  
57-0793960

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year	208	157
<b>2</b> Aggregate value of contributions to (during year)	12,577,082	2,033,775
<b>3</b> Aggregate value of grants from (during year)	10,740,171	2,930,823
<b>4</b> Aggregate value at end of year	55,451,802	65,182,531

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**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 land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** 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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	3,265,300			3,265,300
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		164,834	145,208	19,626
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,284,926

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INTEREST IN LEAD ANNUITY TRUST	4,585,969
(2) INTEREST IN LIFE INSURANCE POLICIES	223,869
(3) INTEREST IN UNITRUSTS	13,413,131
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	18,222,969

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	72,263
HELD AS AGENCY ENDOWMENT	7,691,013
HELD FOR COLUMBIA JEWISH FOUNDATION	2,398,315
HELD FOR NEW MORNING FOUNDATION	1,821,025
LIFE INS. PAY TO OTHER CHARITIES	75,633
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,058,249

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	22,638,522
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	5,616,329
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	5,616,329
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	17,022,193
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	1,889,380
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,889,380
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .	<b>5</b>	18,911,573

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	13,291,173
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	13,291,173
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	643,766
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	643,766
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	13,934,939

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 57-0793960

**Name:** CENTRAL CAROLINA COMMUNITY FOUNDATION

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE TAX YEARS BEFORE 2013

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONTRIBUTIONS TO AGENCY ENDOWMENTS 1,049,561 DEPRECIATION OF AGENCY ENDOWMENT SECURITIES 567,835 INTEREST AND DIVIDENDS RECEIVED FOR AGENCY ENDOWMENTS 219,202 SALE OF AGENCY ENDOWMENT SECURITIES 52,782



# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANTS TO AGENCY ENDOWMENTS 639,029 MANAGEMENT AND ADMINISTRATION OF AGENCY ENDOWMENTS 4,737

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CENTRAL CAROLINA COMMUNITY FOUNDATION

Employer identification number  
57-0793960

**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.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>BEST OF PHILANTHROPY</b> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	75,375			75,375
<b>2</b>	Less Contributions . . . . .				
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	75,375			75,375
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	23,665			23,665
<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				23,665
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				51,710

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** 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
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

**14** Enter the name 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 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

- a** 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization CENTRAL CAROLINA COMMUNITY FOUNDATION

Employer identification number

57-0793960

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

See Additional Data Table

Table with 8 columns and 12 rows for data entry.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE UNITED STATES FOR ALL GRANTS THAT ARE NOT GENERAL SUPPORT, THE FOUNDATION REQUIRES SIGNED AGREEMENTS, WRITTEN REPORTS AND VERBAL FEEDBACK ON THE PROGRESS AND USE OF THE GRANT DOLLARS

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 57-0793960  
**Name:** CENTRAL CAROLINA COMMUNITY FOUNDATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
A MOMENT OF HOPE 340 BRIDLERIDGE ROAD LEXINGTON, SC 29073	46-1260073	3	15,631				GENERAL SUPPORT
ABLE SOUTH CAROLINA 136 STONEMARK LANE STE 100 COLUMBIA, SC 29210	58-2336332	3	5,925				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACHIEVE COLUMBIA PO BOX 50860 COLUMBIA, SC 29250	46-1300396	3	11,275				GENERAL SUPPORT
ACTS METRO 7001 ST ANDREWS ROAD PMB 313 COLUMBIA, SC 29212	26-4414183	3	5,830				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS OF CENTRAL SOUTH CAROLINA 2751 BULL STREET COLUMBIA, SC 29201	53-0196605	3	31,329				GENERAL SUPPORT
AMERICAN RED CROSS PEE DEE CHAPTER 1601A W LUCAS STREET FLORENCE, SC 29501	53-0196605	3	50,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS EASTERN SOUTH CAROLINA CHAPTER 3531 PAMPAS DRIVE MYRTLE BEACH, SC 29577	53-0196605	3	20,000				GENERAL SUPPORT
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 424 EAST 92ND STREET NEW YORK, NY 10128	13-1623829	3	6,363				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANIMAL PROTECTION LEAGUE PO BOX 5354 COLUMBIA, SC 29250	57-0740991	3	15,280				GENERAL SUPPORT
ANIMAL PROTECTION LEAGUE OF SOUTH CAROLINA PO BOX 5354 COLUMBIA, SC 29250	57-0740991	3	8,447				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARROWMONT SCHOOL OF ARTS & CRAFTS PO BOX 567 GATLINBURG, TN 37738	58-2007394	3	5,000				GENERAL SUPPORT
ATLANTA SPEECH SCHOOL INC 3160 NORTHSIDE PARKWAY NW ATLANTA, GA 30327	58-0566198	3	5,300				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUNTIE KAREN FOUNDATION PO BOX 602 COLUMBIA, SC 29202	57-1131878	3	24,135				GENERAL SUPPORT
AUTISM ACADEMY OF SOUTH CAROLINA 1505 BLANDING STREET COLUMBIA, SC 29201	27-3190242	3	5,256				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEACON COLLEGE OFFICE OF FINANCIAL AID 105 EAST MAIN STREET LEESBURG, FL 34748	59-2961536	3	7,500				GENERAL SUPPORT
BEN LIPPEN SCHOOL 7401 MONTICELLO ROAD COLUMBIA, SC 29203	57-0352247	3	15,114				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETH SHALOM SYNAGOGUE 5827 N TRENHOLM ROAD COLUMBIA, SC 29206	57-0442208	3	37,929				GENERAL SUPPORT
BETHEL CHRISTIAN CAMP AND RETREAT CENTER 750 BOY SCOUT ROAD GASTON, SC 29053	57-6023910	3	12,810				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG RED BARN RETREAT 8024 WINNSBORO ROAD BLYTHEWOOD, SC 29061	47-1047721	3	29,982				GENERAL SUPPORT
BLACK CREEK ARTS COUNCIL PO BOX 24 HARTSVILLE, SC 29551	57-0066009	3	15,000				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLACK RIVER UNITED WAY PO BOX 1065 GEORGETOWN, SC 29442	57-0526145	3	25,000				GENERAL SUPPORT
BOYS & GIRLS CLUBS OF THE PEE DEE AREA PO BOX 93 FLORENCE, SC 29503	57-6026677	3	5,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS FARM INC PO BOX 713 NEWBERRY, SC 29108	57-0446897	3	27,270				GENERAL SUPPORT
BROOKGREEN GARDENS PO BOX 3368 PAWLEYS ISLAND, SC 29585	57-0380356	3	14,500				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BROOKLAND CENTER FOR COMMUNITY ECONOMIC CHANGE PO BOX 3292 WEST COLUMBIA, SC 29171	57-1183699	3	10,000				GENERAL SUPPORT
CALVARY LUTHERAN CHURCH 1400 MANOR BOULEVARD CHARLESTON, SC 29407	57-0443319	3	15,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMP DISCOVERY AT HIS ACRES 208 CLAUDE BUNDRICK ROAD BLYTHEWOOD, SC 29016	57-0816556	3	24,230				GENERAL SUPPORT
CARDINAL NEWMAN SCHOOL 2945 ALPINE ROAD COLUMBIA, SC 29223	57-0419733	3	22,102				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAROLINA ELEMENTARY SCHOOL 719 WEST CAROLINA AVENUE HARTSVILLE, SC 29550	57-6000341	3	6,000				GENERAL SUPPORT
CAROLINA WILDLIFE CARE INC 5551 BUSH RIVER ROAD COLUMBIA, SC 29212	57-0932809	3	13,777				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAROLINA YOUTH DEVELOPMENT CENTER 5055 LACKAWANNA BOULEVARD NORTH CHARLESTON, SC 29405	57-0669877	3	10,000				GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON INC 901 ORANGE GROVE ROAD CHARLESTON, SC 29407	57-0314369	3	340,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL SOUTH CAROLINA HABITAT FOR HUMANITY 209 S SUMTER STREET COLUMBIA, SC 29201	57-0785521	3	17,494				GENERAL SUPPORT
CHABAD-LUBAVITCH OF SOUTH CAROLINA INC 2509 DECKER BOULEVARD COLUMBIA, SC 29206	57-0841922	3	11,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CHAPIN WE CARE CENTER PO BOX 491 CHAPIN, SC 29036	31-1744064	3	23,327				GENERAL SUPPORT
CHARLESTON COUNTY HUMAN SERVICES COMMISSION 1069 KING STREET CHARLESTON, SC 29403	57-0816782	3	8,000				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CHARLESTON SOUTHERN UNIVERSITY OFFICE OF FINANCIAL AID 9200 UNIVERSITY BLVD CHARLESTON, SC 29423	57-0474291	3	5,100				GENERAL SUPPORT
CHATHAM HALL 800 CHATHAM HALL CIRCLE CHATHAM, VA 24531	54-0505878	3	5,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILD EVANGELISM FELLOWSHIP - MIDLANDS PO BOX 21003 COLUMBIA, SC 29221	57-0567186	3	6,165				GENERAL SUPPORT
CHILD EVANGELISM FELLOWSHIP OF SOUTH CAROLINA PO BOX 211084 COLUMBIA, SC 29221	57-0567186	3	30,660				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S CHANCE 13 SURREY COURT STE 200 COLUMBIA, SC 29212	58-2283832	3	52,000				GENERAL SUPPORT
CHRIST CENTRAL MINISTRIES SALUDA 208 NORTH MAIN STREET SALUDA, SC 29138	90-0863301	3	12,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN ASSISTANCE BRIDGE PO BOX 1026 BLYTHEWOOD, SC 29016	46-3717165	3	5,953				GENERAL SUPPORT
CLAFLIN UNIVERSITY 400 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0314374	3	15,183				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLEMSON UNIVERSITY OFFICE OF STUDENT FINANCIAL AID G-01 SIKES HALL BOX 345307 CLEMSON, SC 29634	57-6000254	3	47,853				GENERAL SUPPORT
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	57-0426335	3	5,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COKER COLLEGE OFFICE OF FINANCIAL AID 300 EAST COLLEGE AVENUE HARTSVILLE, SC 29550	57-0324916	3	705,000				GENERAL SUPPORT
COLUMBIA BAROQUE SOLOISTS 4801 COLONIAL DRIVE COLUMBIA, SC 29203	27-4358778	3	18,465				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBIA CHILDREN'S THEATRE 3400 FOREST DRIVE SUITE 57 COLUMBIA, SC 29204	20-2793199	3	21,183				GENERAL SUPPORT
COLUMBIA CITY BALLET 1545 MAIN STREET COLUMBIA, SC 29201	23-7133145	3	5,821				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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COLUMBIA COLLEGE 1301 COLUMBIA COLLEGE DRIVE COLUMBIA, SC 29203	57-0324915	3	22,720				GENERAL SUPPORT
COLUMBIA FILM SOCIETY PO BOX 7063 COLUMBIA, SC 29202	57-0686025	3	36,628				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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COLUMBIA GARDEN CLUB FOUNDATION PO BOX 5925 COLUMBIA, SC 29250	57-0756773	3	6,200				GENERAL SUPPORT
COLUMBIA OPPORTUNITY RESOURCE PO BOX 1868 COLUMBIA, SC 29202	20-3414821	3	5,523				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBIA PASTORAL COUNSELING CENTER INC 600 KING STREET COLUMBIA, SC 29205	57-0943691	3	10,000				GENERAL SUPPORT
COLUMBIA STAGE SOCIETY TOWN THEATRE 1012 SUMTER STREET COLUMBIA, SC 29201	57-6000280	3	12,106				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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COLUMBIA UNITED JEWISH WELFARE FEDERATION 306 FLORA DRIVE COLUMBIA, SC 29223	57-0704341	3	30,269				GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF THE MIDLANDS 2712 MIDDLEBURG DRIVE STE 219 COLUMBIA, SC 29204	57-0855391	3	12,512				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY FOUNDATION FOR A BETTER HARTSVILLE 214 NORTH FIFTH ST HARTSVILLE, SC 29550	45-5330192	3	25,000				GENERAL SUPPORT
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	36-2423707	3	25,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONGAREE LAND TRUST 2231 DEVINE STREET SUITE 100 COLUMBIA, SC 29205	57-0937485	3	24,410				GENERAL SUPPORT
CONGAREE RIVERKEEPER PO BOX 5294 COLUMBIA, SC 29250	26-4193711	3	8,052				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONNIE MAXWELL CHILDRENS HOME PO BOX 1178 GREENWOOD, SC 29648	57-0324927	3	6,906				GENERAL SUPPORT
CONSERVATION VOTERS OF SOUTH CAROLINA EDUCATION FUND 701 WHALEY STREET STE 207 COLUMBIA, SC 29201	20-0335383	3	7,410				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CONVERSE COLLEGE DEVELOPMENT EXTERNAL AFFAIRS AND UNIVERSITY RELATIONS 580 EAST MAIN SPARTANBURG, SC 29302	57-0314380	3	10,500				GENERAL SUPPORT
CROSSOVER COMMUNICATIONS INTERNATIONAL PO BOX 211755 COLUMBIA, SC 29221	58-1758477	3	54,500				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CRU PO BOX 628222 DEPARTMENT 2400 ORLANDO, FL 32862	95-6006173	3	13,200				GENERAL SUPPORT
CUTLER JEWISH DAY SCHOOL 5827 NORTH TRENHOLM ROAD COLUMBIA, SC 29206	57-1072008	3	20,600				GENERAL SUPPORT



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CYPRESS ADVENTURES INC PO BOX 405 HARTSVILLE, SC 29550	47-3749701	3	10,000				GENERAL SUPPORT
DARLINGTON COUNTY HUMANE SOCIETY PO BOX 1655 HARTSVILLE, SC 29551	57-1050670	3	9,900				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DARLINGTON COUNTY LONG-TERM RECOVERY GROUP PO BOX 218 SOCIETY HILL, SC 29593	57-0736308	3	50,000				GENERAL SUPPORT
DAVIDSON COLLEGE THE DAVIDSON FUND PO BOX 7170 DAVIDSON, NC 28035	56-0529961	3	10,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DAYBREAK MINISTRIES 1601 ST JULIAN PLACE COLUMBIA, SC 29204	57-0760670	3	5,925				GENERAL SUPPORT
DECODA INC PO BOX 3252 NEW YORK, NY 10163	46-0849096	3	5,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DEFENDERS OF WILDLIFE OFFICE OF PLANNED GIVING 1130 17TH STREET N OFFICE OF PLANNED GIVING WASHINGTON, DC 20036	53-0183181	3	5,090				GENERAL SUPPORT
DELTA HOUSE INC 5307 FAIRFIELD ROAD COLUMBIA, SC 29203	57-0948093	3	7,847				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DIOCESAN COUNCIL OF CHARLESTON 658 MORNINGSIDE DRIVE ROCK HILL, SC 29370	57-1072755	3	50,000				GENERAL SUPPORT
DREAM RIDERS 156 SANDY HILL ROAD LEXINGTON, SC 29072	57-1079606	3	14,549				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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EAA AVIATION FOUNDATION INC 300 POBERZNY ROAD OSHKOSH, WI 54902	39-1033301	3	10,000				GENERAL SUPPORT
EASTERN CAROLINA HOMELESSNESS ORGANIZATION INC 1204 N KINGS HIGHWAY MYRTLE BEACH, SC 29577	83-0421712	3	25,000				GENERAL SUPPORT

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EASTMINSTER PRESBYTERIAN CHURCH 3200 TRENHOLM ROAD COLUMBIA, SC 29204	57-0370001	3	50,000				GENERAL SUPPORT
EAU CLAIRE SHALOM MINISTRIES 3529 WOLF CIRCLE COLUMBIA, SC 29204	58-2302947	3	40,683				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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EDISTO HABITAT FOR HUMANITY PO BOX 2489 ORANGEBURG, SC 29116	57-0916444	3	29,994				GENERAL SUPPORT
EDVENTURE CHILDREN'S MUSEUM 211 GERVAIS ST COLUMBIA, SC 29201	57-1013857	3	302,667				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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EIGHT DAYS OF HOPE INC 1005 MATTHEW STREET NEW ALBANY, MS 38652	75-3212540	3	150,000				GENERAL SUPPORT
ENGENUITYSC INC 1000 CATAWBA STREET STE 130 COLUMBIA, SC 29201	35-2321058	3	25,894				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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EPWORTH CHILDREN'S HOME PO BOX 50466 COLUMBIA, SC 29250	57-0314389	3	105,354				GENERAL SUPPORT
ERSKINE COLLEGE OFFICE OF FINANCIAL AID DUE WEST, SC 29639	57-0314390	3	12,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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ETV ENDOWMENT OF SOUTH CAROLINA 401 E KENNEDY STREET STE B-1 SPARTANBURG, SC 29302	57-0657549	3	6,889				GENERAL SUPPORT
EVANGELICAL FREE CHURCH OF AMERICA ATTN DONOR SERVICES MINNEAPOLIS, MN 55420	41-0721672	3	25,000				GENERAL SUPPORT

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EZEKIEL CENTER INC PO BOX 30281 COLUMBIA, SC 29230	46-5632252	3	21,751				GENERAL SUPPORT
FAIRFIELD MEMORIAL HOSPITAL FOUNDATION P O BOX 1156 WINNSBORO, SC 29180	27-1395340	3	8,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FAIRWAY OUTREACH PO BOX 6788 COLUMBIA, SC 29260	57-0906593	3	7,071				GENERAL SUPPORT
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD D101 BLUFFTON, SC 29910	20-5647589	3	5,721				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FAMILY PROMISE OF THE MIDLANDS INC 2501 HEYWARD STREET COLUMBIA, SC 29205	26-4259689	3	16,343				GENERAL SUPPORT
FAMILY SHELTER 2411 TWO NOTCH ROAD COLUMBIA, SC 29204	57-0699091	3	15,030				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FAST FORWARD 3223 DEVINE STREET SUITE 3 COLUMBIA, SC 29205	54-2158648	3	9,500				GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 304 ARLINGTON AVENUE GREENVILLE, SC 29601	44-0610626	3	16,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FINE ARTS CENTER OF KERSHAW COUNTY PO BOX 1498 CAMDEN, SC 29020	57-0522276	3	47,844				GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 1324 MARION STREET COLUMBIA, SC 29201	57-0314437	3	94,500				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOOD FOR THE SOUL - KERSHAW COUNTY PO BOX 1591 CAMDEN, SC 29021	26-4244051	3	5,495				GENERAL SUPPORT
FORGE 14485 EAST EVANS AVENUE AURORA, CO 80014	31-1191922	3	43,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FULL SAIL UNIVERSITY 3300 UNIVERSITY BOULEVARD WINTER PARK, FL 32792		3	7,500				GENERAL SUPPORT
GEHL STUDIO NEW YORK 154 GRAND STREET NEW YORK, NY 10013		3	20,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GILBERT COMMUNITY PARK PO BOX 62 GILBERT, SC 29054	57-0737727	3	23,300				GENERAL SUPPORT
GILLS CREEK WATERSHED ASSOCIATION 712 MAIN STREET EWS 603 COLUMBIA, SC 29208	58-2426772	3	5,183				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GIRL SCOUTS OF EASTERN SOUTH CAROLINA 2412 PISGAH ROAD FLORENCE, SC 29501	57-0341216	3	5,000				GENERAL SUPPORT
GIRLS ON THE RUN OF COLUMBIA PO BOX 5167 WEST COLUMBIA, SC 29171	56-2593729	3	10,001				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIRLS ROCK COLUMBIA 1219 TAYLOR STREET COLUMBIA, SC 29201	46-3562999	3	11,892				GENERAL SUPPORT
GLENFOREST SCHOOL 1041 HARBOR DRIVE WEST COLUMBIA, SC 29169	57-0982351	3	31,342				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GOD'S STOREHOUSE PO BOX 6143 COLUMBIA, SC 29260	57-0871177	3	12,070				GENERAL SUPPORT
GODSPEED RESOURCES CONNECTION INC 7520 MONTICELLO ROAD COLUMBIA, SC 29203	52-1863010	3	12,529				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GOOD SAMARITAN CLINIC 7916 OLD PERCIVAL ROAD COLUMBIA, SC 29223	57-1109766	3	26,404				GENERAL SUPPORT
GOOD SHEPHERD LUTHERAN CHURCH 3909 FOREST DRIVE COLUMBIA, SC 29204	57-0405342	3	11,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER DARLINGTON CHAMBER OF COMMERCE DARLINGTON LAMAR 38 PUBLIC SQUARE DARLINGTON, SC 29532	57-0150455	3	6,000				GENERAL SUPPORT
GRENADINES PARTNERSHIP FUND 808-C LADY STREET COLUMBIA, SC 29201	27-1329191	3	30,000				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GROWING HOME SOUTHEAST 440 KNOX ABBOTT DRIVE STE 250 CAYCE, SC 29033	20-1093091	3	22,167				GENERAL SUPPORT
GUTHRIE OPPORTUNITY CENTER FOUNDATION INC 713 NORTH THIRD STREET BARDSTOWN, KY 40004	45-2999517	3	5,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF HORRY COUNTY 165 CO-OP RD MYRTLE BEACH, SC 29588	57-0912014	3	25,000				GENERAL SUPPORT
HABITAT FOR HUMANITY OF MARION COUNTY PO BOX 873 MARION, SC 29571	57-1009097	3	20,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HAMMOND SCHOOL 854 GALWAY LANE COLUMBIA, SC 29209	57-0477924	3	8,065				GENERAL SUPPORT
HANDLE WITH CARE WEST VIRGINIA INC 123 ACADEMY DRIVE DUNBAR, WV 25064	47-5383904	3	25,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HAPPY WHEELS INC 133 DUPRE MILL COURT LEXINGTON, SC 29072	45-3147494	3	5,454				GENERAL SUPPORT
HARMONY SCHOOL 3737 COVENANT ROAD COLUMBIA, SC 29204	57-0981933	3	6,020				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HARTSVILLE CHRISTMAS IN APRIL PO BOX 2912 HARTSVILLE, SC 29550	57-0972206	3	20,000				GENERAL SUPPORT
HARTSVILLE HIGH SCHOOL 701 LEWELLYN DRIVE HARTSVILLE, SC 29550	58-1988235	3	52,500				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HARVEST HOPE FOOD BANK PO BOX 451 COLUMBIA, SC 29202	57-0725560	3	145,737				GENERAL SUPPORT
HEALING ICONS PO BOX 5194 COLUMBIA, SC 29205	26-3595565	3	6,280				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HEALING SPECIES PO BOX 1202 ORANGEBURG, SC 29116	57-1087949	3	34,630				GENERAL SUPPORT
HEALTH FOUNDATION OF KERSHAW COUNTY PO BOX 428 CAMDEN, SC 29021	57-0900155	3	163,965				GENERAL SUPPORT

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HEALTHY LEARNERS 2749 LAUREL STREET COLUMBIA, SC 29204	57-1127197	3	11,596				GENERAL SUPPORT
HEARTS & HANDS DISASTER RECOVERY 3713 MAIDENCAIN STREET CLERMONT, FL 34714	46-3939440	3	25,000				GENERAL SUPPORT



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HEARTWORKS MINISTRY INCJUBILEE ACADEMY PO BOX 4476 COLUMBIA, SC 29204	57-1119456	3	45,829				GENERAL SUPPORT
HEATHWOOD HALL EPISCOPAL SCHOOL 3000 SOUTH BELTLINE BOULEVARD COLUMBIA, SC 29201	57-0358065	3	110,191				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HEROES IN BLUE 4618 OAKWOOD DRIVE COLUMBIA, SC 29206	81-1369953	3	10,000				GENERAL SUPPORT
HILTON HEAD ISLAND DEEP WELL PROJECT 80 CAPITAL DRIVE HILTON HEAD ISLAND, SC 29926	57-0566098	3	15,625				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HISTORIC CAMDEN FOUNDATION PO BOX 710 CAMDEN, SC 29020	57-6034372	3	5,267				GENERAL SUPPORT
HISTORIC COLUMBIA FOUNDATION 1601 RICHLAND STREET COLUMBIA, SC 29201	57-6020250	3	62,134				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HOME WORKS OF AMERICA INC 3823 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	56-2027026	3	82,379				GENERAL SUPPORT
HOMELESS NO MORE INC 2711 MIDDLEBURG DRIVE SUITE 308 COLUMBIA, SC 29204	57-0898981	3	11,781				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HOMEWARD BOUND PET RESCUE PO BOX 4335 IRMO, SC 29063	27-2693717	3	9,110				GENERAL SUPPORT
HOPE LUTHERAN CHURCH 1400 KENNERLY ROAD IRMO, SC 29063	57-0635486	3	42,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HOPE UNLIMITED FOR CHILDREN INC PO BOX 100 JEFFERSON CITY, TN 37760	33-0480141	3	20,000				GENERAL SUPPORT
HOSPICE & PALLIATIVE CARE FOUNDATION PO BOX 151 DRAYTON, SC 29333	57-1107253	3	8,325				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HUMANE SPCA 121 HUMANE LANE COLUMBIA, SC 29209	57-0407367	3	35,400				GENERAL SUPPORT
INDIAN WATERS COUNCIL BOY SCOUTS OF AMERICA 715 BETSY DRIVE COLUMBIA, SC 29210	57-0314440	3	8,292				GENERAL SUPPORT

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INTERFAITH COMMUNITY SERVICES OF SOUTH CAROLINA INC PO BOX 8177 COLUMBIA, SC 29202	57-0519811	3	10,979				GENERAL SUPPORT
INTERNATIONAL COUNCIL OF THE AIR SHOWS FOUNDATION INC 748 MILLER DR SE SUITE G3 LEESBURG, VA 20175	38-2885409	3	11,000				GENERAL SUPPORT



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ISLAND DOLPHIN CARE 150 LORELANE PLACE KEY LARGO, FL 33037	65-0728047	3	10,000				GENERAL SUPPORT
IT-OLOGY FOUNDATION 1301 GERVAIS STREET ST 200 COLUMBIA, SC 29201	47-4933659	3	50,000				GENERAL SUPPORT

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JUNIOR ACHIEVEMENT OF CENTRAL SOUTH CAROLINA 2711 MIDDLEBURG DRIVE STE 105 COLUMBIA, SC 29204	57-0511131	3	17,007				GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF GREATER SOUTH CAROLINA 2711 MIDDLEBURG DRIVE STE 105 COLUMBIA, SC 29204	57-0511131	3	5,650				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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JUSTIN PEPPER FOUNDATION PO BOX 598 CHAPIN, SC 29036	26-1703851	3	8,774				GENERAL SUPPORT
KATIE & IRWIN KAHN JEWISH COMMUNITY CENTER 306 FLORA DRIVE COLUMBIA, SC 29223	57-0369507	3	7,773				GENERAL SUPPORT

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KERSHAW COUNTY HUMANE SOCIETY 128 BLACK RIVER ROAD CAMDEN, SC 29020	23-7080463	3	26,000				GENERAL SUPPORT
KILLINGSWORTH HOME 1831 PENDLETON STREET COLUMBIA, SC 29201	57-0659510	3	9,009				GENERAL SUPPORT

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KING UNIVERISTY 1350 KING COLLEGE RD BRISTOL, TN 37620	58-1363100	3	5,000				GENERAL SUPPORT
LAURENS CEMETERY ASSOCIATION PO BOX 21 LAURENS, SC 29360	57-0387748	3	5,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LEADERSHIP SOUTH CAROLINA PO BOX 23205 COLUMBIA, SC 29224	57-1126323	3	5,250				GENERAL SUPPORT
LEEZA'S CARE CONNECTION 201 ST ANDREWS ROAD COLUMBIA, SC 29210	56-2356697	3	6,678				GENERAL SUPPORT

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LEXINGTON BAPTIST CHURCH 308 EAST MAIN STREET LEXINGTON, SC 29072	57-0381873	3	60,000				GENERAL SUPPORT
LEXINGTON COUNTY SHERIFF'S FOUNDATION 521 GIBSON ROAD LEXINGTON, SC 29072	58-2477983	3	13,091				GENERAL SUPPORT

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LEXINGTON INTERFAITH COMMUNITY SERVICES 216 HARMON STREET LEXINGTON, SC 29072	57-0813856	3	19,568				GENERAL SUPPORT
LEXINGTON MEDICAL CENTER FOUNDATION 2720 SUNSET BLVD WEST COLUMBIA, SC 29169	57-0906045	3	10,330				GENERAL SUPPORT



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LEXINGTONRICHLAND ALCOHOL AND DRUG ABUSE COUNCIL 2711 COLONIAL DRIVE COLUMBIA, SC 29203	57-0510076	3	5,600				GENERAL SUPPORT
LIBERTY UNIVERSITY INC CASHIERS OFFICE PO BOX 10425 LYNCHBURG, VA 24506	54-0946734	3	5,435				GENERAL SUPPORT

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LIFEBRIDGE OF SOUTH CAROLINA 1510 MAIN STREET NEWBERRY, SC 29108	45-1135123	3	7,631				GENERAL SUPPORT
LIGHTHOUSE FOR LIFE 7320 BROAD RIVER ROAD SUITE K 247 IRMO, SC 29063	47-0969132	3	12,773				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIMESTONE COLLEGE 1115 COLLEGE DRIVE GAFFNEY, SC 29340	57-0314402	3	9,800				GENERAL SUPPORT
LITTLE PEE DEE BAPTIST ASSOCIATION PO BOX 394 MULLINS, SC 29574	37-1561444	3	25,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LOGAN ELEMENTARY FOUNDATION 815 ELMWOOD AVE COLUMBIA, SC 29201	38-3840462	3	10,800				GENERAL SUPPORT
LOWCOUNTRY COMMUNITY ACTION AGENCY INC 319 E WASHINGTON STREET PO BOX 1726 1726 WALTERBORO, SC 29488	57-0612136	3	28,125				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MAYO CLINIC ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	3	5,000				GENERAL SUPPORT
METANOIA 2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405	20-0310400	3	15,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIDLANDS EDUCATION AND BUSINESS ALLIANCE PO BOX 2408 COLUMBIA, SC 29202	20-0350584	3	13,133				GENERAL SUPPORT
MIDLANDS HOUSING ALLIANCE 2025 MAIN STREET COLUMBIA, SC 29201	20-3524141	3	24,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MIDLANDS MIDDLE COLLEGE HIGH SCHOOL PO BOX 2408 COLUMBIA, SC 29202	26-4509303	3	10,000				GENERAL SUPPORT
MIDLANDS SPECIAL NEEDS FOUNDATION PO BOX 2641 LEXINGTON, SC 29072	26-0269861	3	6,499				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIDLANDS TECHNICAL COLLEGE PO BOX 2408 COLUMBIA, SC 29202	57-0427788	3	5,900				GENERAL SUPPORT
MIDTOWN FELLOWSHIP PO BOX 505 COLUMBIA, SC 29202	57-6029381	3	5,000				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIRCI PO BOX 4246 COLUMBIA, SC 29240	57-0984185	3	15,759				GENERAL SUPPORT
MISS SOUTH CAROLINA SCHOLARSHIP ORGANIZATION PO BOX 297 HARTSVILLE, SC 29551	27-3688727	3	8,978				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MONTREAT CONFERENCE CENTER PO BOX 969 MONTREAT, NC 28757	56-0532142	3	20,000				GENERAL SUPPORT
MT HEBRON UNITED METHODIST CHURCH 3156 LEAPHART ROAD WEST COLUMBIA, SC 29169	58-2360354	3	10,800				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MUSCULAR DYSTROPHY ASSOCIATION 121 EXECUTIVE CENTER DRIVE STE 138 COLUMBIA, SC 29210	13-1665552	3	8,000				GENERAL SUPPORT
NANCY K PERRY CHILDREN'S SHELTER PO BOX 344 LEXINGTON, SC 29071	57-0630368	3	16,196				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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NBSC A DIVISION OF SYNOVUS BANK PO BOX 940 SUMTER, SC 29151		3	195,374				GENERAL SUPPORT
NEEMA CHILDREN'S HOME PO BOX 757 LEXINGTON, SC 29071	46-1070445	3	10,300				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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NEW MORNING FOUNDATION 1501 MAIN STREET SUITE 150 COLUMBIA, SC 29201	95-4894776	3	654,167				GENERAL SUPPORT
NEW YORK UNIVERSITY 25 WEST 4TH STREET 1ST FLOOR NEW YORK, NY 10012	13-5562308	3	5,300				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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NEWBERRY COUNTY LITERACY COUNCIL 1121 CALDWELL STREET NEWBERRY, SC 29108	57-0877749	3	5,566				GENERAL SUPPORT
NEWBERRY OPERA HOUSE 1201 MCKIBBEN STREET NEWBERRY, SC 29108	57-0964360	3	20,669				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH GREENVILLE UNIVERSITY PO BOX 1892 TIGERVILLE, SC 29688	57-0314406	3	7,500				GENERAL SUPPORT
OLIVER GOSPEL MISSION PO BOX 7697 COLUMBIA, SC 29202	57-6027750	3	17,414				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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ONE COLUMBIA FOR ARTS AND HISTORY 1219 TAYLOR STREET COLUMBIA, SC 29201	90-0784318	3	25,000				GENERAL SUPPORT
ONE LIFE MINISTRIES 143 KILLIAN POINT CIRCLE CHAPIN, SC 29036	20-1048557	3	60,000				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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ORANGEBURG CALHOUN FREE MEDICAL CLINIC PO BOX 505 ORANGEBURG, SC 29116	26-3762573	3	11,368				GENERAL SUPPORT
ORANGEBURG CALHOUN TECHNICAL COLLEGE FOUNDATION 3250 ST MATTHEWS ROAD ORANGEBURG, SC 29118	57-0657914	3	25,669				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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ORANGEBURG COUNTY FINE ARTS CENTER PO BOX 2106 ORANGEBURG, SC 29116	57-0776091	3	44,552				GENERAL SUPPORT
OUR LADY OF THE LAKE CATHOLIC CHURCH 195 AMICKS FERRY ROAD CHAPIN, SC 29036	57-0765343	3	5,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PALMETTO & LUNA 1830 HENDERSON ST COLUMBIA, SC 29201	37-1572121	3	16,157				GENERAL SUPPORT
PALMETTO AIDS LIFE SUPPORT SERVICES 2638 TWO NOTCH ROAD COLUMBIA, SC 29204	57-0841427	3	9,318				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PALMETTO ANIMAL ASSISTED LIFE SERVICES 221 N GRAMPIAN HILLS ROAD COLUMBIA, SC 29223	20-8666026	3	23,614				GENERAL SUPPORT
PALMETTO CYCLING COALITION 141-F PELHAM DRIVE SUITE 116 COLUMBIA, SC 29209	57-1020701	3	5,710				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PALMETTO HEALTH FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201	57-0725699	3	19,069				GENERAL SUPPORT
PALMETTO PLACE CHILDREN'S EMERGENCY SHELTER PO BOX 3395 COLUMBIA, SC 29230	57-6029097	3	11,818				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PALMETTO PROJECT INC 4500 FORT JACKSON ROAD COLUMBIA, SC 29209	57-0807801	3	79,770				GENERAL SUPPORT
PAT CONROY LITERACY CENTER INC 308 CHARLES STREET BEAUFORT, SC 29902	81-1865914	3	10,000				GENERAL SUPPORT

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PAWMETTO LIFELINE 1275 BOWER PARKWAY COLUMBIA, SC 29212	56-2146419	3	8,700				GENERAL SUPPORT
PETS INC PO BOX 6394 WEST COLUMBIA, SC 29171	57-0950870	3	117,212				GENERAL SUPPORT

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POWER IN CHANGING 1035 CENTER STREET WEST COLUMBIA, SC 29169	47-5060596	3	11,807				GENERAL SUPPORT
PROJECT SOS-SUPPORT OUR SOLDIERS INC 2412 DUE WEST DRIVE THE VILLAGES, FL 321622605	27-2932657	3	9,000				GENERAL SUPPORT



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PROVIDENCE HOME 3421 NORTH MAIN STREET COLUMBIA, SC 29203	57-0618585	3	20,000				GENERAL SUPPORT
RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503	54-0505941	3	10,000				GENERAL SUPPORT

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RICHLAND COUNTY CASA 1701 MAIN STREET SUITE 407 COLUMBIA, SC 29201	57-0776475	3	11,999				GENERAL SUPPORT
RICHLAND COUNTY PUBLIC LIBRARY 1431 ASSEMBLY STREET COLUMBIA, SC 29201	57-6000396	3	5,042				GENERAL SUPPORT

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RICHLAND COUNTY RECREATION COMMISSION 7473 PARKLANE ROAD COLUMBIA, SC 29223	30-0217851	3	5,090				GENERAL SUPPORT
RICHLAND LIBRARY 1431 ASSEMBLY STREET COLUMBIA, SC 29201	57-6000396	3	20,000				GENERAL SUPPORT

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RICHLAND LIBRARY FOUNDATION 1431 ASSEMBLY STREET COLUMBIA, SC 292013101	57-0758497	3	41,836				GENERAL SUPPORT
RIDGEVILLE COMMUNITY RESOURCE CENTER PO BOX 214 RIDGEVILLE, SC 29472	57-1081169	3	25,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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RIVERBANKS SOCIETY PO BOX 1060 COLUMBIA, SC 29202	23-7278668	3	38,354				GENERAL SUPPORT
RIVERS EDGE RETREAT 1019 GARDEN VALLEY LANE COLUMBIA, SC 29210	26-2972284	3	13,919				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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ROBERT S & VIVIAN JOHNSON FOUNDATION PO BOX 476 LATTA, SC 29565	20-5840683	3	15,000				GENERAL SUPPORT
SC JUNIOR GOLF FOUNDATION PO BOX 286 IRMO, SC 29063	57-1021847	3	61,530				GENERAL SUPPORT

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SALUDA SHOALS FOUNDATION 5605 BUSH RIVER ROAD COLUMBIA, SC 29210	57-1027247	3	7,215				GENERAL SUPPORT
SAM SCHMIDT PARALYSIS FOUNDATION PO BOX 3661 PRINCETON, NJ 085433661	43-1878305	3	30,000				GENERAL SUPPORT

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SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	3	5,500				GENERAL SUPPORT
SANDHILLS SCHOOL 1500 HALLBROOK DRIVE COLUMBIA, SC 29209	57-0532678	3	39,900				GENERAL SUPPORT



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SC GOVERNOR'S SCHOOL FOR SCIENCE AND MATHEMATICS FOUNDATION 1122 LADY STREET SUITE 700 COLUMBIA, SC 29201	57-0881347	3	410,000				GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF COASTAL GEORGIA INC 2501 E PRESIDENT STREET SAVANNAH, GA 31404	58-1442013	3	10,000				GENERAL SUPPORT

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SENIOR RESOURCES INC 2817 MILLWOOD AVENUE COLUMBIA, SC 29205	57-0484965	3	25,665				GENERAL SUPPORT
SEXUAL TRAUMA SERVICES OF THE MIDLANDS 3830 FOREST DRIVE STE 201 COLUMBIA, SC 29204	57-0763120	3	9,248				GENERAL SUPPORT

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SHANDON BAPTIST CHURCH 5250 FOREST DRIVE COLUMBIA, SC 29206	57-0341196	3	492,495				GENERAL SUPPORT
SHARING GOD'S LOVE INC PO BOX 1021 IRMO, SC 29063	57-0815818	3	13,330				GENERAL SUPPORT

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SISTERCARE INC PO BOX 1029 COLUMBIA, SC 29202	57-0722427	3	45,473				GENERAL SUPPORT
SOUTH CAROLINA APPLESEED LEGAL JUSTICE CENTER PO BOX 7187 COLUMBIA, SC 29202	57-1035023	3	12,872				GENERAL SUPPORT

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SOUTH CAROLINA CAMPAIGN TO PREVENT TEEN PREGNANCY 1331 ELMWOOD AVENUE SUITE 140 COLUMBIA, SC 29201	57-0897120	3	5,637				GENERAL SUPPORT
SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES 2711 MIDDLEBURG DRIVE STE 111 COLUMBIA, SC 29204	36-4506347	3	16,783				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH CAROLINA CONFERENCE 4908 COLONIAL DRIVE COLUMBIA, SC 29203	57-0327882	3	175,000				GENERAL SUPPORT
SOUTH CAROLINA CONSERVATION DISTRICTS FOUNDATION 1550 HENLEY STREET NE ROOM 103 ORANGEBURG, SC 29115	57-0643134	3	10,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES ONE STILL HOPES DRIVE WEST COLUMBIA, SC 29169	51-0175068	3	9,847				GENERAL SUPPORT
SOUTH CAROLINA FOUNDATION FOR EDUCATIONAL LEADERSHIP 121 WESTPARK BLVD SUITE A COLUMBIA, SC 29210	57-0941342	3	5,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH CAROLINA GOVERNOR'S SCHOOL FOR SCIENCE & MATHEMATICS 401 RAILROAD AVENUE HARTSVILLE, SC 29550	57-0881347	3	10,000				GENERAL SUPPORT
SOUTH CAROLINA GREENHOUSE GROWERS' ASSOCIATION 4661 CRYSTAL DRIVE COLUMBIA, SC 29206	57-0868432	3	5,600				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH CAROLINA INDEPENDENT COLLEGES & UNIVERSITIES INC PO BOX 12007 COLUMBIA, SC 29211	57-0343998	3	25,000				GENERAL SUPPORT
SOUTH CAROLINA MUSEUM FOUNDATION 301 GERVAIS STREET LOADING ZONE D COLUMBIA, SC 29211	57-0713243	3	33,307				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH CAROLINA NURSES FOUNDATION INC PO BOX 1768 COLUMBIA, SC 29202	57-0772080	3	5,779				GENERAL SUPPORT
SOUTH CAROLINA PHILHARMONIC 500 TAYLOR STREET SUITE 300 COLUMBIA, SC 29201	57-0742901	3	73,638				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH CAROLINA POLICY COUNCIL EDUCATION FOUNDATION 1323 PENDLETON STREET COLUMBIA, SC 29201	57-0835744	3	7,897				GENERAL SUPPORT
SOUTH CAROLINA RESEARCH FOUNDATION 915 BULL STREET OSBORNE ADMINISTRAT ON BUILDING 202 COLUMBIA, SC 29208	57-0967350	3	38,189				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH CAROLINA STATE UNIVERSITY 300 COLLEGE STREET ORANGEBURG, SC 29117	57-6000950	3	6,550				GENERAL SUPPORT
SOUTH CAROLINA TECHNICAL COLLEGE SYSTEM FOUNDATION 111 EXECUTIVE CENTER DRIVE COLUMBIA, SC 29210	57-0468430	3	20,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTHERN INTERSCHOLASTIC PRESS ASSOCIATION- ANONYMOUS 800 SUMTER STREET ROOM F COLUMBIA, SC 29229	57-0902917	3	11,214				GENERAL SUPPORT
SOWING SEEDS INTO THE MIDLANDS 142 OLE STILL LANE ELGIN, SC 29045	46-4771636	3	17,524				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPARTANBURG METHODIST COLLEGE 1000 POWELL MILL ROAD SPARTANBURG, SC 29301	57-0314415	3	11,850				GENERAL SUPPORT
SPCA ALBRECHT CENTER FOR ANIMAL WELFARE 199 WILLOW RUN ROAD AIKEN, SC 29801	57-0329782	3	19,400				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPECIAL OLYMPICS SOUTH CAROLINA 109 OAK PARK DRIVE IRMO, SC 29063	57-0680248	3	7,811				GENERAL SUPPORT
SPRING VALLEY PRESBYTERIAN CHURCH 125 SPARKLEBERRY LANE COLUMBIA, SC 29229		3	6,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SQ RESCUE PO BOX 291450 COLUMBIA, SC 29229	57-1105376	3	7,096				GENERAL SUPPORT
ST BERNARD PROJECT INC 6904 N MAIN STREET SUITE 105 COLUMBAI, SC 29203	26-2189665	3	35,000				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOHN'S EPISCOPAL CHURCH 2827 WHEAT STREET COLUMBIA, SC 29205	57-0314412	3	7,000				GENERAL SUPPORT
ST JOSEPH CATHOLIC SCHOOL 3700 DEVINE STREET COLUMBIA, SC 29205	57-0379950	3	17,291				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MARY'S EPISCOPAL CHURCH 170 ST ANDREWS ROAD COLUMBIA, SC 29210	57-0665105	3	6,500				GENERAL SUPPORT
ST PETER'S CATHOLIC SCHOOL 1035 HAMPTON STREET COLUMBIA, SC 29201	57-1002093	3	34,140				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST THOMAS LUTHERAN CHURCH 215 ST THOMAS CHURCH ROAD CHAPIN, SC 29036		3	5,700				GENERAL SUPPORT
TEACH FOUNDATION 214 NORTH 5TH STREET HARTSVILLE, SC 29550	45-2542245	3	380,705				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ANIMAL MISSION 127 HUMANE LANE COLUMBIA, SC 29209	57-0921521	3	13,484				GENERAL SUPPORT
THE BOYS AND GIRLS CLUB OF THE MIDLANDS INC 500 GRACERN ROAD COLUMBIA, SC 29210	57-0399808	3	23,157				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE BROOKLAND FOUNDATION PO BOX 2026 COLUMBIA, SC 29202	57-0994150	3	6,292				GENERAL SUPPORT
THE CENTER FOR BIRDS OF PREY PO BOX 1247 CHARLESTON, SC 29402	57-0966813	3	25,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE COLUMBIA MUSEUM OF ART 1515 MAIN STREET COLUMBIA, SC 29201	57-6007869	3	102,114				GENERAL SUPPORT
THE COOPERATIVE MINISTRY 3821 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	57-0825025	3	33,162				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE FERGUSON MEDITATION GARDEN PO BOX 1338 LAURENS, SC 29360	01-0606438	3	5,000				GENERAL SUPPORT
THE FREE MEDICAL CLINIC INC PO BOX 4616 COLUMBIA, SC 29240	57-0779279	3	28,164				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE GAY CHRISTIAN NETWORK PO BOX 20494 COLUMBUS, OH 43220	20-0616399	3	9,000				GENERAL SUPPORT
THE HEARTWORM PROJECT PO BOX 7308 WEST COLUMBIA, SC 29171	61-1463387	3	8,989				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE HUMANE SOCIETY OF THE UNITED STATES 2100 L STREET NW WASHINGTON, DC 20037	53-0225390	3	6,362				GENERAL SUPPORT
THE JUSTIN PEPPER FOUNDATION PO BOX 598 CHAPIN, SC 29036	26-1703851	3	11,639				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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THE LEUKEMIA AND LYMPHOMA SOCIETY 107 WESTPARK BOULEVARD STE 150 COLUMBIA, SC 29210	13-5644916	3	11,000				GENERAL SUPPORT
THE LONG BAY SYMPHONY 1107 48TH AVE N SUITE 310-E MYRTLE BEACH, SC 29577	57-0854961	3	10,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE MONTESSORI SCHOOL OF CAMDEN 2 MONTESSORI WAY CAMDEN, SC 29020	57-0798617	3	73,600				GENERAL SUPPORT
THE NATURE CONSERVANCY 2231 DEVINE STREET SUITE 100 COLUMBIA, SC 29205	53-0242652	3	7,121				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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THE NORTH EASTERN STRATEGIC ALLIANCE PO BOX 100547 FLORENCE, SC 29502	30-0128034	3	15,000				GENERAL SUPPORT
THE NURTURING CENTER 1332 PICKENS STREET COLUMBIA, SC 29201	57-0875498	3	74,900				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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THE PALMETTO CONSERVATION FOUNDATION 722 KING STREET COLUMBIA, SC 29205	57-0907043	3	8,305				GENERAL SUPPORT
THE PALMETTO OPERA PO BOX 50462 COLUMBIA, SC 29250	57-1129329	3	6,280				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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THE SALVATION ARMY OF THE MIDLANDS PO DRAWER 2786 COLUMBIA, SC 29202	58-0660607	3	9,925				GENERAL SUPPORT
THE SHEPHERDS CENTER OF SAINT ANDREWS 2600 ASHLAND ROAD COLUMBIA, SC 29210	57-0882659	3	7,119				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SUMTER COUNTY GALLERY OF ART PO BOX 1316 SUMTER, SC 29151	23-7130803	3	14,500				GENERAL SUPPORT
THE SUMTER COUNTY MUSEUM PO BOX 1456 SUMTER, SC 29151	57-0891753	3	39,278				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE THERAPY PLACE 3620 COVENANT ROAD COLUMBIA, SC 29204	26-2197304	3	35,536				GENERAL SUPPORT
THE TRUST FOR PUBLIC LAND 100 M STREET SE SUITE 700 WASHINGTON, DC 20003	23-7222333	3	5,090				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE WALKER FOUNDATION 355 CEDAR SPRINGS ROAD SPARTANBURG, SC 29302	57-0693592	3	6,236				GENERAL SUPPORT
THE WOMEN'S SHELTER 3425 NORTH MAIN STREET COLUMBIA, SC 29203	57-0934329	3	12,541				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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TOWN OF BLYTHWOOD SC FOUNDATION FOR DOKO MEADOWS PARK PO BOX 563 BLYTHWOOD, SC 29016	47-3667010	3	37,500				GENERAL SUPPORT
TRENT HILL CENTER FOR CHILDREN & FAMILIES 121 N FIFTH STREET SUITE 200 HARTSVILLE, SC 29550	47-5630788	3	47,670				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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TRIDENT TECHNICAL COLLEGE FOUNDATION INC PO BOX 61227 CHARLESTON, SC 29419	57-0699317	3	5,500				GENERAL SUPPORT
TRIDENT UNITED WAY 6296 RIVERS AVENUE NORTH CHARLESTON, SC 29406	57-0314378	3	10,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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TRINITY EPISCOPAL CATHEDRAL 1100 SUMTER STREET COLUMBIA, SC 29201	57-0314419	3	14,700				GENERAL SUPPORT
TRINITY HOUSING CORPORATION 2711 MIDDLEBURG DRIVE SUITE 308 COLUMBIA, SC 29204	57-0898981	3	22,707				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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TRINITY UNITED METHODIST CHURCH 1201 MOHAWK DRIVE WEST COLUMBIA, SC 29169	57-0697205	3	10,000				GENERAL SUPPORT
UNITED WAY OF AIKEN COUNTY PO BOX 699 AIKEN, SC 29802	57-0360086	3	5,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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UNITED WAY OF DARLINGTON PO BOX 2 DARLINGTON, SC 29532	57-0429222	3	8,000				GENERAL SUPPORT
UNITED WAY OF FLORENCE COUNTY 1621 WEST PALMETTO STREET FLORENCE, SC 29501	57-0368721	3	32,500				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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UNITED WAY OF HARTSVILLE PO BOX 756 HARTSVILLE, SC 29551	23-7125629	3	68,800				GENERAL SUPPORT
UNITED WAY OF HORRY COUNTY INC PO BOX 673 CONWAY, SC 29528	57-0558692	3	25,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF KERSHAW COUNTY PO BOX 737 CAMDEN, SC 29020	57-0717334	3	13,124				GENERAL SUPPORT
UNITED WAY OF THE CAPE FEAR AREA 5919 OLEANDER DRIVE BUILDING II STE 115 WILMINGTON, NC 28403	56-0529949	3	5,000				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF THE COASTAL EMPIRE INC 428 BULL STREET SAVANNAH, GA 31401	58-0623603	3	12,500				GENERAL SUPPORT
UNITED WAY OF THE LOWCOUNTRY INC PO BOX 1420 RIDGELAND, SC 29936	57-0405847	3	16,875				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396	3	143,718				GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA 516 MAIN STREET COLUMBIA, SC 29201	57-6001153	3	64,087				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION 1027 BARNWELL STREET COLUMBIA, SC 29208	57-6017985	3	258,534				GENERAL SUPPORT
UNIVERSITY SPECIALTY CLINICS 3555 HARDEN STREET EXTENSIONSUITE 141 COLUMBIA, SC 29203	57-0686289	3	20,700				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VASSAR BROTHERS HOSPITAL FOUNDATION 45 READE PLACE POUGHKEEPSIE, NY 12601	14-1736429	3	8,000				GENERAL SUPPORT
VETERANS AIRLIFT COMMAND 5775 WAYZATA BOULEVARD SUITE 700 ST LOUIS PARK, MN 55416	20-4567769	3	30,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VILLAGE CHURCH 574 RIMER POND ROAD BLYTHEWOOD, SC 29016	57-1130583	3	50,000				GENERAL SUPPORT
VIRGINIA CAPITOL FOUNDATION PO BOX 396 RICHMOND, VA 23218	65-1210653	3	5,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTON SALEM, NC 27106	56-0532138	3	25,000				GENERAL SUPPORT
WASHINGTON STREET UNITED METHODIST CHURCH 1401 WASHINGTON STREET COLUMBIA, SC 29201	57-0354654	3	12,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WATER MISSIONS PO BOX PO BOX 71489 NORTH CHARLESTON, SC 29414	57-1116978	3	50,000				GENERAL SUPPORT
WELVISTA 121 GREYSTONE BOULEVARD COLUMBIA, SC 29210	56-2034627	3	12,218				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WILSON HALL SCHOOL 520 WILSON HALL ROAD SUMTER, SC 29150	57-0485507	3	6,200				GENERAL SUPPORT
WINTHROP UNIVERSITY 638 OAKLAND AVENUE ROCK HILL, SC 29733	57-6001204	3	18,400				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG, SC 29303	57-0314422	3	67,300				GENERAL SUPPORT
WOMEN'S RIGHTS AND EMPOWERMENT NETWORK 1501 MAIN STREET SUITE 130 COLUMBIA, SC 29201	81-0775184	3	238,592				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WORKSHOP THEATRE OF SOUTH CAROLINA PO BOX 11555 COLUMBIA, SC 29211	57-6033233	3	6,099				GENERAL SUPPORT
YMCA OF COLUMBIA 1612 MARION STREET SUITE 100 COLUMBIA, SC 29201	57-0314423	3	27,069				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF THE UPPER PEE DEE 111 EAST CAROLINA AVENUE HARTSVILLE, SC 29550	57-0794011	3	65,000				GENERAL SUPPORT
YOUNG LIFE COLUMBIA PO BOX 5772 COLUMBIA, SC 29250	84-0385934	3	100,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH CORPS PO BOX 211126 COLUMBIA, SC 29221	33-1111258	3	44,376				GENERAL SUPPORT

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
 ▶ **Attach to Form 990.**

**2015**  
**Open to Public Inspection**

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

Name of the organization CENTRAL CAROLINA COMMUNITY FOUNDATION	Employer identification number 57-0793960
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in 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.	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No								
<b>6</b> 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:										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No								
<b>8</b> 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.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

**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 are not listed on Form 990, Part VII

**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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> MS JOANN TURNQUIST PRESIDENT/CEO	(i)	171,243 -----	0 -----	0 -----	18,948 -----	0 -----	190,191 -----	0 -----
	(ii)	0	0	0	0	0	0	0
<b>2</b> MS HEATHER SHERWIN VICE PRESIDENT FOR ADVANCEMENT	(i)	103,480 -----	0 -----	0 -----	11,522 -----	0 -----	115,002 -----	0 -----
	(ii)	0	0	0	0	0	0	0

**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.

Return Reference	Explanation
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CENTRAL CAROLINA COMMUNITY FOUNDATION

Employer identification number  
57-0793960

**Part 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 determining noncash contribution amounts
1 Art—Works of art . . . . .				
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	39	2,622,055	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 . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ ) . . . . .				
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a	Yes	



**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	STOCK GIFTS ARE LIQUIDATED IMMEDIATELY BY OUR BROKERAGE FIRMS

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016****Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTRAL CAROLINA COMMUNITY FOUNDATION

Employer identification number

57-0793960

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MR CARROLL HEYWARD (BOARD MEMBER) AND MR BEN REX (BOARD MEMBER) - FAMILY RELATIONSHIP

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S VICE PRESIDENT OF FINANCE AND ADMINISTRATION REVIEWS THE FORM 990 WITH THE PUBLIC ACCOUNTING FIRM TO ENSURE ACCURACY THE FORM 990 IS THEN PRESENTED TO THE EXECUTIVE COMMITTEE OF THE FOUNDATION BOARD FOR REVIEW AND APPROVAL

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL NEW BOARD MEMBERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM BOARD MEMBERS ARE ASKED TO UPDATE THE FORM AS NECESSARY IN THE EVENT OF A CONFLICT OF INTEREST, BOARD MEMBERS REMOVE THEMSELVES FROM VOTING ON THE SUBJECT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	THE ORGANIZATION'S CEO'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE THE COMMITTEE USES RELEVANT INDUSTRY DATA, COMPENSATION SURVEYS AVAILABLE THROUGH COUNCIL ON FOUNDATIONS, AND THE FOUNDATION'S PROGRESS AS MEASURED BY THE STRATEGIC PLAN TO DETERMINE COMPENSATION THE CEO'S COMPENSATION IS INCLUDED IN THE ANNUAL BUDGET WHICH IS APPROVED BY THE FULL BOARD OF TRUSTEES

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ALL GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST ALL FINANCIAL STATEMENTS AND FORM 990S ARE AVAILABLE ON GUIDE STAR

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	FUNDS HELD AS AGENCY ENDOWMENTS -1,245,614

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL CAROLINA COMMUNITY FOUNDATION

Employer identification number

57-0793960

**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
<b>(1)</b> CCCF RE HOLDINGS (FRIARSGATE COMMERCIAL TRACT) LLC 2711 MIDDLEBURG DR SUITE 213 COLUMBIA, SC 29204	REAL ESTATE	SC		530,000	CENTRAL CAROLINA COMMUNITY FOUNDATION
<b>(2)</b> CCCF RE HOLDINGS (LEXINGTON-I20) LLC 2711 MIDDLEBURG DR SUITE 213 COLUMBIA, SC 29204	REAL ESTATE	SC		650,000	CENTRAL CAROLINA COMMUNITY FOUNDATION
<b>(3)</b> CCCF RE HOLDINGS (TRAM NW) LLC 2711 MIDDLEBURG DR SUITE 213 COLUMBIA, SC 29204	REAL ESTATE	SC		918,300	CENTRAL CAROLINA COMMUNITY FOUNDATION
<b>(4)</b> CCCF RE HOLDINGS (TRAM SW) LLC 2711 MIDDLEBURG DR SUITE 213 COLUMBIA, SC 29204	REAL ESTATE	SC		1,167,000	CENTRAL CAROLINA COMMUNITY 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No



**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership 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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII** **Supplemental Information**

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

**Return Reference****Explanation**