

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.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization 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 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
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 26,838,398.
J Website: ▶ WWW.YOURFOUNDATION.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: SC
Part I Summary		

		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE PHILANTHROPY TO CREATE A SUSTAINABLE IMPACT WITHIN OUR COMMUNITY THROUGH GIVING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	25
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	15,833,528.	19,481,233.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,873,696.	6,993,782.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	179,986.	338,392.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,887,210.	26,813,407.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,584,850.	16,380,572.
	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)	764,745.	845,854.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 466,356.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	981,064.	420,284.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,330,659.	17,646,710.	
19 Revenue less expenses. Subtract line 18 from line 12	5,556,551.	9,166,697.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	111,372,843.	114,272,980.
	21 Total liabilities (Part X, line 26)	11,293,837.	10,677,009.
	22 Net assets or fund balances. Subtract line 21 from line 20	100,079,006.	103,595,971.

Part II Signature Block

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

Sign Here	Signature of officer JOANN M TURNQUIST, PRESIDENT/CEO Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name DAVID L. SPLITTGERBER	Preparer's signature 	Date 	Check if self-employed <input type="checkbox"/> PTIN P01066536
	Firm's name ▶ DERRICK, STUBBS & STITH, L.L.P. Firm's address ▶ 508 HAMPTON STREET 1ST FLOOR COLUMBIA, SC 29201	Firm's EIN ▶ 57-0306533	Phone no. 803-799-5810	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 16,834,581. including grants of \$ 16,380,572.) (Revenue \$) 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.

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 16,834,581.

Part IV Checklist of Required Schedules

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

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>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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>		X
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>	X	
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>		X
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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>	X	
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields (e.g., 35, 0, 8).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 (36); 1b Enter the number of voting members included in line 1a, above, who are independent (36); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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? (X); 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? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SC
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [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 - 803-254-5601 2711 MIDDLEBURG DR, COLUMBIA, SC 29204

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) MR. BRUCE W. HUGHES CHAIRMAN	1.00	X					0.	0.	0.	
(2) MR. CARROLL HEYWARD VICE CHAIRMAN	1.00	X					0.	0.	0.	
(3) MR. BEN REX SECRETARY/TREASURER	1.00	X					0.	0.	0.	
(4) MS. CHARLENE KEYS SECRETARY/TREASURER	1.00	X					0.	0.	0.	
(5) MS. JUDITH M DAVIS PAST CHAIR	1.00	X					0.	0.	0.	
(6) MR. VAN ANDERSON BOARD MEMBER	1.00	X					0.	0.	0.	
(7) MR. SCOTT R ADAMS BOARD MEMBER	1.00	X					0.	0.	0.	
(8) MR. WILLIAM BABCOCK BOARD MEMBER	1.00	X					0.	0.	0.	
(9) MR. RUSSELL BAUKNIGHT BOARD MEMBER	1.00	X					0.	0.	0.	
(10) MR. J MAC BENNETT BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MR. CLIFF BOURKE, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
(12) MS. SHARON BRYANT BOARD MEMBER	1.00	X					0.	0.	0.	
(13) MR. WILLIAM CASON BOARD MEMBER	1.00	X					0.	0.	0.	
(14) MS. RITA CAUGHMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(15) MS. JILL DAVIS BOARD MEMBER	1.00	X					0.	0.	0.	
(16) MS. ELIZABETH DINNDORF BOARD MEMBER	1.00	X					0.	0.	0.	
(17) MS. SHARON EARLE, PHD BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) MR. JOHN GARRISON BOARD MEMBER	1.00	X						0.	0.	0.
(19) MR. L. MARION GRESSETTE III BOARD MEMBER	1.00	X						0.	0.	0.
(20) MS. RACHEL HODGES BOARD MEMBER	1.00	X						0.	0.	0.
(21) MS. FELICIA RHUE-HOWARD BOARD MEMBER	1.00	X						0.	0.	0.
(22) MS. CATHERINE KENNEDY BOARD MEMBER	1.00	X						0.	0.	0.
(23) MS. LOU KENNEDY BOARD MEMBER	1.00	X						0.	0.	0.
(24) MR. DAVID KULBERSH, MD BOARD MEMBER	1.00	X						0.	0.	0.
(25) MR. DAN MANN BOARD MEMBER	1.00	X						0.	0.	0.
(26) MR. DANIEL LEBISH BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								163,787.	0.	18,240.
d Total (add lines 1b and 1c)								163,787.	0.	18,240.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,481,233.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			19,481,233.				
Program Service Revenue	2 a	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)			2,614,405.	2,614,405.			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		4,379,377.						
		b Less: cost or other basis and sales expenses		0.				
		c Gain or (loss)		4,379,377.				
	d Net gain or (loss)			4,379,377.	4,379,377.			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		66,350.				
		b Less: direct expenses	b	24,991.				
		c Net income or (loss) from fundraising events			41,359.			41,359.
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a 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					
11 a ADMINISTRATIVE INCOME		900099		297,033.	297,033.			
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				297,033.				
12 Total revenue. See instructions.				26,813,407.	7,290,815.	0.	41,359.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,380,572.	16,380,572.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	163,787.	63,877.	37,671.	62,239.
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	505,790.	180,520.	123,027.	202,243.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,058.	13,527.	8,893.	14,638.
9 Other employee benefits	92,882.	36,076.	21,469.	35,337.
10 Payroll taxes	46,337.	16,913.	11,115.	18,309.
11 Fees for services (non-employees):				
a Management				
b Legal	3,600.	1,314.	864.	1,422.
c Accounting	10,190.	3,719.	2,446.	4,025.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	57,677.		57,677.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	41,887.	16,559.	9,573.	15,755.
12 Advertising and promotion	40,107.	14,639.	9,626.	15,842.
13 Office expenses	4,992.	1,822.	1,198.	1,972.
14 Information technology	28,054.	10,240.	6,733.	11,081.
15 Royalties				
16 Occupancy	51,671.	18,860.	12,401.	20,410.
17 Travel	5,051.	1,844.	1,212.	1,995.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,752.		4,752.	
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 PUBLIC RELATIONS	27,276.	9,956.	6,546.	10,774.
b DEVELOPMENT RESOURCES	20,984.	7,659.	5,036.	8,289.
c EQUIPMENT MAINT/RENTAL	16,179.	5,905.	3,883.	6,391.
d UNITRUST PAYMENT	14,800.	14,800.		
e All other expenses	93,064.	35,779.	21,651.	35,634.
25 Total functional expenses. Add lines 1 through 24e	17,646,710.	16,834,581.	345,773.	466,356.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,514,395.	1	4,192,979.
	2 Savings and temporary cash investments	1,830,453.	2	1,068,442.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	61,224.	9	38,328.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,999,383.		
	b Less: accumulated depreciation	10b 140,067.		
	11 Investments - publicly traded securities	4,858,314.	10c	4,859,316.
	12 Investments - other securities. See Part IV, line 11	75,407,848.	11	85,536,750.
	13 Investments - program-related. See Part IV, line 11	6,602,330.	12	0.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	18,098,279.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	111,372,843.	15	18,577,165.	
		16	114,272,980.	
Liabilities	17 Accounts payable and accrued expenses	59,045.	17	42,872.
	18 Grants payable	5,877.	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	11,228,915.	25	10,634,137.
	26 Total liabilities. Add lines 17 through 25	11,293,837.	26	10,677,009.
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	82,053,062.	27	85,095,029.
	28 Temporarily restricted net assets	18,025,944.	28	18,500,942.
	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	100,079,006.	33	103,595,971.
	34 Total liabilities and net assets/fund balances	111,372,843.	34	114,272,980.

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	26,813,407.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,646,710.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,166,697.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,079,006.
5	Net unrealized gains (losses) on investments	5	-5,481,131.
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	-168,601.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	103,595,971.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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 11, 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11544810.	10866013.	9577750.	15833528.	19481233.	67303334.
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	11544810.	10866013.	9577750.	15833528.	19481233.	67303334.
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)						7237090.
6 Public support. Subtract line 5 from line 4.						60066244.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	11544810.	10866013.	9577750.	15833528.	19481233.	67303334.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1545147.	1503168.	1920984.	2211566.	2412504.	9593369.
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						76896703.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	78.11 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	72.09 %
16a 33 1/3% support test - 2015. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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? If "Yes" to a, b, or c, provide detail in Part VI .		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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.		Yes	No
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? 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.			
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? 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.			
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? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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):		
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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

CENTRAL CAROLINA COMMUNITY FOUNDATION

Employer identification number

57-0793960

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANONYMOUS 2711 MIDDLEBURG DRIVE SUITE 213 COLUMBIA, SC 29204	\$ 4,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ANONYMOUS 2711 MIDDLEBURG DRIVE SUITE 213 COLUMBIA, SC 29204	\$ 3,017,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ANONYMOUS 2711 MIDDLEBURG DRIVE SUITE 213 COLUMBIA, SC 29204	\$ 2,717,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANONYMOUS 2711 MIDDLEBURG DRIVE SUITE 213 COLUMBIA, SC 29204	\$ 1,500,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ANONYMOUS 2711 MIDDLEBURG DRIVE SUITE 213 COLUMBIA, SC 29204	\$ 1,128,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ANONYMOUS 2711 MIDDLEBURG DRIVE SUITE 213 COLUMBIA, SC 29204	\$ 614,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ANONYMOUS 2711 MIDDLEBURG DRIVE SUITE 213 COLUMBIA, SC 29204	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ANONYMOUS 2711 MIDDLEBURG DRIVE SUITE 213 COLUMBIA, SC 29204	\$ 444,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

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	384	260
2 Aggregate value of contributions to (during year)	16,420,591.	1,749,352.
3 Aggregate value of grants from (during year)	14,814,088.	1,037,606.
4 Aggregate value at end of year	47,455,155.	62,664,718.

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 a 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 Tax 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c 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 line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,836,750.			4,836,750.
b Buildings				
c Leasehold improvements				
d Equipment		162,633.	140,067.	22,566.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,859,316.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN LEAD ANNUITY TRUST	5,353,979.
(2) INTEREST IN LIFE INSURANCE POLICIES	217,446.
(3) INTEREST IN UNITRUSTS	13,005,740.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	18,577,165.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	52,455.
(3) HELD AS AGENCY ENDOWMENT	6,523,903.
(4) HELD FOR COLUMBIA JEWISH	
(5) FOUNDATION	2,249,385.
(6) HELD FOR NEW MORNING FOUNDATION	1,732,172.
(7) LIFE INS. PAY. TO OTHER CHARITIES	76,222.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,634,137.

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	20,870,423.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,481,131.
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	-5,481,131.
3	Subtract line 2e from line 1	3	26,351,554.
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	461,853.
c	Add lines 4a and 4b	4c	461,853.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,813,407.

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	17,353,458.
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	17,353,458.
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	293,252.
c	Add lines 4a and 4b	4c	293,252.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,646,710.

Part XIII Supplemental Information.

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

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE TAX YEARS BEFORE 2010.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO AGENCY ENDOWMENTS	340,111.
DEPRECIATION OF AGENCY ENDOWMENT SECURITIES	-414,982.
INTEREST AND DIVIDENDS RECEIVED FOR AGENCY ENDOWMENTS	201,901.

Part XIII Supplemental Information *(continued)*

SALE OF AGENCY ENDOWMENT SECURITIES 334,823.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 461,853.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS TO AGENCY ENDOWMENTS 288,725.

MANAGEMENT AND ADMINISTRATION OF AGENCY ENDOWMENTS 4,527.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 293,252.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, 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.

OMB No. 1545-0047

2015

Open to Public Inspection

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
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 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			
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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BEST OF PHILANTHROPY (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	66,350.		66,350.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	66,350.		66,350.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	553,869.		553,869.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			553,869.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-487,519.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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 | 13a | % |
| b An outside facility | 13b | % |
- 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 to be 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).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 PO BOX 7246 WINSTOM SALEM, NC 29710	56-0532138	3	26,300.	0.			GENERAL SUPPORT
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	36-2423707	3	45,000.	0.			GENERAL SUPPORT
FORGE 14485 EAST EVANS AVENUE AURORA, CO 80014	31-1191922	3	63,000.	0.			GENERAL SUPPORT
ST. BERNARD PROJECT INC. 8324 PARC PLACE CHALMETTE, LA 70043	26-2189665	3	300,000.	0.			GENERAL SUPPORT
KANAKUK MINISTRIES 1353 LAKESHORE DRIVE BRANSON, MO 65616	43-1815310	3	10,000.	0.			GENERAL SUPPORT
DIOCESAN COUNCIL OF CHARLESTON 58 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043	13-5562362	3	45,000.	0.			GENERAL SUPPORT

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

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

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS AIRLIFT COMMAND 5775 WAYZATA BOULEVARD, SUITE 700 ST. LOUIS PARK, MN 55416	20-4567769	3	30,000.	0.			GENERAL SUPPORT
EAA WARBIRDS OF AMERICA INC. PO BOX 3086 OSHKOSH, WI 54903	39-1411316	3	13,000.	0.			GENERAL SUPPORT
WORLD RENEW DISASTER RESPONSE SERVICES - 400 76TH STREET SW, SUITE 17 - BYRON CENTER, MI 49315	38-1708140	3	25,000.	0.			GENERAL SUPPORT
WORLD RENEW DISASTER RESPONSE SERVICES - 400 76TH STREET SW, SUITE 17 - BYRON CENTER, MI 49315	38-1708140	3	25,000.	0.			GENERAL SUPPORT
WARBIRDS OF GLORY MUSEUM PO BOX 345 BRIGHTON, MI 48116	46-2535717	3	25,000.	0.			GENERAL SUPPORT
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277	11-0303001	3	6,500.	0.			GENERAL SUPPORT
UNITED CHURCH OF CHRIST 700 PROSPECT AVENUE CLEVELAND, OH 44115	13-1957221	3	25,000.	0.			GENERAL SUPPORT
COMMON GROUND - THE CINDY NORD CENTER FOR RENEWAL - 14240 BAIRD ROAD - OBERLIN, OH 44074	34-1838503	3	50,000.	0.			GENERAL SUPPORT
WEXNER CENTER FOUNDATION 22 EAST 16TH AVENUE COLUMBUS, OH 43201	31-1306419	3	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE UNLIMITED FOR CHILDREN INC. PO BOX 100 JEFFERSON CITY, TN 37760	33-0480141	3	20,000.	0.			GENERAL SUPPORT
UNIVERSITY OF ALABAMA 284 ROSE ADMINISTRATION BUILDING, B TUSCALOOSA, AL 35487	63-0803491	3	20,000.	0.			GENERAL SUPPORT
HEARTS & HANDS DISASTER RECOVERY 3713 MAIDENCAIN STREET CLERMONT, FL 34714	46-3939440	3	50,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF TAMPA BAY INC. - 711 SOUTH DALE MABRY HIGHWAY, SUITE 300 - TAMPA, FL 33609	59-2173085	3	15,000.	0.			GENERAL SUPPORT
ISLAND DOLPHIN CARE 150 LORELANE PLACE KEY LARGO, FL 33037	65-0728047	3	10,000.	0.			GENERAL SUPPORT
CRU DEPARTMENT #2400 ORLANDO, FL 32862	95-6006173	3	21,850.	0.			GENERAL SUPPORT
DEPARTMENT OF EDUCATION PO BOX 740283 ATLANTA, GA 30374		3	19,570.	0.			GENERAL SUPPORT
ATLANTA SPEECH SCHOOL INC. 3160 NORTHSIDE PARKWAY NW ATLANTA, GA 30327	58-0566198	3	5,700.	0.			GENERAL SUPPORT
SPCA ALBRECHT CENTER FOR ANIMAL WELFARE - 199 WILLOW RUN ROAD - AIKEN, SC 29801	57-0329782	3	18,900.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINTHROP UNIVERSITY 22 TILLMAN HALL ROCK HILL, SC 29733	57-6001204	3	13,850.	0.			GENERAL SUPPORT
ERSKINE COLLEGE PO BOX 608 DUE WEST, SC 29639	57-0314390	3	15,000.	0.			GENERAL SUPPORT
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	57-0426335	3	41,000.	0.			GENERAL SUPPORT
CLEMSON UNIVERSITY 110 DANIEL DRIVE CLEMSON, SC 29631	57-6000254	3	57,020.	0.			GENERAL SUPPORT
ANDERSON UNIVERSITY 316 BOULEVARD, BOX 1142 ANDERSON, SC 29621		3	5,085.	0.			GENERAL SUPPORT
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 29613	57-1061363	3	250,000.	0.			GENERAL SUPPORT
OUR UPSTATE SC 124 VERDAE BOULEVARD, STE. 202 GREENVILLE, SC 29607	45-1842000	3	80,000.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF THE CAROLINAS INC. - 706 GROVE ROAD - GREENVILLE, SC 29605	57-0844123	3	50,000.	0.			GENERAL SUPPORT
MIRACLE HILL MINISTRIES PO BOX 2546 GREENVILLE, SC 29602	57-0425826	3	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKGREEN GARDENS PO BOX 3368 PAWLEYS ISLAND, SC 29585	57-0380356	3	14,500.	0.			GENERAL SUPPORT
IMPACT MINISTRIES OF MYRTLE BEACH PO BOX 8777 MYRTLE BEACH, SC 29578	27-2059806	3	25,000.	0.			GENERAL SUPPORT
UNITED WAY OF HARTSVILLE PO BOX 756 HARTSVILLE, SC 29551	23-7125629	3	56,200.	0.			GENERAL SUPPORT
HARTSVILLE CHRISTMAS IN APRIL PO BOX 578 HARTSVILLE, SC 29551	57-0972206	3	20,000.	0.			GENERAL SUPPORT
BLACK CREEK ARTS COUNCIL PO BOX 24 HARTSVILLE, SC 29551	57-0066009	3	15,000.	0.			GENERAL SUPPORT
DARLINGTON COUNTY HABITAT FOR HUMANITY - PO BOX 1983 - HARTSVILLE, SC 29551	57-1054251	3	8,000.	0.			GENERAL SUPPORT
HARTSVILLE HIGH SCHOOL 701 LEWELLYN DRIVE HARTSVILLE, SC 29550	57-6000341	3	38,404.	0.			GENERAL SUPPORT
COKER COLLEGE 300 EAST COLLEGE AVENUE HARTSVILLE, SC 29550	57-0324916	3	1,006,440.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION FOR A BETTER HARTSVILLE - 214 NORTH FIFTH ST. - HARTSVILLE, SC 29550	45-5330192	3	39,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEACH FOUNDATION 214 NORTH 5TH STREET HARTSVILLE, SC 29550	45-2542245	3	1,090,000.	0.			GENERAL SUPPORT
YMCA OF THE UPPER PEE DEE 111 EAST CAROLINA AVENUE HARTSVILLE, SC 29550	57-0794011	3	65,000.	0.			GENERAL SUPPORT
YMCA OF THE UPPER PEE DEE 111 EAST CAROLINA AVENUE HARTSVILLE, SC 29550	57-0794011	3	65,000.	0.			GENERAL SUPPORT
YMCA OF THE UPPER PEE DEE 111 EAST CAROLINA AVENUE HARTSVILLE, SC 29550	57-0794011	3	70,000.	0.			GENERAL SUPPORT
FAMILY AGRICULTURE RESOURCE MANAGMENT SERVICES - 2051 BUNKER HILL ROAD - DILLION, SC 29536	46-4623115	3	7,500.	0.			GENERAL SUPPORT
UNITED WAY OF DARLINGTON PO BOX 2 DARLINGTON, SC 29532	57-0429222	3	8,700.	0.			GENERAL SUPPORT
TRINITY-BRYNES COLLEGIATE SCHOOL 5001 HOFFMEYER ROAD DARLINGTON, SC 29532	57-1013495	3	65,000.	0.			GENERAL SUPPORT
GREATER DARLINGTON CHAMBER OF COMMERCE, DARLINGTON, LAMAR - 38 PUBLIC SQUARE - DARLINGTON, SC 29532	57-0150455	3	10,000.	0.			GENERAL SUPPORT
COASTAL CAROLINA UNIVERSITY PO BOX 261954 CONWAY, SC 29528	57-0977955	3	6,100.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPEWELL SENIOR DAY CARE CENTER 1277 BLAKELY ROAD SALTERS, SC 29510	57-1089947	3	25,000.	0.			GENERAL SUPPORT
LIGHTHOUSE MINISTRIES 201 EAST ELM STREET FLORENCE, SC 29506	57-1053570	3	20,000.	0.			GENERAL SUPPORT
PEE DEE AREA COUNCIL BOY SCOUTS OF AMERICA - PO BOX 268 - FLORENCE, SC 29503	57-0314451	3	17,500.	0.			GENERAL SUPPORT
UNITED NEGRO COLLEGE FUND, INC. PO BOX 2503 FLORENCE, SC 29503	13-1624241	3	15,000.	0.			GENERAL SUPPORT
DARLINGTON COUNTY PROGRESS INC. PO BOX 100549 FLORENCE, SC 29502	57-0846199	3	15,000.	0.			GENERAL SUPPORT
FRANCIS MARION UNIVERSITY EDUCATION FOUNDATION - PO BOX 100547 - FLORENCE, SC 29502	23-7432174	3	15,000.	0.			GENERAL SUPPORT
THE NORTH EASTERN STRATEGIC ALLIANCE - PO BOX 100547 - FLORENCE, SC 29502	30-0128034	3	33,333.	0.			GENERAL SUPPORT
UNITED WAY OF FLORENCE COUNTY 1621 WEST PALMETTO STREET FLORENCE, SC 29501	57-0368721	3	32,200.	0.			GENERAL SUPPORT
SAINT VINCENT DEPAUL, SAINT CLARE OF ASSISI - 885 ISLAND PARK DRIVE - DANIEL ISLAND, SC 29492	43-1964461	3	24,450.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIDGEVILLE COMMUNITY RESOURCE CENTER - PO BOX 214 - RIDGEVILLE, SC 29472	57-1081169	3	20,000.	0.			GENERAL SUPPORT
BLACK RIVER UNITED WAY PO BOX 1065 GEORGETOWN, SC 29442	57-0526145	3	45,000.	0.			GENERAL SUPPORT
GEORGETOWN OUTREACH MINISTRIES INC 2921 HIGHMARKET STREET GEORGETOWN, SC 29440	45-0590451	3	25,000.	0.			GENERAL SUPPORT
HOBCAW BARONY 22 HOBCAW RD GEORGETOWN, SC 29440		3	25,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY GEORGETOWN COUNTY SC - 1907 HAMPTON COURT - GEORGETOWN, SC 29440	57-0913768	3	70,000.	0.			GENERAL SUPPORT
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON, SC 29424	23-7069236	3	29,700.	0.			GENERAL SUPPORT
CHARLESTON SOUTHERN UNIVERSITY PO BOX 118087 CHARLESTON, SC 29423	57-0474291	3	8,600.	0.			GENERAL SUPPORT
TRIDENT TECHNICAL COLLEGE FOUNDATION INC - PO BOX 61227 - CHARLESTON, SC 29419	57-0699317	3	5,400.	0.			GENERAL SUPPORT
GIRL SCOUTS OF EASTERN SOUTH CAROLINA - N. CHARLESTON CENTER - 7951 DORCHESTER ROAD - NORTH CHARLESTON, SC 29418	57-0341216	3	11,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLESTON SYMPHONY ORCHESTRA 756 ST. ANDREWS BOULEVARD CHARLESTON, SC 29407	57-6000192	3	35,000.	0.			GENERAL SUPPORT
PALMETTO PROJECT INC. 6296 RIVERS AVENUE, STE.100 NORTH CHARLESTON, SC 29406	57-0807801	3	64,840.	0.			GENERAL SUPPORT
OPERATION HOME INC. 2120 NOISETTE BLVD, SUITE 124 NORTH CHARLESTON, SC 29405		3	16,000.	0.			GENERAL SUPPORT
METANOIA 2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405	20-0310400	3	35,750.	0.			GENERAL SUPPORT
THE DEE NORTON LOWCOUNTRY CHILDREN'S CENTER INC. - 1061 KING STREET - CHARLESTON, SC 29403	57-0905724	3	10,000.	0.			GENERAL SUPPORT
THE CENTER FOR BIRDS OF PREY PO BOX 1247 CHARLESTON, SC 29402	57-0966813	3	51,000.	0.			GENERAL SUPPORT
GAILLARD PERFORMANCE HALL FOUNDATION - 40 CALHOUN STREET, STE. 230 - CHARLESTON, SC 29401	90-0616040	3	250,000.	0.			GENERAL SUPPORT
INTERNATIONAL AFRICAN AMERICAN MUSEUM - 25 CALHOUN STREET, SUITE 320 - CHARLESTON, SC 29401	20-3398254	3	333,333.	0.			GENERAL SUPPORT
EMANUEL AFRICAN METHODIST CHURCH EPISCOPAL CHURCH - 110 CALHOUN STREET - CHARLESTON, SC 29401		3	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POTTERS STOREHOUSE PO BOX 234 JONESVILLE, SC 29353		3	10,000.	0.			GENERAL SUPPORT
LIMESTONE COLLEGE 1115 COLLEGE DRIVE GAFFNEY, SC 29340	57-0314402	3	7,600.	0.			GENERAL SUPPORT
PRESBYTERIAN COLLEGE 503 SOUTH BROAD STREET CLINTON, SC 29325	57-0314408	3	106,000.	0.			GENERAL SUPPORT
WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG, SC 29303	57-0314422	3	65,350.	0.			GENERAL SUPPORT
WOFFORD COLLEGE 29 NORTH CHURCH STREET SPARTANBURG, SC 29303	57-0314422	3	65,350.	0.			GENERAL SUPPORT
ETV ENDOWMENT OF SOUTH CAROLINA 401 E. KENNEDY STREET, STE. B-1 SPARTANBURG, SC 29302	57-0657549	3	58,914.	0.			GENERAL SUPPORT
FAIRWAY OUTREACH PO BOX 6788 COLUMBIA, SC 29260	57-0906593	3	6,445.	0.			GENERAL SUPPORT
YOUNG LIFE COLUMBIA PO BOX 5772 COLUMBIA, SC 29250	84-0385934	3	80,000.	0.			GENERAL SUPPORT
YOUNG LIFE COLUMBIA PO BOX 5772 COLUMBIA, SC 29250	84-0385934	3	80,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE COLUMBIA PO BOX 5772 COLUMBIA, SC 29250	84-0385934	3	115,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY PO BOX 5475 COLUMBIA, SC 29250	53-0242652	3	7,934.	0.			GENERAL SUPPORT
ANIMAL PROTECTION LEAGUE PO BOX 5354 COLUMBIA, SC 29250	57-0740991	3	18,273.	0.			GENERAL SUPPORT
YOUTH CORPS PO BOX 50964 COLUMBIA, SC 29250	33-1111258	3	9,500.	0.			GENERAL SUPPORT
YOUTH CORPS PO BOX 50964 COLUMBIA, SC 29250	33-1111258	3	9,500.	0.			GENERAL SUPPORT
YOUTH CORPS PO BOX 50964 COLUMBIA, SC 29250	33-1111258	3	22,593.	0.			GENERAL SUPPORT
ACHIEVE COLUMBIA PO BOX 50860 COLUMBIA, SC 29250	46-1300396	3	9,032.	0.			GENERAL SUPPORT
EPWORTH CHILDREN'S HOME PO BOX 50466 COLUMBIA, SC 29250	57-0314389	3	80,532.	0.			GENERAL SUPPORT
THE SANDLAPPER SINGERS PO BOX 50261 COLUMBIA, SC 29250	57-1055495	3	8,303.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA URBAN LEAGUE INC. PO BOX 50125 COLUMBIA, SC 29250	57-0482767	3	6,930.	0.			GENERAL SUPPORT
MENTAL ILLNESS RECOVERY CENTER INC. - PO BOX 4246 - COLUMBIA, SC 29240	57-0984185	3	23,126.	0.			GENERAL SUPPORT
SOUTH CAROLINA CHRISTIAN ACTION COUNCIL - PO DRAWER 3248 - COLUMBIA, SC 29230	57-0347057	3	5,715.	0.			GENERAL SUPPORT
PALMETTO PLACE CHILDREN'S EMERGENCY SHELTER - PO BOX 3395 - COLUMBIA, SC 29230	57-6029097	3	34,448.	0.			GENERAL SUPPORT
PROVIDENCE HOME PO BOX 3188 COLUMBIA, SC 29230	57-0618585	3	13,000.	0.			GENERAL SUPPORT
EZEKIEL CENTER INC. PO BOX 30281 COLUMBIA, SC 29230	46-5632252	3	9,439.	0.			GENERAL SUPPORT
CHRIST CENTRAL PROSPERITY PROJECT PO BOX 292036 COLUMBIA, SC 29229	30-0662807	3	10,000.	0.			GENERAL SUPPORT
SQ RESCUE PO BOX 291450 COLUMBIA, SC 29229	57-1105376	3	9,858.	0.			GENERAL SUPPORT
LIGHTHOUSE FOR LIFE P.O. BOX 290897 COLUMBIA, SC 29229	47-0969132	3	8,677.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FELLOWSHIP OF CHRISTIAN ATHLETES 4611 HARD SCRABBLE RD, SUITE 109 #2 COLUMBIA, SC 29229	44-0610626	3	21,000.	0.			GENERAL SUPPORT
PALMETTO ANIMAL ASSISTED LIFE SERVICES - PO BOX 25679 - COLUMBIA, SC 29224	20-8666026	3	32,890.	0.			GENERAL SUPPORT
RICHLAND COUNTY RECREATION FOUNDATION - PO BOX 23603 - COLUMBIA, SC 29224	30-0217851	3	5,853.	0.			GENERAL SUPPORT
COLUMBIA UNITED JEWISH WELFARE FEDERATION - 306 FLORA DRIVE - COLUMBIA, SC 29223	57-0704341	3	17,405.	0.			GENERAL SUPPORT
THE COLUMBIA JEWISH COMMUNITY CENTER - 306 FLORA DRIVE - COLUMBIA, SC 29223	57-0369507	3	16,800.	0.			GENERAL SUPPORT
CARDINAL NEWMAN SCHOOL 2945 ALPINE ROAD COLUMBIA, SC 29223	57-0419733	3	7,107.	0.			GENERAL SUPPORT
CROSSOVER COMMUNICATIONS INTERNATIONAL - PO BOX 211755 - COLUMBIA, SC 29221	58-1758477	3	50,000.	0.			GENERAL SUPPORT
CHILD EVANGELISM FELLOWSHIP OF SOUTH CAROLINA - PO BOX 211084 - COLUMBIA, SC 29221	57-0567186	3	28,935.	0.			GENERAL SUPPORT
ACTS METRO 7001 ST ANDREWS ROAD, PMB 313 COLUMBIA, SC 29212	26-4414183	3	24,561.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRMO FIRE FOUNDATION 6017 ST. ANDREWS RD COLUMBIA, SC 29212	30-0567541	3	10,068.	0.			GENERAL SUPPORT
CAROLINA WILDLIFE CARE, INC. 5551 BUSH RIVER ROAD COLUMBIA, SC 29212	57-0932809	3	9,934.	0.			GENERAL SUPPORT
PAWMETTO LIFELINE 1275 BOWER PARKWAY COLUMBIA, SC 29212	56-2146419	3	15,805.	0.			GENERAL SUPPORT
PALMETTO PROMISE INSTITUTE PO BOX 12676 COLUMBIA, SC 29211	26-3077338	3	30,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA INDEPENDENT COLLEGES & UNIVERSITIES, INC. - PO BOX 12007 - COLUMBIA, SC 29211	57-0343998	3	50,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA MUSEUM FOUNDATION 301 GERVAIS STREET COLUMBIA, SC 29211	57-0713243	3	25,578.	0.			GENERAL SUPPORT
INDIAN WATERS COUNCIL BOY SCOUTS OF AMERICA - 715 BETSY DRIVE - COLUMBIA, SC 29210	57-0314440	3	23,430.	0.			GENERAL SUPPORT
SALUDA SHOALS FOUNDATION 5605 BUSH RIVER ROAD COLUMBIA, SC 29210	57-1027247	3	30,779.	0.			GENERAL SUPPORT
THE BOYS AND GIRLS CLUB OF THE MIDLANDS INC. - 500 GRACERN ROAD - COLUMBIA, SC 29210	57-0399808	3	15,468.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA BAPTIST CONVENTION 190 STONERIDGE DRIVE COLUMBIA, SC 29210	57-0360087	3	130,000.	0.			GENERAL SUPPORT
ST. MARY'S EPISCOPAL CHURCH 170 ST. ANDREWS ROAD COLUMBIA, SC 29210	57-0665105	3	6,400.	0.			GENERAL SUPPORT
ABLE SOUTH CAROLINA 136 STONEMARK LANE, STE. 100 COLUMBIA, SC 29210	58-2336332	3	12,786.	0.			GENERAL SUPPORT
SOUTH CAROLINA ASSOCIATION OF SCHOOL ADMINISTRATORS - 121 WESTPARK BOULEVARD, SUITE A - COLUMBIA, SC 29210	57-0625034	3	30,000.	0.			GENERAL SUPPORT
RIVERS EDGE RETREAT 1019 GARDEN VALLEY LANE COLUMBIA, SC 29210	26-2972284	3	10,000.	0.			GENERAL SUPPORT
HAMMOND SCHOOL 854 GALWAY LANE COLUMBIA, SC 29209	57-0477924	3	14,783.	0.			GENERAL SUPPORT
SANDHILLS SCHOOL 1500 HALLBROOK DRIVE COLUMBIA, SC 29209	57-0532678	3	30,943.	0.			GENERAL SUPPORT
PALMETTO CYCLING COALITION 141-F PELHAM DRIVE, SUITE 116 COLUMBIA, SC 29209	57-1020701	3	7,897.	0.			GENERAL SUPPORT
HUMANE SPCA 121 HUMANE LANE COLUMBIA, SC 29209	57-0407367	3	89,122.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILLS CREEK WATERSHED ASSOCIATION 712 MAIN STREET, EWS 603 COLUMBIA, SC 29208	58-2426772	3	5,792.	0.			GENERAL SUPPORT
SOUTHERN INTERSCHOLASTIC PRESS ASSOCIATION-ANONYMOUS - 600 ASSEMBLY STREET - COLUMBIA, SC 29208	57-0902917	3	8,399.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA 516 MAIN STREET COLUMBIA, SC 29208	57-6001153	3	42,088.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - 1027 BARNWELL STREET - COLUMBIA, SC 29208	57-6017985	3	173,193.	0.			GENERAL SUPPORT
USC DEVELOPMENT FOUNDATION 1027 BARNWELL STREET COLUMBIA, SC 29208	57-6026593	3	335,012.	0.			GENERAL SUPPORT
CURE SANFILIPPO FOUNDATION-ELIZAS STORY - PO BOX 6901 - COLUMBIA, SC 29206	46-4322131	3	6,537.	0.			GENERAL SUPPORT
BETH SHALOM SYNAGOGUE 5827 N. TRENHOLM ROAD COLUMBIA, SC 29206		3	33,100.	0.			GENERAL SUPPORT
SHANDON BAPTIST CHURCH 5250 FOREST DRIVE COLUMBIA, SC 29206		3	800,000.	0.			GENERAL SUPPORT
TURNING PAGES 4711 FOREST DRIVE, SUITE 3, PMB 267 COLUMBIA, SC 29206	57-0528228	3	13,355.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDINAL NEWMAN HIGH SCHOOL 4701 FOREST DRIVE COLUMBIA, SC 29206	53-0196617	3	7,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA GREENHOUSE GROWERS' ASSOCIATION - 4661 CRYSTAL DRIVE - COLUMBIA, SC 29206	57-0868432	3	5,300.	0.			GENERAL SUPPORT
CHABAD OF SOUTH CAROLINA 2509 DECKER BOULEVARD COLUMBIA, SC 29206	57-0841922	3	25,750.	0.			GENERAL SUPPORT
TIMMERMAN SCHOOL FAMILY GUILD 2219 ATASCADERO DR COLUMBIA, SC 29206	57-0906176	3	10,000.	0.			GENERAL SUPPORT
WOODSHED ARCHIVE 104 BLYTHE GLEN LANE COLUMBIA, SC 29206	47-1907778	3	5,991.	0.			GENERAL SUPPORT
WOODSHED ARCHIVE 104 BLYTHE GLEN LANE COLUMBIA, SC 29206	47-1907778	3	5,991.	0.			GENERAL SUPPORT
CONGAREE LAND TRUST SUITE 100 COLUMBIA, SC 29205	57-0937485	3	12,550.	0.			GENERAL SUPPORT
HEALING ICONS PO BOX 5194 COLUMBIA, SC 29205	26-3595565	3	12,262.	0.			GENERAL SUPPORT
THE PALMETTO CONSERVATION FOUNDATION - 722 KING STREET - COLUMBIA, SC 29205	57-0907043	3	10,005.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHANDON PRESBYTERIAN CHURCH 607 WOODROW STREET COLUMBIA, SC 29205	57-0381975	3	10,000.	0.			GENERAL SUPPORT
MONTESSORI SCHOOL OF COLUMBIA 411 SOUTH MAPLE STREET COLUMBIA, SC 29205	57-0760592	3	19,158.	0.			GENERAL SUPPORT
ST. JOSEPH CATHOLIC SCHOOL 3700 DEVINE STREET COLUMBIA, SC 29205	57-0379950	3	14,818.	0.			GENERAL SUPPORT
JUNIOR LEAGUE OF COLUMBIA INC. 2926 DEVINE STREET COLUMBIA, SC 29205		3	10,664.	0.			GENERAL SUPPORT
ST. JOHN'S EPISCOPAL CHURCH 2827 WHEAT STREET COLUMBIA, SC 29205	57-0314412	3	7,000.	0.			GENERAL SUPPORT
SENIOR RESOURCES INC. 2817 MILLWOOD AVENUE COLUMBIA, SC 29205	57-0484965	3	19,017.	0.			GENERAL SUPPORT
FAMILY PROMISE OF THE MIDLANDS INC. - 2501 HEYWARD STREET - COLUMBIA, SC 29205	26-4259689	3	11,979.	0.			GENERAL SUPPORT
GOOD SHEPHERD LUTHERAN CHURCH 3909 FOREST DRIVE COLUMBIA, SC 29204	57-0405342	3	13,000.	0.			GENERAL SUPPORT
HOME WORKS OF AMERICA INC. 3823 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	56-2027026	3	108,364.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COOPERATIVE MINISTRY 3821 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	57-0825025	3	9,778.	0.			GENERAL SUPPORT
THE THERAPY PLACE 3620 COVENANT ROAD COLUMBIA, SC 29204	26-2197304	3	23,261.	0.			GENERAL SUPPORT
EAU CLAIRE SHALOM MINISTRIES 3529 WOLF CIRCLE COLUMBIA, SC 29204	58-2302947	3	39,649.	0.			GENERAL SUPPORT
TRENHOLM ROAD UNITED METHODIST CHURCH - 3401 TRENHOLM ROAD - COLUMBIA, SC 29204	57-0375952	3	25,000.	0.			GENERAL SUPPORT
HEARTWORKS MINISTRY, INC./JUBILEE ACADEMY - 3390 PINE BELT ROAD - COLUMBIA, SC 29204	57-1119456	3	54,931.	0.			GENERAL SUPPORT
EASTMINSTER PRESBYTERIAN CHURCH 3200 TRENHOLM ROAD COLUMBIA, SC 29204	57-0370001	3	85,000.	0.			GENERAL SUPPORT
HEALTHY LEARNERS 2749 LAUREL STREET COLUMBIA, SC 29204	57-1127197	3	21,008.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF THE MIDLANDS - 2712 MIDDLEBURG DRIVE, STE. 219 - COLUMBIA, SC 29204	57-0855391	3	12,385.	0.			GENERAL SUPPORT
SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES - 2711 MIDDLEBURG DRIVE, STE. 115 - COLUMBIA, SC 29204	36-4506347	3	10,750.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF CENTRAL SOUTH CAROLINA - 2711 MIDDLEBURG DRIVE, STE. 105 - COLUMBIA, SC 29204	57-0511131	3	22,974.	0.			GENERAL SUPPORT
ST. LAWRENCE PLACE 2400 WAITES ROAD COLUMBIA, SC 29204	57-0898981	3	25,079.	0.			GENERAL SUPPORT
BEN LIPPEN SCHOOL 7401 MONTICELLO ROAD COLUMBIA, SC 29203	57-0352247	3	29,549.	0.			GENERAL SUPPORT
REACH OUT AND READ SOUTH CAROLINA 7 RICHLAND MEDICAL PARK DRIVE COLUMBIA, SC 29203	04-3481253	3	17,639.	0.			GENERAL SUPPORT
LIFE GIVING OUTREACH MINISTRIES INC - 6101 NORTH MAIN STREET - COLUMBIA, SC 29203		3	6,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA CONFERENCE 4908 COLONIAL DRIVE COLUMBIA, SC 29203	57-0327882	3	230,000.	0.			GENERAL SUPPORT
THE BARCLAY SCHOOL 4702 COLONIAL DRIVE COLUMBIA, SC 29203		3	23,642.	0.			GENERAL SUPPORT
BIG BROTHERS-BIG SISTERS OF GREATER COLUMBIA, INC. - 4300 NORTH MAIN STREET - COLUMBIA, SC 29203		3	10,000.	0.			GENERAL SUPPORT
UNIVERSITY SPECIALTY CLINICS 3555 HARDEN STREET EXTENSION, SUITE COLUMBIA, SC 29203	57-0686289	3	32,200.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALSTON WILKES SOCIETY 3519 MEDICAL DRIVE COLUMBIA, SC 29203	57-0477907	3	7,909.	0.			GENERAL SUPPORT
THE WOMEN'S SHELTER 3425 NORTH MAIN STREET COLUMBIA, SC 29203	57-0934329	3	11,845.	0.			GENERAL SUPPORT
COLUMBIA COLLEGE 1301 COLUMBIA COLLEGE DRIVE COLUMBIA, SC 29203	57-0324915	3	53,162.	0.			GENERAL SUPPORT
THE SALVATION ARMY OF THE MIDLANDS PO DRAWER 2786 COLUMBIA, SC 29202	58-0660607	3	17,978.	0.			GENERAL SUPPORT
DELTA HOUSE INC. PO BOX 7784 COLUMBIA, SC 29202	57-0948093	3	7,086.	0.			GENERAL SUPPORT
OLIVER GOSPEL MISSION PO BOX 7697 COLUMBIA, SC 29202	57-6027750	3	274,555.	0.			GENERAL SUPPORT
SOUTH CAROLINA ADVOCATES FOR AGRICULTURE - PO BOX 754 - COLUMBIA, SC 29202	61-1488510	3	10,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA APPLESEED LEGAL JUSTICE CENTER - PO BOX 7187 - COLUMBIA, SC 29202	57-1035023	3	13,015.	0.			GENERAL SUPPORT
NICKELODEON THEATER PO BOX 7063 COLUMBIA, SC 29202	57-0686025	3	31,647.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVEST HOPE FOOD BANK PO BOX 451 COLUMBIA, SC 29202	57-0725560	3	71,023.	0.			GENERAL SUPPORT
MIDLANDS TECHNICAL COLLEGE FOUNDATION - PO BOX 2408 - COLUMBIA, SC 29202	23-7085753	3	65,869.	0.			GENERAL SUPPORT
RIVERBANKS SOCIETY PO BOX 1060 COLUMBIA, SC 29202	23-7278668	3	58,538.	0.			GENERAL SUPPORT
SISTERCARE INC. PO BOX 1029 COLUMBIA, SC 29202	57-0722427	3	28,443.	0.			GENERAL SUPPORT
CONSERVATION VOTERS OF SOUTH CAROLINA EDUCATION FUND - 701 WHALEY STREET, STE. 207 - COLUMBIA, SC 29201	20-0335383	3	15,264.	0.			GENERAL SUPPORT
701 CENTER FOR CONTEMPORARY ART 701 WHALEY STREET, 2ND FLOOR COLUMBIA, SC 29201	26-3028981	3	8,054.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF COLUMBIA - 5000 THUMOND MALL BOULEVARD, STE. 108 - COLUMBIA, SC 29201	57-0725736	3	13,198.	0.			GENERAL SUPPORT
SOUTH CAROLINA PHILHARMONIC 500 TAYLOR STREET, SUITE 300 COLUMBIA, SC 29201	57-0742901	3	58,663.	0.			GENERAL SUPPORT
HEATHWOOD HALL EPISCOPAL SCHOOL 3000 SOUTH BELTLINE BOULEVARD COLUMBIA, SC 29201	57-0358065	3	115,292.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS OF CENTRAL SOUTH CAROLINA - 2751 BULL STREET - COLUMBIA, SC 29201	53-0196605	3	103,324.	0.			GENERAL SUPPORT
EDVENTURE CHILDREN'S MUSEUM 211 GERVAIS ST. COLUMBIA, SC 29201	57-1013857	3	6,990.	0.			GENERAL SUPPORT
CENTRAL SOUTH CAROLINA HABITAT FOR HUMANITY - 209 S. SUMTER STREET - COLUMBIA, SC 29201	57-0785521	3	69,048.	0.			GENERAL SUPPORT
MIDLANDS HOUSING ALLIANCE 2025 MAIN STREET COLUMBIA, SC 29201	20-3524141	3	27,673.	0.			GENERAL SUPPORT
KILLINGSWORTH HOME 1831 PENDLETON STREET COLUMBIA, SC 29201	57-0659510	3	24,333.	0.			GENERAL SUPPORT
DRESS FOR SUCCESS COLUMBIA 1804 HAMPTON STREET COLUMBIA, SC 29201		3	10,543.	0.			GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS 1800 MAIN STREET COLUMBIA, SC 29201	57-0314396	3	477,693.	0.			GENERAL SUPPORT
CHILDREN'S TRUST OF SOUTH CAROLINA 1634 MAIN STREET, STE.100 COLUMBIA, SC 29201	57-0785431	3	12,000.	0.			GENERAL SUPPORT
COLUMBIA TEEN CHALLENGE 1612 MARION STREET COLUMBIA, SC 29201	59-2479228	3	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISTORIC COLUMBIA FOUNDATION 1601 RICHLAND STREET COLUMBIA, SC 29201	57-6020250	3	28,444.	0.			GENERAL SUPPORT
PALMETTO HEALTH FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201	57-0725699	3	10,118.	0.			GENERAL SUPPORT
THE COLUMBIA MUSEUM OF ART 1515 MAIN STREET COLUMBIA, SC 29201	57-6007869	3	345,753.	0.			GENERAL SUPPORT
NEW MORNING FOUNDATION 1501 MAIN STREET, SUITE 150 COLUMBIA, SC 29201	95-4894776	3	899,624.	0.			GENERAL SUPPORT
TELL THEM 1501 MAIN STREET, SUITE 150 COLUMBIA, SC 29201	95-4894776	3	13,280.	0.			GENERAL SUPPORT
RICHLAND LIBRARY 1431 ASSEMBLY STREET COLUMBIA, SC 29201	57-6000396	3	10,500.	0.			GENERAL SUPPORT
RICHLAND LIBRARY FOUNDATION 1431 ASSEMBLY STREET COLUMBIA, SC 29201	57-0758497	3	9,536.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON INC. - 1427 PICKENS STREET - COLUMBIA, SC 29201	57-0314369	3	88,268.	0.			GENERAL SUPPORT
STEPPING STONES MINISTRY INC. 1427 ELMWOOD AVE COLUMBIA, SC 29201	57-1098404	3	8,507.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF COLUMBIA 1420 SUMTER STREET COLUMBIA, SC 29201	57-0314423	3	40,000.	0.			GENERAL SUPPORT
YMCA OF COLUMBIA 1420 SUMTER STREET COLUMBIA, SC 29201	57-0314423	3	40,000.	0.			GENERAL SUPPORT
YMCA OF COLUMBIA 1420 SUMTER STREET COLUMBIA, SC 29201	57-0314423	3	45,442.	0.			GENERAL SUPPORT
WORK IN PROGRESS 1413 CALHOUN STREET COLUMBIA, SC 29201	57-0946855	3	5,280.	0.			GENERAL SUPPORT
SOUTH CAROLINA COUNCIL ON COMPETITIVENESS - 1411 GERVAIS STREET, STE. 315 - COLUMBIA, SC 29201	20-1690146	3	60,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA CITIZENS FOR LIFE 1411 BARNWELL STREET COLUMBIA, SC 29201	57-0657406	3	5,492.	0.			GENERAL SUPPORT
BIRTHRIGHT OF COLUMBIA 1405 GREGG STREET COLUMBIA, SC 29201	57-0699621	3	6,742.	0.			GENERAL SUPPORT
WASHINGTON STREET UNITED METHODIST CHURCH - 1401 WASHINGTON STREET - COLUMBIA, SC 29201	57-0354654	3	18,000.	0.			GENERAL SUPPORT
THE NURTURING CENTER 1332 PICKENS STREET COLUMBIA, SC 29201	57-0875498	3	300,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA CAMPAIGN TO PREVENT TEEN PREGNANCY - 1331 ELMWOOD AVENUE, SUITE 140 - COLUMBIA, SC 29201	57-0897120	3	8,968.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 1324 MARION STREET COLUMBIA, SC 29201	57-0314437	3	40,000.	0.			GENERAL SUPPORT
SC GOVERNOR'S SCHOOL FOR SCIENCE AND MATHEMATICS FOUNDATION - 1122 LADY STREET, SUITE 700 - COLUMBIA, SC 29201	57-0881347	3	519,175.	0.			GENERAL SUPPORT
CITY YEAR COLUMBIA 1122 LADY STREET, STE. 600 COLUMBIA, SC 29201	22-2882549	3	11,790.	0.			GENERAL SUPPORT
LUTHERAN FAMILY SERVICES IN THE CAROLINAS - 1118 UNION STREET - COLUMBIA, SC 29201	56-1286323	3	17,170.	0.			GENERAL SUPPORT
TRINITY EPISCOPAL CATHEDRAL 1100 SUMTER STREET COLUMBIA, SC 29201	57-0314419	3	32,200.	0.			GENERAL SUPPORT
ST. PETER'S CATHOLIC SCHOOL 1035 HAMPTON STREET COLUMBIA, SC 29201	57-1002093	3	60,705.	0.			GENERAL SUPPORT
TOWN THEATRE 1012 SUMTER STREET COLUMBIA, SC 29201	57-6000280	3	9,339.	0.			GENERAL SUPPORT
CONGAREE RIVERKEEPER 101 WASHINGTON STREET, SECOND FLOOR COLUMBIA, SC 29201	26-4193711	3	7,014.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENGENUITYSC INC. 1000 CATAWBA STREET, STE. 130 COLUMBIA, SC 29201	35-2321058	3	48,431.	0.			GENERAL SUPPORT
THE HEARTWORM PROJECT PO BOX 7308 WEST COLUMBIA, SC 29171	61-1463387	3	7,168.	0.			GENERAL SUPPORT
PETS INC. PO BOX 6394 WEST COLUMBIA, SC 29171	57-0950870	3	119,783.	0.			GENERAL SUPPORT
GIRLS ON THE RUN OF COLUMBIA PO BOX 5167 WEST COLUMBIA, SC 29171	56-2593729	3	8,796.	0.			GENERAL SUPPORT
WEST COLUMBIA BEAUTIFICATION FOUNDATION - 200 NORTH 12TH STREET - WEST COLUMBIA, SC 29171	26-1996052	3	12,859.	0.			GENERAL SUPPORT
SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES - ONE STILL HOPES DRIVE - WEST COLUMBIA, SC 29169	51-0175068	3	6,879.	0.			GENERAL SUPPORT
BETHANY CHRISTIAN SERVICES 414 CENTER STREET WEST COLUMBIA, SC 29169	31-1196726	3	10,000.	0.			GENERAL SUPPORT
TRINITY UNITED METHODIST CHURCH 1201 MOHAWK DRIVE WEST COLUMBIA, SC 29169		3	10,000.	0.			GENERAL SUPPORT
GLENFOREST SCHOOL 1041 HARBOR DRIVE WEST COLUMBIA, SC 29169	57-0982351	3	53,046.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NBSC, A DIVISION OF SYNOVUS BANK PO BOX 940 SUMTER, SC 29151		3	205,500.	0.			GENERAL SUPPORT
THE SUMTER COUNTY GALLERY OF ART PO BOX 1316 SUMTER, SC 29151	23-7130803	3	5,400.	0.			GENERAL SUPPORT
SUMTER UNITED MINISTRIES 36 ARTILLERY DRIVE SUMTER, SC 29151	57-0988602	3	50,000.	0.			GENERAL SUPPORT
UNITED WAY OF SUMTER CLARENDON AND LEE COUNTIES - 215 NORTH WASHINGTON STREET - SUMTER, SC 29151	57-0339446	3	12,700.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 9 WEST CALHOUN STREET SUMTER, SC 29150		3	5,400.	0.			GENERAL SUPPORT
CHRIST CENTRAL MINISTRIES SALUDA PO BOX 53 SALUDA, SC 29138	90-0863301	3	10,000.	0.			GENERAL SUPPORT
ORANGEBURG CALHOUN TECHNICAL COLLEGE FOUNDATION - 3250 ST. MATTHEWS ROAD - ORANGEBURG, SC 29118	57-0657914	3	6,935.	0.			GENERAL SUPPORT
THE METHODIST OAKS PO DRAWER 327 ORANGEBURG, SC 29116	57-0342656	3	5,600.	0.			GENERAL SUPPORT
ORANGEBURG CALHOUN FREE MEDICAL CLINIC - PO BOX 505 - ORANGEBURG, SC 29116	26-3762573	3	8,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGEBURG COUNTY FINE ARTS CENTER PO BOX 2106 ORANGEBURG, SC 29116	57-0776091	3	5,954.	0.			GENERAL SUPPORT
HEALING SPECIES PO BOX 1202 ORANGEBURG, SC 29116	57-1087949	3	38,358.	0.			GENERAL SUPPORT
CLAFLIN UNIVERSITY 400 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0314374	3	18,134.	0.			GENERAL SUPPORT
SOUTH CAROLINA CONSERVATION DISTRICTS FOUNDATION - 1550 HENLEY STREET, NE, ROOM 103 - ORANGEBURG, SC 29115	57-0643134	3	10,000.	0.			GENERAL SUPPORT
NEWBERRY OPERA HOUSE 1201 MCKIBBEN STREET NEWBERRY, SC 29108	57-0964360	3	13,534.	0.			GENERAL SUPPORT
LUGOFF ELGIN ACADEMIC FOUNDATION 1284 HIGHWAY 1 S LUGOFF, SC 29078	27-0776649	3	25,000.	0.			GENERAL SUPPORT
A MOMENT OF HOPE 340 BRIDLERIDGE ROAD LEXINGTON, SC 29073	46-1260073	3	17,189.	0.			GENERAL SUPPORT
LEXINGTON INTERFAITH COMMUNITY SERVICES - 216 HARMON STREET - LEXINGTON, SC 29072	57-0813856	3	17,977.	0.			GENERAL SUPPORT
DREAM RIDERS 156 SANDY HILL ROAD LEXINGTON, SC 29072	57-1079606	3	21,647.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEXINGTON COUNTY SHERIFF'S FOUNDATION - PO BOX 303 - LEXINGTON, SC 29071	58-2477983	3	13,225.	0.			GENERAL SUPPORT
HOMEWARD BOUND PET RESCUE PO BOX 4335 IRMO, SC 29063	27-2693717	3	5,838.	0.			GENERAL SUPPORT
JOY IN THE MOURNING CENTER FOR LIFE LOSSES - PO BOX 4162 - IRMO, SC 29063	13-4238590	3	24,066.	0.			GENERAL SUPPORT
S.C. JUNIOR GOLF FOUNDATION PO BOX 286 IRMO, SC 29063	57-1021847	3	76,447.	0.			GENERAL SUPPORT
SHARING GOD'S LOVE INC PO BOX 1021 IRMO, SC 29063	57-0815818	3	14,453.	0.			GENERAL SUPPORT
HOPE LUTHERAN CHURCH 1400 KENNERLY ROAD IRMO, SC 29063	57-0635486	3	41,500.	0.			GENERAL SUPPORT
GRASP PO BOX 424 GREAT FALLS, SC 29055	57-0753423	3	10,000.	0.			GENERAL SUPPORT
GILBERT COMMUNITY PARK PO BOX 187 GILBERT, SC 29054	57-0737727	3	21,400.	0.			GENERAL SUPPORT
BETHEL CHRISTIAN CAMP & CONFERENCE CENTER - 750 BOY SCOUT ROAD - GASTON, SC 29053	57-6023910	3	13,064.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELLOREE HERITAGE MUSEUM & CULTURAL CENTER - PO BOX 54 - ELLOREE, SC 29047	56-2107958	3	5,384.	0.			GENERAL SUPPORT
JUSTIN PEPPER FOUNDATION PO BOX 598 CHAPIN, SC 29036	26-1703851	3	10,524.	0.			GENERAL SUPPORT
CHAPIN WE CARE CENTER PO BOX 491 CHAPIN, SC 29036	31-1744064	3	22,409.	0.			GENERAL SUPPORT
CHAPIN COMMUNITY THEATRE 721 CHAPIN ROAD CHAPIN, SC 29036	20-3431391	3	6,530.	0.			GENERAL SUPPORT
ST THOMAS LUTHERAN CHURCH 215 ST THOMAS CHURCH ROAD CHAPIN, SC 29036		3	5,500.	0.			GENERAL SUPPORT
ONE LIFE MINISTRIES 143 KILLIAN POINT CIRCLE CHAPIN, SC 29036	20-1048557	3	60,000.	0.			GENERAL SUPPORT
GROWING HOME SOUTHEAST 440 KNOX ABBOTT DRIVE, STE. 250 CAYCE, SC 29033	20-1093091	3	20,950.	0.			GENERAL SUPPORT
FINE ARTS CENTER OF KERSHAW COUNTY 810 LYTTLETON STREET CAMDEN, SC 29020	57-0522276	3	47,223.	0.			GENERAL SUPPORT
THE ALPHA BEHAVIORAL HEALTH CENTER 709 MILL STREET CAMDEN, SC 29020	57-0871170	3	9,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KERSHAW COUNTY HUMANE SOCIETY 460 STREET FAIR STREET CAMDEN, SC 29020	23-7080463	3	26,000.	0.			GENERAL SUPPORT
TOWN OF BLYTHWOOD SC FOUNDATION FOR DOKO MEADOWS PARK - PO BOX 563 - BLYTHWOOD, SC 29016	47-3667010	3	37,500.	0.			GENERAL SUPPORT
VILLAGE CHURCH 574 RIMER POND ROAD BLYTHEWOOD, SC 29016	57-1130583	3	20,000.	0.			GENERAL SUPPORT
CAMP DISCOVERY AT HIS ACRES 208 CLAUDE BUNDRICK ROAD BLYTHEWOOD, SC 29016	57-0816556	3	48,010.	0.			GENERAL SUPPORT
MONTREAT CONFERENCE CENTER PO BOX 969 MONTREAT, NC 28757	56-0532142	3	15,000.	0.			GENERAL SUPPORT
MONTREAT COLLEGE PO BOX 1267 MONTREAT, NC 28757	56-0543261	3	5,200.	0.			GENERAL SUPPORT
THE GAY CHRISTIAN NETWORK PO BOX 17504 RALEIGH, NC 27619	20-0616399	3	7,000.	0.			GENERAL SUPPORT
CORPORATE CHAPLAINS OF AMERICA 1300 CORPORATE CHAPLAIN DRIVE WAKE FOREST, NC 27587	56-1966466	3	10,000.	0.			GENERAL SUPPORT
RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503	54-0505941	3	7,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	13-5613797	3	21,627.	0.			GENERAL SUPPORT
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	3	7,600.	0.			GENERAL SUPPORT
BRETHREN DISASTER MINISTRIES 601 MAIN STREET NEW WINDSOR, MD 21776	36-2167026	3	12,500.	0.			GENERAL SUPPORT
JASPER PROJECT INC 1009 MUDDY FORD ROAD CHAPIN, SC 20936	81-1315516	3	10,175.	0.			GENERAL SUPPORT
THE HUMANE SOCIETY OF THE UNITED STATES - 2100 L STREET, NW - WASHINGTON, DC 20037	52-1769464	3	6,175.	0.			GENERAL SUPPORT
JEFFERSON AWARDS FOUNDATION 100 WEST 10TH STREET, SUITE 215 WILMINGTON, DE 19801	52-0959336	3	10,000.	0.			GENERAL SUPPORT
MENNONITE DISASTER SERVICE 583 AIRPORT ROAD LITITZ, PA 17543	23-2713127	3	210,000.	0.			GENERAL SUPPORT
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 424 EAST 92ND STREET - NEW YORK, NY 10128	13-1623829	3	6,175.	0.			GENERAL SUPPORT
GEHL STUDIO NEW YORK 154 GRAND STREET NEW YORK, NY 10013		3	115,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAM SCHMIDT PARALYSIS FOUNDATION PO BOX 3661 PRINCETON, NJ 08543	43-1878305	3	40,000.	0.			GENERAL SUPPORT
ALL HANDS VOLUNTEERS INC. 6 COUNTY ROAD, SUITE 6 MATTAPOISETT, MA 02739	20-3414952	3	70,000.	0.			GENERAL SUPPORT

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

CENTRAL CAROLINA COMMUNITY FOUNDATION

Employer identification number

57-0793960

Part I Questions Regarding Compensation

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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to 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?
- b** Any related organization?
- 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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MS. JOANN TURNQUIST PRESIDENT/CEO	(i)	163,787.	0.	0.	18,240.	0.	182,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public
Inspection

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

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	25	876,514.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**

	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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

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

Schedule M (Form 990) (2015)

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.

SCHEDULE M, LINE 32B:

STOCK GIFTS ARE LIQUIDATED IMMEDIATELY BY OUR BROKERAGE FIRMS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

CENTRAL CAROLINA COMMUNITY FOUNDATION

Employer identification number

57-0793960

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESOURCES OF DONORS, NONPROFITS AND COMMUNITY LEADERS TO AREAS OF NEED.

FORM 990, PART VI, SECTION A, LINE 2:

MR. CARROLL HEYWARD (BOARD MEMBER) AND MR. BEN REX (BOARD MEMBER) - FAMILY
RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11:

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.

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.

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.

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

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.

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

FUNDS HELD AS AGENCY ENDOWMENTS	-168,601.
---------------------------------	-----------

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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
CCCF RE HOLDINGS (FRIARSGATE COMMERCIAL TRACT), LLC, 2711 MIDDLEBURG DR, SUITE 213, COLUMBIA, SC 29204	REAL ESTATE	SOUTH CAROLINA		585,000.	CENTRAL CAROLINA COMMUNITY FOUNDATION
CCCF RE HOLDINGS (LEXINGTON-I20), LLC 2711 MIDDLEBURG DR, SUITE 213 COLUMBIA, SC 29204	REAL ESTATE	SOUTH CAROLINA		789,250.	CENTRAL CAROLINA COMMUNITY FOUNDATION
CCCF REAL ESTATE HOLDING (WEXFORD) LLC 2711 MIDDLEBURG DR, SUITE 213 COLUMBIA, SC 29204	REAL ESTATE	SOUTH CAROLINA		67,500.	CENTRAL CAROLINA COMMUNITY FOUNDATION
CCCF RE HOLDINGS (TRAM NW), LLC 2711 MIDDLEBURG DR, SUITE 213 COLUMBIA, SC 29204	REAL ESTATE	SOUTH CAROLINA		2,228,000.	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

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

Schedule R (Form 990) 2015

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
CCCF RE HOLDINGS (TRAM SW), LLC 2711 MIDDLEBURG DR, SUITE 213 COLUMBIA, SC 29204	REAL ESTATE	SOUTH CAROLINA		1,167,000.	CENTRAL CAROLINA COMMUNITY FOUNDATION

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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

