

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- 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

D Employer identification number
57-0793960

E Telephone number
(803) 254-5601

G Gross receipts \$ 29,707,508

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

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 ▶

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 ▶

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE PHILANTHROPY TO CREATE A SUSTAINABLE IMPACT WITHIN OUR COMMUNITY THROUGH GIVING

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	27
4 Number of independent voting members of the governing body (Part VI, line 1b)	27
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	12
6 Total number of volunteers (estimate if necessary)	25
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,221,725	22,697,063
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,462,711	6,717,014
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	227,137	269,193
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,911,573	29,683,270
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,525,587	12,380,546
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	873,693	994,880
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶585,315		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	535,659	1,287,800
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,934,939	14,663,226
19 Revenue less expenses Subtract line 18 from line 12	4,976,634	15,020,044

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	125,025,960	139,851,737
21 Total liabilities (Part X, line 26)	12,082,640	13,659,283
22 Net assets or fund balances Subtract line 21 from line 20	112,943,320	126,192,454

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 2018-11-14
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 2018-11-14 Check if self-employed PTIN P01066536
Firm's name ▶ MAULDIN & JENKINS LLC Firm's EIN ▶ 58-0692043
Firm's address ▶ 508 HAMPTON STREET Phone no (803) 799-5810
COLUMBIA, SC 29201

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, FACILIAE, 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 \$ 13,652,183 including grants of \$ 12,380,546) (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 ▶ 13,652,183

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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
26 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
27 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
28 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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included in line 1a, above, who are independent (27); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (No); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (SC); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: KEVIN PATTEN 2711 MIDDLEBURG DR COLUMBIA, SC 29204 (803) 254-5601

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶		402,092	0 44,678

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,697,063				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			22,697,063			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,244,187	3,244,187			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		0			
		c Gain or (loss)		3,472,827			
		d Net gain or (loss)		3,472,827	3,472,827		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	52,290				
		b Less direct expenses	b	24,238			
		c Net income or (loss) from fundraising events			28,052		28,052
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a ADMINISTRATIVE INCOME	900099		241,141	241,141			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			241,141				
12 Total revenue. See Instructions			29,683,270	6,958,155	0	28,052	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	12,380,546	12,380,546		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	780,823	285,002	187,397	308,424
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	46,095	16,827	11,061	18,207
9 Other employee benefits	114,590	41,823	27,499	45,268
10 Payroll taxes	53,372	19,481	12,801	21,090
11 Fees for services (non-employees)				
a Management				
b Legal	4,198	1,533	1,008	1,657
c Accounting	12,651	4,618	3,036	4,997
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	64,510		64,510	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	93,869	35,850	21,928	36,091
12 Advertising and promotion	43,521	16,148	10,346	17,027
13 Office expenses	4,329	1,580	1,039	1,710
14 Information technology				
15 Royalties				
16 Occupancy	51,851	18,926	12,444	20,481
17 Travel	2,997	1,126	707	1,164
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	7,712	2,904	1,815	2,993
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,603		5,603	
23 Insurance				
24 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.)				
a PROJECT	712,475	712,475		
b REAL ESTATE TAXES	36,209	13,299	8,659	14,251
c EQUIPMENT MAINT/RENTAL	34,337	12,533	8,241	13,563
d DEVELOPMENT RESOURCES	27,870	10,276	6,650	10,944
e All other expenses	185,668	77,236	40,984	67,448
25 Total functional expenses. Add lines 1 through 24e	14,663,226	13,652,183	425,728	585,315
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,758,085	1	5,165,273
	2 Savings and temporary cash investments	1,483,539	2	3,588,981
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	28,711	9	26,341
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,686,724		
	b Less accumulated depreciation	150,811		
		3,284,926	10c	2,535,913
	11 Investments—publicly traded securities	97,247,730	11	111,042,261
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	18,222,969	15	17,492,968	
16 Total assets. Add lines 1 through 15 (must equal line 34)	125,025,960	16	139,851,737	
Liabilities	17 Accounts payable and accrued expenses	24,391	17	29,350
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	12,058,249	25	13,629,933
	26 Total liabilities. Add lines 17 through 25	12,082,640	26	13,659,283
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	94,795,984	27	108,757,813
	28 Temporarily restricted net assets	18,147,336	28	17,434,641
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	112,943,320	33	126,192,454	
34 Total liabilities and net assets/fund balances	125,025,960	34	139,851,737	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,683,270
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,663,226
3	Revenue less expenses Subtract line 2 from line 1	3	15,020,044
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112,943,320
5	Net unrealized gains (losses) on investments	5	-203,210
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,567,700
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	126,192,454

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a	No
<p>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</p>	2b	Yes
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes
<p>3a 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?</p>	3a	No
<p>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</p>	3b	

Additional Data

Software ID:

Software Version:

EIN: 57-0793960

Name: CENTRAL CAROLINA COMMUNITY FOUNDATION

Form 990 (2017)

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

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 BOARD MEMBER	1 00	X						0	0	0
MR CARROLL HEYWARD CHAIRMAN	1 00	X						0	0	0
MR STACY STOKES SECRETARY/TREASURER	1 00	X						0	0	0
MR VAN ANDERSON BOARD MEMBER	1 00	X						0	0	0
MR RUSSELL BAUKNIGHT BOARD MEMBER	1 00	X						0	0	0
MR CLIFF BOURKE JR BOARD MEMBER	1 00	X						0	0	0
MS SHARON BRYANT VICE CHAIR	1 00	X						0	0	0
MR WILLIAM CASON BOARD MEMBER	1 00	X						0	0	0
MS JILL DAVIS BOARD MEMBER	1 00	X						0	0	0
MS SHARON EARLE PHD 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 JOHN GARRISON 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
MR CORY MANNING 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

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 HENRY CLAY BOARD MEMBER	1 00	X						0	0	0
MR CALVIN ELAM BOARD MEMBER	1 00	X						0	0	0
MS BETH RICHARDSON BOARD MEMBER	1 00	X						0	0	0
MR TOD AUGSBURGER BOARD MEMBER	1 00	X						0	0	0
MS SARA FAWCETT BOARD MEMBER	1 00	X						0	0	0
MR SCOTT MACFARLAND BOARD MEMBER	1 00	X						0	0	0
MS CANDACE C SHIVER BOARD MEMBER	1 00	X						0	0	0
MS JOANN TURNQUIST PRESIDENT/CEO	40 00			X				185,782	0	19,996
MS HEATHER SHERWIN VICE PRESIDENT FOR ADVANCE	40 00					X		111,490	0	12,227
MR KEVIN PATTEN VICE PRESIDENT FOR FINANCE AND ADMINISTRATION	40 00					X		104,820	0	12,455

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

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		
Total						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	9,577,750	15,833,528	19,481,233	15,221,725	22,697,063	82,811,299
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,577,750	15,833,528	19,481,233	15,221,725	22,697,063	82,811,299
5	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)						8,652,642
6	Public support. Subtract line 5 from line 4						74,158,657

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total	
7	Amounts from line 4	9,577,750	15,833,528	19,481,233	15,221,725	22,697,063	82,811,299	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,920,984	2,211,566	2,412,504	2,596,820	2,977,474	12,119,348	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						94,930,647	
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

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	78 120 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	75 710 %

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 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

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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 **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. 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 **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	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.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	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).		
	7		
8	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).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
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 Part VI .		
	9b		
c	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 Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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
1	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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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	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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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	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 (explain in Part VI). **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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 57-0793960

Name: CENTRAL CAROLINA COMMUNITY FOUNDATION

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.

OMB No 1545-0047
2017
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
1 Total number at end of year	227	155
2 Aggregate value of contributions to (during year)	17,785,099	4,555,893
3 Aggregate value of grants from (during year)	11,275,410	2,658,412
4 Aggregate value at end of year	66,031,941	69,328,454

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

- 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** 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 |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,520,750			2,520,750
b Buildings				
c Leasehold improvements				
d Equipment		165,974	150,811	15,163
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,535,913

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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	3,798,064
(2) INTEREST IN LIFE INSURANCE POLICIES	224,650
(3) INTEREST IN UNITRUSTS	13,470,254
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	17,492,968

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	86,797
DUE TO SUPPORTING ORGS	4,316,868
HELD AS AGENCY ENDOWMENT	9,167,941
LIFE INS PAY TO OTHER CHARITIES	58,327
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	13,629,933

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.

1	Total revenue, gains, and other support per audited financial statements	1	27,621,680
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-203,210
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-203,210
3	Subtract line 2e from line 1	3	27,824,890
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,858,380
c	Add lines 4a and 4b	4c	1,858,380
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	29,683,270

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

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

1	Total expenses and losses per audited financial statements	1	14,372,546
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	14,372,546
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	290,680
c	Add lines 4a and 4b	4c	290,680
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	14,663,226

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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONTRIBUTIONS TO AGENCY ENDOWMENTS 1,293,073 DEPRECIATION OF AGENCY ENDOWMENT SECURITIES -1,406 INTEREST AND DIVIDENDS RECEIVED FOR AGENCY ENDOWMENTS 266,713 SALE OF AGENCY ENDO WMENT SECURITIES 300,000

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANTS TO AGENCY ENDOWMENTS 285,340 MANAGEMENT AND ADMINISTRATION OF AGENCY ENDOWMENTS 5,340

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**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.

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						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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)
		BEST OF PHILANTHROPY (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	52,290			52,290
2	Less Contributions				
3	Gross income (line 1 minus line 2)	52,290			52,290
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,238			24,238
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				24,238
11	Net income summary Subtract line 10 from line 3, column (d) ▶				28,052

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))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	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
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

a	The organization's facility	%
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 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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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 (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
701 CENTER FOR CONTEMPORARY ART 701 WHALEY STREET SUITE 212 COLUMBIA, SC 29201	26-3028981		44,273				GENERAL SUPPORT
A MOMENT OF HOPE PO BOX 12684 COLUMBIA, SC 29211	46-1260073		19,120				GENERAL SUPPORT

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ABBEVILLE COUNTY SCHOOL DISTRICT 400 GREENVILLE STREET ABBEVILLE, SC 29620	57-6001577		10,000				GENERAL SUPPORT
ACERCAMIENTO HISPANO DE CAROLINA DEL SUR PO BOX 3820 COLUMBIA, SC 29230	57-1030805		15,336				GENERAL SUPPORT

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ACHIEVE COLUMBIA PO BOX 50860 COLUMBIA, SC 29250	46-1300396		24,968				GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION - SOUTH CAROLINA CHAPTER 4124 CLEMSON BOULEVARD ANDERSON, SC 29621	57-0792592		9,158				GENERAL SUPPORT

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AMERICAN RED CROSS EASTERN SOUTH CAROLINA CHAPTER 3531 PAMPAS DRIVE MYRTLE BEACH, SC 29577	53-0196605		151,250				GENERAL SUPPORT
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 424 EAST 92ND STREET NEW YORK, NY 10128	13-1623829		6,588				GENERAL SUPPORT

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ANDERSON UNIVERSITY 316 BOULEVARD ANDERSON, SC 29621	57-0324906		8,238				GENERAL SUPPORT
ANIMAL PROTECTION LEAGUE OF SOUTH CAROLINA PO BOX 5354 COLUMBIA, SC 29250	57-0740991		16,071				GENERAL SUPPORT

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AUTISM ACADEMY OF SOUTH CAROLINA PO BOX 7514 COLUMBIA, SC 29202	27-3190242		7,996				GENERAL SUPPORT
BEACON COLLEGE 105 EAST MAIN STREET LEESBURG, FL 34748	59-2961536		11,250				GENERAL SUPPORT

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BETH SHALOM SYNAGOGUE 5827 N TRENHOLM ROAD COLUMBIA, SC 29206	57-0442208		9,593				GENERAL SUPPORT
BLACK CREEK ARTS COUNCIL PO BOX 24 HARTSVILLE, SC 29551	57-0066009		15,000				GENERAL SUPPORT

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BLACK RIVER UNITED WAY 515 FRONT STREET GEORGETOWN, SC 29440	57-0526145		41,000				GENERAL SUPPORT
BOYS & GIRLS CLUBS OF THE PEE DEE AREA PO BOX 93 FLORENCE, SC 29503	57-6026677		6,000				GENERAL SUPPORT

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BROOKGREEN GARDENS PO BOX 3368 PAWLEYS ISLAND, SC 29585	57-0380356		14,500				GENERAL SUPPORT
CAMP DISCOVERY AT HIS ACRES 208 CLAUDE BUNDRICK ROAD BLYTHEWOOD, SC 29016	57-0816556		12,457				GENERAL SUPPORT

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CAMP HAPPY DAYS INC 1622 ASHLEY HALL ROAD CHARLESTON, SC 29407	57-0755466		10,000				GENERAL SUPPORT
CANCER OF MANY COLORS INC 100 OLD CHEROKEE ROAD STE F- 339 LEXINGTON, SC 29072	46-4151271		7,744				GENERAL SUPPORT

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CARDINAL NEWMAN SCHOOL 2945 ALPINE ROAD COLUMBIA, SC 29223	57-0419733		14,316				GENERAL SUPPORT
CARING AND SHARING INC PO BOX 910 HEMINGWAY, SC 29554	58-2317638		5,000				GENERAL SUPPORT

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

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CAROLINA WILDLIFE CARE INC 5551 BUSH RIVER ROAD COLUMBIA, SC 29212	57-0932809		18,773				GENERAL SUPPORT
CAROLINA YOUTH DEVELOPMENT CENTER 5055 LACKAWANNA BOULEVARD NORTH CHARLESTON, SC 29405	57-0669877		10,000				GENERAL SUPPORT

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CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON INC 901 ORANGE GROVE ROAD CHARLESTON, SC 29407	57-0314369		85,877				GENERAL SUPPORT
CENTRAL MIDLANDS JUSTICE MINISTRY 709 GABRIEL STREET COLUMBIA, SC 29203	81-4740696		25,000				GENERAL SUPPORT

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CENTRAL SOUTH CAROLINA HABITAT FOR HUMANITY 209 S SUMTER STREET COLUMBIA, SC 29201	57-0785521		7,666				GENERAL SUPPORT
CHABAD-LUBAVITCH OF SOUTH CAROLINA INC 2509 DECKER BOULEVARD COLUMBIA, SC 29206	57-0841922		15,400				GENERAL SUPPORT

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CHAPIN COMMUNITY THEATRE PO BOX 360 CHAPIN, SC 29036	20-3431391		7,674				GENERAL SUPPORT
CHAPIN WE CARE CENTER PO BOX 491 CHAPIN, SC 29036	31-1744064		14,092				GENERAL SUPPORT

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CHARLESTON SOUTHERN UNIVERSITY 9200 UNIVERSITY BOULEVARD CHARLESTON, SC 29423	57-0474291		5,000				GENERAL SUPPORT
CHATHAM HALL 800 CHATHAM HALL CIRCLE CHATHAM, VA 24531	54-0505878		5,000				GENERAL SUPPORT

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CHILD EVANGELISM FELLOWSHIP OF SOUTH CAROLINA PO BOX 211084 COLUMBIA, SC 29221	57-0567186		58,257				GENERAL SUPPORT
CHILDREN'S TRUST OF SOUTH CAROLINA 1634 MAIN STREET STE100 COLUMBIA, SC 29201	57-0785431		10,404				GENERAL SUPPORT

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CHRIST CENTRAL MINISTRIES SALUDA 208 NORTH MAIN STREET SALUDA, SC 29138	90-0863301		8,550				GENERAL SUPPORT
CITY YEAR COLUMBIA 1122 LADY STREET STE 600 COLUMBIA, SC 29201	22-2882549		5,091				GENERAL SUPPORT

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CLAFLIN UNIVERSITY 400 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0314374		6,800				GENERAL SUPPORT
CLEMSON UNIVERSITY 110 DANIEL DRIVE CLEMSON, SC 29631	57-6000254		229,017				GENERAL SUPPORT

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CLUB 180 CHILDREN FEEDING AND DEVELOPMENT CENTER INC 2736 BOONE STREET COLUMBIA, SC 29204	47-3414269		10,000				GENERAL SUPPORT
COKER COLLEGE 300 EAST COLLEGE AVENUE HARTSVILLE, SC 29550	57-0324916		561,193				GENERAL SUPPORT

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COLA TOWN BIKE COLLECTIVE 1823 SUPERIOR STREET COLUMBIA, SC 29205	47-1691710		28,425				GENERAL SUPPORT
COLDWELL BANKER CARES 459 SAINT ANDREWS ROAD COLUMBIA, SC 29210	20-0755090		20,000				GENERAL SUPPORT

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COLLEGE OF CHARLESTON 66 GEORGE STREET CHARLESTON, SC 29424	57-6000265		5,600				GENERAL SUPPORT
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON, SC 29424	23-7069236		26,400				GENERAL SUPPORT

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COLUMBIA BAROQUE 4801 COLONIAL DRIVE COLUMBIA, SC 29203	27-4358778		13,684				GENERAL SUPPORT
COLUMBIA CHILDREN'S THEATRE PO BOX 3096 COLUMBIA, SC 29230	20-2793199		16,652				GENERAL SUPPORT

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COLUMBIA CITY BALLET 1545 MAIN STREET COLUMBIA, SC 29201	23-7133145		23,423				GENERAL SUPPORT
COLUMBIA COLLEGE 1301 COLUMBIA COLLEGE DRIVE COLUMBIA, SC 29203	57-0324915		46,374				GENERAL SUPPORT

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COLUMBIA FILM SOCIETY PO BOX 7063 COLUMBIA, SC 29202	57-0686025		37,044				GENERAL SUPPORT
COLUMBIA GARDEN CLUB FOUNDATION PO BOX 5925 COLUMBIA, SC 29250	57-0756773		6,400				GENERAL SUPPORT

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COLUMBIA INTERNATIONAL UNIVERSITY PO BOX 3122 COLUMBIA, SC 29230	57-0352247		1,186,295				GENERAL SUPPORT
COLUMBIA ORAL HEALTH CLINIC 325 NORTH MAIN STREET COLUMBIA, SC 29203	57-1073100		5,000				GENERAL SUPPORT

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COLUMBIA UNITED JEWISH WELFARE FEDERATION 306 FLORA DRIVE COLUMBIA, SC 29223	57-0704341		17,528				GENERAL SUPPORT
COLUMBIA UNIVERSITY SCHOOL OF THE ARTS 305 DODGE HALL MC 1803 2960 BROADWAY NEW YORK, NY 10027	13-5598093		5,500				GENERAL SUPPORT

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COLUMBIA URBAN LEAGUE INC 1400 BARNWELL STREET COLUMBIA, SC 29201	57-0482767		5,623				GENERAL SUPPORT
COMMON GROUND - THE CINDY NORD CENTER FOR RENEWAL 14240 BAIRD ROAD OBERLIN, OH 44074	34-1838503		66,100				GENERAL SUPPORT

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COMMUNITY FOUNDATION FOR A BETTER HARTSVILLE PO BOX 1971 HARTSVILLE, SC 29551	45-5330192		25,800				GENERAL SUPPORT
COMMUNITY FOUNDATION OF SOUTH LAKE COUNTY 2150 OAKLEY SEAVER DRIVE CLERMONT, FL 34711	59-3343026		73,928				GENERAL SUPPORT

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COMPASSION INTERNATIONAL INC 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	36-2423707		25,912				GENERAL SUPPORT
CONGAREE LAND TRUST 2231 DEVINE STREET SUITE 100 COLUMBIA, SC 29205	57-0937485		33,395				GENERAL SUPPORT

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CONGAREE RIVERKEEPER PO BOX 5294 COLUMBIA, SC 29250	26-4193711		7,190				GENERAL SUPPORT
CONVERSE COLLEGE 580 EAST MAIN STREET SPARTANBURG, SC 29302	57-0314380		17,600				GENERAL SUPPORT

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CROSS TRAINING MINISTRIES 5347 B SUNSET BLVD LEXINGTON, SC 29072	47-2503792		5,000				GENERAL SUPPORT
CROSSOVER COMMUNICATIONS INTERNATIONAL 7520 MONTICELLO ROAD COLUMBIA, SC 29203	58-1758477		204,800				GENERAL SUPPORT

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CRU PO BOX 628222 ORLANDO, FL 32862	95-6006173		7,000				GENERAL SUPPORT
CUTLER JEWISH DAY SCHOOL 5827 NORTH TRENHOLM ROAD COLUMBIA, SC 29206	57-1072008		10,000				GENERAL SUPPORT

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DARLINGTON COUNTY HABITAT FOR HUMANITY PO BOX 1983 HARTSVILLE, SC 29551	57-1054251		8,000				GENERAL SUPPORT
DARLINGTON COUNTY HUMANE SOCIETY PO BOX 1655 HARTSVILLE, SC 29551	57-1050670		10,000				GENERAL SUPPORT

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DARLINGTON COUNTY INTERVENTION SCHOOL 1000 MAGNOLIA STREET DARLINGTON, SC 29532	57-6000341		16,000				GENERAL SUPPORT
DAYBREAK MINISTRIES 1601 ST JULIAN PLACE COLUMBIA, SC 29204	57-0760670		5,024				GENERAL SUPPORT

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DEFENDERS OF WILDLIFE OFFICE OF PLANNED GIVING WASHINGTON, DC 20036	53-0183181		5,270				GENERAL SUPPORT
DELTA HOUSE INC 5307 FAIRFIELD ROAD COLUMBIA, SC 29203	57-0948093		9,860				GENERAL SUPPORT

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DEPARTMENT OF EDUCATION PO BOX 530229 ATLANTA, GA 303530229	52-1198289		54,917				GENERAL SUPPORT
DICKERSON CHILDRENS ADVOCACY CENTER INC 140 GIBSON ROAD LEXINGTON, SC 29072	57-1011251		5,940				GENERAL SUPPORT

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DILLON SCHOOL DISTRICT FOUR 1738 HIGHWAY 301 NORTH DILLON, SC 29536	57-6000343		10,000				GENERAL SUPPORT
DREAM RIDERS 156 SANDY HILL ROAD LEXINGTON, SC 29072	57-1079606		14,131				GENERAL SUPPORT

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EASTMINSTER PRESBYTERIAN CHURCH 3200 TRENHOLM ROAD COLUMBIA, SC 29204	57-0370001		62,444				GENERAL SUPPORT
EAU CLAIRE SHALOM MINISTRIES 628 MULLER AVENUE COLUMBIA, SC 29203	58-2302947		50,674				GENERAL SUPPORT

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EDISTO HABITAT FOR HUMANITY PO BOX 2489 ORANGEBURG, SC 29116	57-0916444		45,583				GENERAL SUPPORT
EMMANUWHEEL PO BOX 1626 LEXINGTON, SC 29071	27-2111013		5,550				GENERAL SUPPORT

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ENGENUITYSC INC 1000 CATAWBA STREET STE 130 COLUMBIA, SC 29201	35-2321058		14,659				GENERAL SUPPORT
EPWORTH CHILDREN'S HOME PO BOX 50466 COLUMBIA, SC 29250	57-0314389		30,139				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ETV ENDOWMENT OF SOUTH CAROLINA 401 E KENNEDY STREET STE B-1 SPARTANBURG, SC 29302	57-0657549		10,800				GENERAL SUPPORT
EXCELLENCE IN DIVERSITY FOUNDATION 1301 GERVAIS STREET SUITE 1100 COLUMBIA, SC 29201	58-2346585		5,691				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		7,249				GENERAL SUPPORT
FAMILY PROMISE OF THE MIDLANDS INC 2501 HEYWARD STREET COLUMBIA, SC 29205	26-4259689		6,751				GENERAL SUPPORT

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

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FAMILY SHELTER 2411 TWO NOTCH ROAD COLUMBIA, SC 29204	57-0699091		10,000				GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 121 EXECUTIVE CENTER DRIVE SUITE 113 COLUMBIA, SC 29210	44-0610626		33,000				GENERAL SUPPORT

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

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FINE ARTS CENTER OF KERSHAW COUNTY PO BOX 1498 CAMDEN, SC 29021	57-0522276		47,689				GENERAL SUPPORT
FIRST BAPTIST CHURCH OF GREAT FALLS 606 DEARBORN STREET GREAT FALLS, SC 29055	57-1119636		10,000				GENERAL SUPPORT

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

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FIRST PRESBYTERIAN CHURCH 1324 MARION STREET COLUMBIA, SC 29201	57-0314437		46,850				GENERAL SUPPORT
FOREST HILL CHURCH 7224 PARK ROAD CHARLOTTE, NC 29210	56-0754698		10,000				GENERAL SUPPORT

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

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FORGE 14485 EAST EVANS AVENUE AURORA, CO 80014	31-1191922		93,000				GENERAL SUPPORT
FOSTERING FOSTER ANIMAL RESCUE 1718 KENNEDY DRIVE CAMDEN, SC 29020	47-3424205		5,254				GENERAL SUPPORT

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

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FRANCIS MARION UNIVERSITY PO BOX 100547 FLORENCE, SC 29501	57-0522624		5,450				GENERAL SUPPORT
FREE MEDICAL CLINIC OF NEWBERRY COUNTY PO BOX 783 NEWBERRY, SC 29108	20-0390941		5,000				GENERAL SUPPORT

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

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GILBERT COMMUNITY PARK PO BOX 62 GILBERT, SC 29054	57-0737727		25,200				GENERAL SUPPORT
GIRL SCOUTS OF EASTERN SOUTH CAROLINA 181 E EVANS ST FLORENCE, SC 29506	57-0341216		10,000				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 SC - MOUNTAINS TO MIDLANDS INC - COLUMBIA 130 PINNACLE POINT COURT STE 100 COLUMBIA, SC 29223	57-0314433		28,714				GENERAL SUPPORT
GIRLS ON THE RUN OF COLUMBIA PO BOX 5167 WEST COLUMBIA, SC 29171	56-2593729		5,314				GENERAL SUPPORT

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

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GLENFOREST SCHOOL 1041 HARBOR DRIVE WEST COLUMBIA, SC 29169	57-0982351		23,871				GENERAL SUPPORT
GOOD SHEPHERD LUTHERAN CHURCH 3909 FOREST DRIVE COLUMBIA, SC 29204	57-0405342		10,500				GENERAL SUPPORT

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

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GRASP PO BOX 424 GREAT FALLS, SC 29055	57-0753423		15,000				GENERAL SUPPORT
GROWING HOME SOUTHEAST 440 KNOX ABBOTT DRIVE STE 250 CAYCE, SC 29033	20-1093091		10,000				GENERAL SUPPORT

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

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HABITAT FOR HUMANITY GEORGETOWN COUNTY SC 1907 HAMPTON COURT GEORGETOWN, SC 29440	57-0913768		20,500				GENERAL SUPPORT
HAMMOND SCHOOL 854 GALWAY LANE COLUMBIA, SC 29209	57-0477924		15,036				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		7,266				GENERAL SUPPORT
HARTSVILLE CHRISTMAS IN APRIL PO BOX 2912 HARTSVILLE, SC 29550	57-0972206		25,000				GENERAL SUPPORT

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

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HARTSVILLE HIGH SCHOOL 701 LEWELLYN DRIVE HARTSVILLE, SC 29550	58-1988235		5,000				GENERAL SUPPORT
HARVEST HOPE FOOD BANK PO BOX 451 COLUMBIA, SC 29202	57-0725560		54,779				GENERAL SUPPORT

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

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HEALING FAMILIES FOUNDATION 2711 COLONIAL DRIVE COLUMBIA, SC 29203	45-3949534		5,914				GENERAL SUPPORT
HEALING ICONS PO BOX 5194 COLUMBIA, SC 29250	26-3595565		5,918				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		37,975				GENERAL SUPPORT
HEALTH FOUNDATION OF KERSHAW COUNTY PO BOX 428 CAMDEN, SC 29021	57-0900155		17,670				GENERAL SUPPORT

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

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HEALTHY LEARNERS 2749 LAUREL STREET COLUMBIA, SC 29204	57-1127197		41,499				GENERAL SUPPORT
HEARTWORKS MINISTRY INCJUBILEE ACADEMY PO BOX 4476 COLUMBIA, SC 29204	57-1119456		30,000				GENERAL SUPPORT

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HEATHWOOD HALL EPISCOPAL SCHOOL 3000 SOUTH BELTLINE BOULEVARD COLUMBIA, SC 29201	57-0358065		116,437				GENERAL SUPPORT
HEROES IN BLUE 4618 OAKWOOD DRIVE COLUMBIA, SC 29206	81-1369953		5,449				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		11,261				GENERAL SUPPORT
HISTORIC COLUMBIA FOUNDATION 1601 RICHLAND STREET COLUMBIA, SC 29201	57-6020250		28,187				GENERAL SUPPORT

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HOLY SPIRIT PREPARATORY SCHOOL INC 4449 NORTHSIDE DRIVE ATLANTA, GA 30327	58-2141813		5,900				GENERAL SUPPORT
HOME WORKS OF AMERICA INC 3823 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	56-2027026		127,909				GENERAL SUPPORT

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HOMELESS NO MORE INC 2711 MIDDLEBURG DRIVE SUITE 308 COLUMBIA, SC 29204	57-0898981		28,501				GENERAL SUPPORT
HOPE LUTHERAN CHURCH 1400 KENNERLY ROAD IRMO, SC 29063	57-0635486		44,000				GENERAL SUPPORT

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HOPE UNLIMITED FOR CHILDREN INC PO BOX 100 JEFFERSON CITY, TN 37760	33-0480141		20,000				GENERAL SUPPORT
HUMANE SOCIETY FOR THE PREVENTION OF CRUELTY - SC 121 HUMANE LANE COLUMBIA, SC 29209	57-0407367		223,936				GENERAL SUPPORT

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INDIAN WATERS COUNCIL BOY SCOUTS OF AMERICA 715 BETSY DRIVE COLUMBIA, SC 29210	57-0314440		9,884				GENERAL SUPPORT
ISLAND DOLPHIN CARE 150 LORELANE PLACE KEY LARGO, FL 33037	65-0728047		10,000				GENERAL SUPPORT

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JEFFERSON AWARDS FOUNDATION 212 OVERBROOK ROAD GREENVILLE, SC 29607	52-0959336		6,307				GENERAL SUPPORT
JENNINGS ENVIRONMENTAL 4 WINDCOURT PACE DURHAM, NC 27713	56-2302930		20,000				GENERAL SUPPORT

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JUNIOR ACHIEVEMENT OF CENTRAL SOUTH CAROLINA 2711 MIDDLEBURG DRIVE STE 105 COLUMBIA, SC 29204	57-0511131		22,168				GENERAL SUPPORT
JUST BE YOU 1616 HOME FARM ROAD MOUNT PLEASANT, SC 29464	82-3627869		50,000				GENERAL SUPPORT

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KATIE & IRWIN KAHN JEWISH COMMUNITY CENTER 306 FLORA DRIVE COLUMBIA, SC 29223	57-0369507		121,065				GENERAL SUPPORT
KEEP THE MIDLANDS BEAUTIFUL 1307 AUGUSTA ROAD WEST COLUMBIA, SC 29169	57-0888246		29,967				GENERAL SUPPORT

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

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KERSHAW COUNTY HUMANE SOCIETY 128 BLACK RIVER ROAD CAMDEN, SC 29020	23-7080463		26,000				GENERAL SUPPORT
KILLINGSWORTH HOME 1831 PENDLETON STREET COLUMBIA, SC 29201	57-0659510		5,134				GENERAL SUPPORT

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LEEZA'S CARE CONNECTION 201 ST ANDREWS ROAD COLUMBIA, SC 29210	56-2356697		8,414				GENERAL SUPPORT
LEXINGTON BAPTIST CHURCH 308 EAST MAIN STREET LEXINGTON, SC 29072	57-0381873		40,000				GENERAL SUPPORT

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LEXINGTON COUNTY SHERIFF'S FOUNDATION PO BOX 303 LEXINGTON, SC 29071	58-2477983		5,000				GENERAL SUPPORT
LEXINGTON INTERFAITH COMMUNITY SERVICES 216 HARMON STREET LEXINGTON, SC 29072	57-0813856		23,599				GENERAL SUPPORT

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LEXINGTON MEDICAL CENTER FOUNDATION 2720 SUNSET BLVD WEST COLUMBIA, SC 29169	57-0906045		6,195				GENERAL SUPPORT
LEXINGTON RICHLAND ALCOHOL AND DRUG ABUSE COUNCIL 2711 COLONIAL DRIVE COLUMBIA, SC 29203	57-0510076		5,800				GENERAL SUPPORT

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LIGHTHOUSE FOR LIFE 7320 BROAD RIVER ROAD IRMO, SC 29063	47-0969132		11,602				GENERAL SUPPORT
MAKE A WISH FOUNDATION OF SOUTH CAROLINA 225 SOUTH PLEASANTBURG DRIVE STE B8 B8 GREENVILLE, SC 29607	57-0786119		7,500				GENERAL SUPPORT

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MARCH OF DIMES PO BOX 673667 MARIETTA, GA 30006	13-1846366		5,000				GENERAL SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA 45 COURTENAY DRIVE MSC 203 CHARLESTON, SC 29425	57-6000722		12,100				GENERAL SUPPORT

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MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION 18 BEE STREET MSC 450 CHARLESTON, SC 29425	57-6028985		13,000				GENERAL SUPPORT
MEDWISH INTERNATIONAL 1625 E 31ST STREET CLEVELAND, OH 44114	34-1903712		5,000				GENERAL SUPPORT

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MIDLANDS FATHERHOOD COALITION 1821 HAMPTON STREET COLUMBIA, SC 29201	81-0564753		17,400				GENERAL SUPPORT
MIDLANDS HOUSING ALLIANCE 2025 MAIN STREET COLUMBIA, SC 29201	20-3524141		11,780				GENERAL SUPPORT

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MIDLANDS TECHNICAL COLLEGE PO BOX 2408 COLUMBIA, SC 29202	57-0427788		6,100				GENERAL SUPPORT
MINISTRY OF OUTREACH TO SLAVIC TRIBES PO BOX 1839 COLUMBIA, SC 29202	57-1133976		9,059				GENERAL SUPPORT

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MIRCI PO BOX 4246 COLUMBIA, SC 29240	57-0984185		14,143				GENERAL SUPPORT
MISS SOUTH CAROLINA SCHOLARSHIP ORGANIZATION PO BOX 297 HARTSVILLE, SC 29551	27-3688727		6,407				GENERAL SUPPORT

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MONTESSORI SCHOOL OF COLUMBIA 411 SOUTH MAPLE STREET COLUMBIA, SC 29205	57-0760592		7,419				GENERAL SUPPORT
MONTREAT CONFERENCE CENTER PO BOX 969 MONTREAT, NC 28757	56-0532142		20,000				GENERAL SUPPORT

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MUSCULAR DYSTROPHY ASSOCIATION 121 EXECUTIVE CENTER DRIVE STE 138 COLUMBIA, SC 29210	13-1665552		10,000				GENERAL SUPPORT
MUSEO DE ARTE DE PONCE 2325 BOULEVARD LUIS A FERRE AGUAYNO AGUAYNO PONCE, PR 00717	66-0235625		25,000				GENERAL SUPPORT

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NANCY K PERRY CHILDREN'S SHELTER PO BOX 344 LEXINGTON, SC 29071	57-0630368		8,000				GENERAL SUPPORT
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE DEVELOPMENT DEPARTMENT 4805 MT HOPE DRIVE BALTIMORE, MD 21215	13-1084135		10,000				GENERAL SUPPORT

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NEW BEGINNINGS ANIMAL RESCUE PO BOX 557 ORANGEBURG, SC 29116	81-4356471		6,960				GENERAL SUPPORT
NEW MORNING FOUNDATION 1501 MAIN STREET SUITE 150 COLUMBIA, SC 29201	95-4894776		634,081				GENERAL SUPPORT

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NEWBERRY OPERA HOUSE 1201 MCKIBBEN STREET NEWBERRY, SC 29108	57-0964360		24,246				GENERAL SUPPORT
OLIVER GOSPEL MISSION PO BOX 7697 COLUMBIA, SC 29202	57-6027750		35,509				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE COLUMBIA FOR ARTS AND HISTORY 1219 TAYLOR STREET COLUMBIA, SC 29201	90-0784318		5,500				GENERAL SUPPORT
ONE LIFE MINISTRIES 143 KILLIAN POINT CIRCLE CHAPIN, SC 29036	20-1048557		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		5,400				GENERAL SUPPORT
ORANGEBURG CALHOUN TECHNICAL COLLEGE FOUNDATION 3250 ST MATTHEWS ROAD ORANGEBURG, SC 29118	57-0657914		26,519				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		42,836				GENERAL SUPPORT
OUR LADY OF THE LAKE CATHOLIC CHURCH 195 AMICKS FERRY ROAD CHAPIN, SC 29036	57-0765343		32,000				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		37,837				GENERAL SUPPORT
PALMETTO CYCLING COALITION 141-F PELHAM DRIVE SUITE 116 COLUMBIA, SC 29209	57-1020701		8,618				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 PO BOX 247 COLUMBIA, SC 29201	57-0725699		66,938				GENERAL SUPPORT
PALMETTO HEALTH-UNIVERSITY OF SOUTH CAROLINA MEDICAL GROUP 3555 HARDEN STREET EXTENSION COLUMBIA, SC 29203	47-1345819		32,300				GENERAL SUPPORT

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

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PALMETTO PLACE CHILDREN'S EMERGENCY SHELTER PO BOX 3395 COLUMBIA, SC 29230	57-6029097		133,216				GENERAL SUPPORT
PALMETTO PROJECT INC 4500 FORT JACKSON BLVD COLUMBIA, SC 29209	57-0807801		30,440				GENERAL SUPPORT

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

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PAWMETTO LIFELINE 1275 BOWER PARKWAY COLUMBIA, SC 29212	56-2146419		32,900				GENERAL SUPPORT
PEE DEE AREA COUNCIL BOY SCOUTS OF AMERICA PO BOX 268 FLORENCE, SC 29503	57-0314451		6,000				GENERAL SUPPORT

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

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PETS INC PO BOX 6394 WEST COLUMBIA, SC 29171	57-0950870		116,400				GENERAL SUPPORT
POTTERS STOREHOUSE PO BOX 248 JONESVILLE, SC 29353	27-1318994		25,000				GENERAL SUPPORT

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

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POWER IN CHANGING 6615 - B TWO NOTCH ROAD COLUMBIA, SC 29223	47-5060596		11,655				GENERAL SUPPORT
PRESBYTERIAN COLLEGE 503 SOUTH BROAD STREET CLINTON, SC 29325	57-0314408		8,000				GENERAL SUPPORT

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

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PROVIDENCE PRESBYTERIAN CHURCH 1112 HUMMINGBIRD DRIVE WEST COLUMBIA, SC 29169	57-0482567		9,700				GENERAL SUPPORT
PUBLIC LIBRARY FOUNDATION OF BEAUFORT COUNTY 311 SCOTT STREET SUITE 201 BEAUFORT, SC 29902	14-1925218		10,000				GENERAL SUPPORT

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

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RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503	54-0505941		10,000				GENERAL SUPPORT
RAVI ZACHARIAS INTERNATIONAL MINISTRIES 3755 MANSELL ROAD ALPHARETTA, GA 30022	13-3200719		20,000				GENERAL SUPPORT

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

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REASONS TO BELIEVE 818 SOUTH OAK PARK ROAD COVINA, CA 91724	33-0168048		6,000				GENERAL SUPPORT
RENAISSANCE CHARITABLE FOUNDATION INC 8910 PURDUE ROAD SUITE 555 INDIANAPOLIS, IN 46268	35-2129262		972,337				GENERAL SUPPORT

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RICHLAND COUNTY PUBLIC LIBRARY 1431 ASSEMBLY STREET COLUMBIA, SC 29201	57-6000396		19,000				GENERAL SUPPORT
RICHLAND COUNTY RECREATION FOUNDATION PO BOX 23603 COLUMBIA, SC 29224	30-0217851		5,589				GENERAL SUPPORT

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

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RICHLAND LIBRARY FOUNDATION 1431 ASSEMBLY STREET COLUMBIA, SC 292013101	57-0758497		44,759				GENERAL SUPPORT
RIVERBANKS SOCIETY PO BOX 1060 COLUMBIA, SC 29202	23-7278668		11,547				GENERAL SUPPORT

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

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RIVERS EDGE RETREAT 1019 GARDEN VALLEY LANE COLUMBIA, SC 29210	26-2972284		10,100				GENERAL SUPPORT
SC JUNIOR GOLF FOUNDATION PO BOX 286 IRMO, SC 29063	57-1021847		60,520				GENERAL SUPPORT

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

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SAINT MARY'S SCHOOL 900 HILLSBOROUGH STREET RALEIGH, NC 27603	56-0532314		5,000				GENERAL SUPPORT
SAM SCHMIDT PARALYSIS FOUNDATION PO BOX 3661 PRINCETON, NJ 085433661	43-1878305		25,000				GENERAL SUPPORT

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

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SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002		26,500				GENERAL SUPPORT
SANDHILLS SCHOOL 1500 HALLBROOK DRIVE COLUMBIA, SC 29209	57-0532678		12,022				GENERAL SUPPORT

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

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SC GOVERNOR'S SCHOOL FOR SCIENCE AND MATHEMATICS FOUNDATION 1122 LADY STREET COLUMBIA, SC 29201	57-0881347		105,400				GENERAL SUPPORT
SC SCHOOL FOR THE DEAF AND BLIND 355 CEDAR SPRINGS ROAD SPARTANBURG, SC 29302	57-0693592		6,128				GENERAL SUPPORT

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

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SCHOOL DISTRICT FIVE OF LEXINGTON AND RICHLAND COUNTIES 1020 DUTCH FORK ROAD IRMO, SC 29063	57-0671609		5,000				GENERAL SUPPORT
SCREAMING EAGLES SPECIAL NEEDS ATHLETICS 955 SAINT PETERS CHURCH ROAD CHAPIN, SC 29036	82-2256271		10,000				GENERAL SUPPORT

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SECRET GROVE BAPTIST CHURCH 4505 WEDDINGTON ROAD MONROE, NC 28110	56-1410762		10,000				GENERAL SUPPORT
SENIOR RESOURCES INC 2817 MILLWOOD AVENUE COLUMBIA, SC 29205	57-0484965		17,230				GENERAL SUPPORT

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

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SEXUAL TRAUMA SERVICES OF THE MIDLANDS 3830 FOREST DRIVE STE 201 COLUMBIA, SC 29204	57-0763120		12,447				GENERAL SUPPORT
SHANDON BAPTIST CHURCH 5250 FOREST DRIVE COLUMBIA, SC 29206	57-0341196		175,000				GENERAL SUPPORT

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

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SHARING GOD'S LOVE INC PO BOX 1021 IRMO, SC 29063	57-0815818		24,766				GENERAL SUPPORT
SISTERCARE INC PO BOX 1029 COLUMBIA, SC 29202	57-0722427		28,552				GENERAL SUPPORT

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

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SOUTH CAROLINA APPLESEED LEGAL JUSTICE CENTER PO BOX 7187 COLUMBIA, SC 29202	57-1035023		33,717				GENERAL SUPPORT
SOUTH CAROLINA ARTS COMMISSION 1026 SUMTER STREET SUITE 200 COLUMBIA, SC 29201	57-6000286		5,000				GENERAL SUPPORT

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SOUTH CAROLINA CONSERVATION DISTRICTS FOUNDATION PO BOX 8312 COLUMBIA, SC 29202	57-0643134		10,000				GENERAL SUPPORT
SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES ONE STILL HOPES DRIVE WEST COLUMBIA, SC 29169	51-0175068		10,347				GENERAL SUPPORT

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SOUTH CAROLINA GREENHOUSE GROWERS' ASSOCIATION 4661 CRYSTAL DRIVE COLUMBIA, SC 29206	57-0868432		5,800				GENERAL SUPPORT
SOUTH CAROLINA INDEPENDENT COLLEGES & UNIVERSITIES INC PO BOX 12007 COLUMBIA, SC 29211	57-0343998		25,000				GENERAL SUPPORT

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SOUTH CAROLINA MUSEUM FOUNDATION 301 GERVAIS STREET COLUMBIA, SC 29211	57-0713243		17,219				GENERAL SUPPORT
SOUTH CAROLINA PHILHARMONIC 500 TAYLOR STREET SUITE 300 COLUMBIA, SC 29201	57-0742901		29,739				GENERAL SUPPORT

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SOUTH CAROLINA RESEARCH FOUNDATION 915 BULL STREET OSBORNE ADMINISTRAT ON BUILDING 202 COLUMBIA, SC 29208	57-0967350		75,831				GENERAL SUPPORT
SOUTH CAROLINA TECHNICAL COLLEGE SYSTEM FOUNDATION 111 EXECUTIVE CENTER DRIVE COLUMBIA, SC 29210	57-0468430		30,000				GENERAL SUPPORT

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SOUTHERN INTERSCHOLASTIC PRESS ASSOCIATION-ANONYMOUS 800 SUMTER STREET COLUMBIA, SC 29229	57-0902917		8,339				GENERAL SUPPORT
SPARTANBURG METHODIST COLLEGE 1000 POWELL MILL ROAD SPARTANBURG, SC 29301	57-0314415		7,500				GENERAL SUPPORT

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SPECIAL OLYMPICS SOUTH CAROLINA 109 OAK PARK DRIVE IRMO, SC 29063	57-0680248		5,443				GENERAL SUPPORT
SPOLETO FESTIVAL USA 14 GEORGE STREET CHARLESTON, SC 29401	57-0660848		157,161				GENERAL SUPPORT

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SQ RESCUE PO BOX 291450 COLUMBIA, SC 29229	57-1105376		6,097				GENERAL SUPPORT
ST BERNARD PROJECT INC 6904 N MAIN STREET SUITE 105 COLUMBIA, SC 29203	26-2189665		102,823				GENERAL SUPPORT

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

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ST JOHN NEUMANN CATHOLIC SCHOOL 721 POLO ROAD COLUMBIA, SC 29223	57-0812070		13,711				GENERAL SUPPORT
ST JOHN'S EPISCOPAL CHURCH 2827 WHEAT STREET COLUMBIA, SC 29205	57-0314412		7,000				GENERAL SUPPORT

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

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ST JOSEPH CATHOLIC SCHOOL 3700 DEVINE STREET COLUMBIA, SC 29205	57-0379950		22,166				GENERAL SUPPORT
ST PETER'S CATHOLIC SCHOOL 1035 HAMPTON STREET COLUMBIA, SC 29201	57-1002093		23,641				GENERAL SUPPORT

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ST THOMAS LUTHERAN CHURCH 215 ST THOMAS CHURCH ROAD CHAPIN, SC 29036	57-0751202		6,167				GENERAL SUPPORT
SUMTER COUNTY CULTURAL CENTER 135 HAYNSWORTH STREET SUMTER, SC 29150	57-6000405		5,000				GENERAL SUPPORT

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

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SUMTER COUNTY GALLERY OF ART PO BOX 1316 SUMTER, SC 29151	23-7130803		15,300				GENERAL SUPPORT
TEACH FOUNDATION 214 NORTH 5TH STREET HARTSVILLE, SC 29550	45-2542245		600,000				GENERAL SUPPORT

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THE ANIMAL MISSION 127 HUMANE LANE COLUMBIA, SC 29209	57-0921521		8,764				GENERAL SUPPORT
THE BABCOCK CENTER FOUNDATION PO BOX 3608 WEST COLUMBIA, SC 29171	57-0868290		12,829				GENERAL SUPPORT

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THE CENTER FOR BIRDS OF PREY PO BOX 1247 CHARLESTON, SC 29402	57-0966813		26,000				GENERAL SUPPORT
THE CHURCH OF THE REDEEMER PO DRAWER 9 ORANGEBURG, SC 29115	57-0314431		6,500				GENERAL SUPPORT

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THE COLUMBIA MUSEUM OF ART 1515 MAIN STREET COLUMBIA, SC 29201	57-6007869		86,616				GENERAL SUPPORT
THE COOPERATIVE MINISTRY 3821 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	57-0825025		50,302				GENERAL SUPPORT

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

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THE FREE MEDICAL CLINIC INC 1875 HARDEN STREET COLUMBIA, SC 29240	57-0779279		13,515				GENERAL SUPPORT
THE GAY CHRISTIAN NETWORK PO BOX 96190 PORTLAND, OR 97296	20-0616399		10,000				GENERAL SUPPORT

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

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THE HEARTWORM PROJECT PO BOX 7308 WEST COLUMBIA, SC 29171	61-1463387		8,181				GENERAL SUPPORT
THE HUMANE SOCIETY OF THE UNITED STATES 2100 L STREET NW WASHINGTON, DC 20037	53-0225390		6,588				GENERAL SUPPORT

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THE KILGORIS PROJECT BOX 606 405 EL CAMINO REAL MENLO PARK, CA 940255240	27-2021983		10,000				GENERAL SUPPORT
THE LEUKEMIA AND LYMPHOMA SOCIETY 107 WESTPARK BOULEVARD STE 150 COLUMBIA, SC 29210	13-5644916		10,150				GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LONG BAY SYMPHONY 1107 48TH AVE N SUITE 310-E MYRTLE BEACH, SC 29577	57-0854961		10,000				GENERAL SUPPORT
THE MONTESSORI SCHOOL OF CAMDEN 2 MONTESSORI WAY CAMDEN, SC 29020	57-0798617		30,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATURE CONSERVANCY 801 GERVAIS STREET SUITE 202 COLUMBIA, SC 29201	53-0242652		9,993				GENERAL SUPPORT
THE NORTH EASTERN STRATEGIC ALLIANCE PO BOX 100547 FLORENCE, SC 29502	30-0128034		10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NURTURING CENTER 1332 PICKENS STREET COLUMBIA, SC 29201	57-0875498		76,363				GENERAL SUPPORT
THE PALMETTO CONSERVATION FOUNDATION 722 KING STREET COLUMBIA, SC 29205	57-0907043		6,763				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY OF THE MIDLANDS 3024 FARROW ROAD COLUMBIA, SC 29203	58-0660607		21,356				GENERAL SUPPORT
THE SUMTER COUNTY MUSEUM PO BOX 1456 SUMTER, SC 29151	57-0891753		39,325				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE THERAPY PLACE 3620 COVENANT ROAD COLUMBIA, SC 29204	26-2197304		15,206				GENERAL SUPPORT
THE TRUST FOR PUBLIC LAND 100 M STREET SE SUITE 700 WASHINGTON, DC 20003	23-7222333		5,270				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WOMEN'S SHELTER 3425 NORTH MAIN STREET COLUMBIA, SC 29203	57-0934329		12,807				GENERAL SUPPORT
TRIDENT TECHNICAL COLLEGE FOUNDATION INC PO BOX 61227 CHARLESTON, SC 29419	57-0699317		6,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY EPISCOPAL CATHEDRAL 1100 SUMTER STREET COLUMBIA, SC 29201	57-0314419		36,500				GENERAL SUPPORT
TRINITY UNITED METHODIST CHURCH 1201 MOHAWK DRIVE WEST COLUMBIA, SC 29169	57-0697205		10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTUS THEATRE 520 LADY STREET COLUMBIA, SC 29211	57-0804610		5,555				GENERAL SUPPORT
UNION COUNTY HABITAT FOR HUMANITY PO BOX 1688 MONROE, NC 28111	56-1704668		10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED NEGRO COLLEGE FUND INC PO BOX 2503 FLORENCE, SC 29503	13-1624241		15,000				GENERAL SUPPORT
UNITED STATES ASSOCIATION OF BLIND ATHLETES INC 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	31-0977121		20,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF AIKEN COUNTY PO BOX 699 AIKEN, SC 29802	57-0360086		5,000				GENERAL SUPPORT
UNITED WAY OF DARLINGTON PO BOX 2 DARLINGTON, SC 29532	57-0429222		8,700				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF FLORENCE COUNTY 1621 WEST PALMETTO STREET FLORENCE, SC 29501	57-0368721		30,000				GENERAL SUPPORT
UNITED WAY OF HARTSVILLE PO BOX 756 HARTSVILLE, SC 29551	23-7125629		66,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF KERSHAW COUNTY PO BOX 737 CAMDEN, SC 29020	57-0717334		5,000				GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396		123,485				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH CAROLINA - BURSAR'S OFFICE 516 MAIN STREET COLUMBIA, SC 29208	57-6001153		56,245				GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION 1027 BARNWELL STREET COLUMBIA, SC 29208	57-6017985		211,197				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH FLORIDA PO BOX 864571 ORLANDO, FL 328864571	59-3102112		5,000				GENERAL SUPPORT
USC BUSINESS PARTNERSHIP FOUNDATION 1705 COLLEGE STREET COLUMBIA, SC 29201	23-7042391		7,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USC DEVELOPMENT FOUNDATION 1027 BARNWELL STREET COLUMBIA, SC 29208	57-6026593		5,000				GENERAL SUPPORT
VASSAR BROTHERS HOSPITAL FOUNDATION 45 READE PLACE POUGHKEEPSIE, NY 12601	14-1736429		8,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE CHURCH 574 RIMER POND ROAD BLYTHEWOOD, SC 29016	57-1130583		82,000				GENERAL SUPPORT
VIRGINIA MUSEUM OF FINE ARTS FOUNDATION 200 N BOULEVARD RICHMOND, VA 23220	51-0205333		5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTON SALEM, NC 27106	56-0532138		25,000				GENERAL SUPPORT
WEST COLUMBIA BEAUTIFICATION FOUNDATION PO BOX 4044 WEST COLUMBIA, SC 29171	26-1996052		38,369				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILSON HALL SCHOOL 520 WILSON HALL ROAD SUMTER, SC 29150	57-0485507		7,000				GENERAL SUPPORT
WINTHROP UNIVERSITY 638 OAKLAND AVENUE ROCK HILL, SC 29733	57-6001204		17,850				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN LUTHERAN CHILD AND FAMILY SERVICE INC W175 N11120 STONEWOOD DRIVE GERMANTOWN, WI 530226511	39-1047224		5,000				GENERAL SUPPORT
WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG, SC 29303	57-0314422		52,348				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S RIGHTS AND EMPOWERMENT NETWORK 1501 MAIN STREET SUITE 130 COLUMBIA, SC 29201	81-0775184		243,976				GENERAL SUPPORT
WORLD VISION INC PO BOX 9716 FEDERAL WAY, WA 98063	95-1922279		6,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF COLUMBIA 1612 MARION STREET SUITE 100 COLUMBIA, SC 29201	57-0314423		27,675				GENERAL SUPPORT
YMCA OF THE UPPER PEE DEE 111 EAST CAROLINA AVENUE HARTSVILLE, SC 29550	57-0794011		65,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE COLUMBIA PO BOX 5772 COLUMBIA, SC 29250	84-0385934		107,229				GENERAL SUPPORT
YOUTH CORPS PO BOX 211126 COLUMBIA, SC 29221	33-1111258		15,026				GENERAL SUPPORT

Schedule J
(Form 990)

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

2017

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 Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<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	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	1b	
2	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?	2	
3	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		
<input checked="" type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," on line 5a or 5b, describe in Part III		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," on line 6a or 6b, describe in Part III		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

2017

▶ **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**

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 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	82	2,318,172	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** 0

	Yes	No
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?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
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		

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 COMMERCIAL REAL ESTATE FIRMS ARE USED TO ATTEMPT TO SELL LAND HOLDINGS

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.

2017**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 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

Return Reference	Explanation
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 INTEREST 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CONTRIBUTIONS TO AGENCY ENDOWMENTS -1,293,073 INTEREST AND DIVIDENDS RECEIVED FOR AGENCY ENDOWMENTS -266,713 PROCEEDS FROM SALES OF AGENCY ENDOWMENT SECURITIES -300,000 GRANTS T O AGENCY ENDOWMENTS 285,340 APPRECIATION OR DEPRECIATION OF AGENCY ENDOWMENT SECURITIES 1 ,406 MANAGEMENT AND ADMINISTRATION OF AGENCY ENDOWMENTS 5,340

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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.

Department of the Treasury
Internal Revenue Service

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
(1) CCCF RE HOLDINGS (FRIARSGATE COMMERCIAL TRACT) LLC 2711 MIDDLEBURG DR SUITE 213 COLUMBIA, SC 29204	REAL ESTATE	SC		530,000	CENTRAL CAROLINA COMMUNITY FOUNDATION
(2) CCCF RE HOLDINGS (TRAM NW) LLC 2711 MIDDLEBURG DR SUITE 213 COLUMBIA, SC 29204	REAL ESTATE	SC		823,750	CENTRAL CAROLINA COMMUNITY FOUNDATION
(3) 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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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)