

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

# 2018

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**CENTRAL CAROLINA COMMUNITY FOUNDATION**

**57-0793960**

Name and title of officer

**JOANN M TURNQUIST  
PRESIDENT/CEO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>31,944,952.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize MAULDIN & JENKINS LLC to enter my PIN 93960  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**67338180379**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ DAVID L. SPLITTGERBER Date ▶ 11/13/19

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</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	<b>C</b> Name of organization <b>CENTRAL CAROLINA COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2142 BOYCE STREET 402</b> City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBIA, SC 29201</b> <b>F</b> Name and address of principal officer: <b>JOANN M TURNQUIST</b> <b>2142 BOYCE STREET SUITE 402, COLUMBIA, SC 2</b>	<b>D</b> Employer identification number <b>57-0793960</b> <b>E</b> Telephone number <b>803-254-5601</b> <b>G</b> Gross receipts \$ <b>31,944,952.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.YOURFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1984</b>		<b>M</b> State of legal domicile: <b>SC</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE PHILANTHROPY TO CREATE A SUSTAINABLE IMPACT WITHIN OUR COMMUNITY THROUGH GIVING.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>27</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>27</b>
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a) .....	<b>5</b>	<b>12</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>27</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>22,697,063.</b>	<b>25,232,430.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>0.</b>	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>6,717,014.</b>	<b>6,478,783.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>269,193.</b>	<b>233,739.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>29,683,270.</b>	<b>31,944,952.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>12,380,546.</b>	<b>22,648,073.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>994,880.</b>	<b>1,068,265.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>667,464.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>1,287,800.</b>	<b>1,722,990.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>14,663,226.</b>	<b>25,439,328.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>15,020,044.</b>	<b>6,505,624.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>139,851,737.</b>	<b>147,122,651.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>13,659,283.</b>	<b>15,121,650.</b>
<b>22</b>		<b>126,192,454.</b>	<b>132,001,001.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>JOANN M TURNQUIST, PRESIDENT/CEO</b> Type or print name and title	Date  			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID L. SPLITTGERBER</b>	Preparer's signature <b>DAVID L. SPLITTGERBER</b>	Date <b>11/13/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01066536</b>
	Firm's name ▶ <b>MAULDIN &amp; JENKINS LLC</b>			Firm's EIN ▶ <b>58-0692043</b>	
	Firm's address ▶ <b>508 HAMPTON STREET COLUMBIA, SC 29201</b>			Phone no. <b>803-799-5810</b>	

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 \$ 24,290,472. including grants of \$ 22,648,073. ) (Revenue \$ ) GRANTS AND ALLOCATIONS WERE MADE IN THE AREAS OF THE ARTS, HUMANITIES, EDUCATION, HEALTH CARE. THE ABOVE AMOUNT WAS MODIFIED FOR THOSE AGENCY ENDOWMENT 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 24,290,472.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b> X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

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

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

**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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 12		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.			

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 27		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 27		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 - 803-978-7825**  
**2142 BOYCE STREET, SUITE 402, COLUMBIA, SC 29201**

**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 BOARD MEMBER	1.00	X					0.	0.	0.	
(2) MR. CARROLL HEYWARD CHAIRMAN	1.00	X					0.	0.	0.	
(3) MR. STACY STOKES SECRETARY/TREASURER	1.00	X					0.	0.	0.	
(4) MR. VAN ANDERSON BOARD MEMBER	1.00	X					0.	0.	0.	
(5) MR. RUSSELL BAUKNIGHT BOARD MEMBER	1.00	X					0.	0.	0.	
(6) MR. CLIFF BOURKE, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
(7) MS. SHARON BRYANT VICE CHAIR	1.00	X					0.	0.	0.	
(8) MR. TUSHAR CHIKHLIKER BOARD MEMBER	1.00	X					0.	0.	0.	
(9) MS. JILL DAVIS BOARD MEMBER	1.00	X					0.	0.	0.	
(10) MS. SHARON EARLE, PHD BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MS. CHRISTI EPPS BOARD MEMBER	1.00	X					0.	0.	0.	
(12) MS. FELICIA RHUE-HOWARD BOARD MEMBER	1.00	X					0.	0.	0.	
(13) MS. CATHERINE KENNEDY BOARD MEMBER	1.00	X					0.	0.	0.	
(14) MS. LOU KENNEDY BOARD MEMBER	1.00	X					0.	0.	0.	
(15) MR. DAVID KULBERSH, MD BOARD MEMBER	1.00	X					0.	0.	0.	
(16) MS. BHAVNA VASUDEVA BOARD MEMBER	1.00	X					0.	0.	0.	
(17) MS. DONNA PULLEN 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. ROGER SCHRUM BOARD MEMBER	1.00	X					0.	0.	0.	
(19) MS. SUSIE SHANNON BOARD MEMBER	1.00	X					0.	0.	0.	
(20) MS. JULIE BRENNAN BOARD MEMBER	1.00	X					0.	0.	0.	
(21) MR. HENRY CLAY BOARD MEMBER	1.00	X					0.	0.	0.	
(22) MR. CALVIN ELAM BOARD MEMBER	1.00	X					0.	0.	0.	
(23) MS. BETH RICHARDSON BOARD MEMBER	1.00	X					0.	0.	0.	
(24) MR. TOD AUGSBURGER BOARD MEMBER	1.00	X					0.	0.	0.	
(25) MS. SARA FAWCETT BOARD MEMBER	1.00	X					0.	0.	0.	
(26) MR. SCOTT MACFARLAND BOARD MEMBER	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							512,962.	0.	58,878.	
<b>d Total (add lines 1b and 1c)</b>							512,962.	0.	58,878.	

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 **4**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	25,232,430.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f			25,232,430.				
<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>						
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			4,345,935.	4,345,935.			
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		2,132,848.						
		<b>b</b> Less: cost or other basis and sales expenses		0.				
		<b>c</b> Gain or (loss)		2,132,848.				
	<b>d</b> Net gain or (loss)			2,132,848.	2,132,848.			
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>						
		<b>b</b> Less: direct expenses	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>							
	<b>b</b> Less: direct expenses	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue			<b>Business Code</b>					
<b>11 a</b> ADMINISTRATIVE INCOME		900099		233,739.	233,739.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d				233,739.				
<b>12 Total revenue.</b> See instructions				31,944,952.	6,712,522.	0.	0.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,648,073.	22,648,073.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	835,341.	304,901.	200,481.	329,959.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,080.	17,916.	11,777.	19,387.
<b>9</b> Other employee benefits	127,222.	46,433.	30,530.	50,259.
<b>10</b> Payroll taxes	56,622.	20,667.	13,580.	22,375.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	66,965.		66,965.	
<b>b</b> Legal	4,500.	1,643.	1,080.	1,777.
<b>c</b> Accounting	12,810.	4,676.	3,074.	5,060.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	55,204.	20,149.	13,249.	21,806.
<b>12</b> Advertising and promotion	41,190.	15,034.	9,886.	16,270.
<b>13</b> Office expenses	6,365.	2,323.	1,528.	2,514.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	91,876.	33,535.	22,050.	36,291.
<b>17</b> Travel	1,288.	470.	309.	509.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	4,295.	1,568.	1,031.	1,696.
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	8,904.		8,904.	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROJECT	1,024,719.	1,024,719.		
<b>b</b> WEBSITE HOSTING/MAINTEN	91,200.	33,288.	21,888.	36,024.
<b>c</b> COLLATERAL MATERIALS, P	46,926.	17,128.	11,262.	18,536.
<b>d</b> RELOCATION EXPENSES	40,000.	14,600.	9,600.	15,800.
<b>e</b> All other expenses	226,748.	83,349.	54,198.	89,201.
<b>25</b> Total functional expenses. Add lines 1 through 24e	25,439,328.	24,290,472.	481,392.	667,464.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,165,273.	<b>1</b>	5,351,683.	
	<b>2</b> Savings and temporary cash investments .....	3,588,981.	<b>2</b>	5,782,123.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	26,341.	<b>9</b>	45,468.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,768,276.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 147,757.	2,535,913.	<b>10c</b>	2,620,519.
	<b>11</b> Investments - publicly traded securities .....	111,042,261.	<b>11</b>	118,321,263.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	17,492,968.	<b>15</b>	15,001,595.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	139,851,737.	<b>16</b>	147,122,651.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	29,350.	<b>17</b>	103,977.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>	23,800.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	13,629,933.	<b>25</b>	14,993,873.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	13,659,283.	<b>26</b>	15,121,650.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	108,757,813.	<b>27</b>	117,058,190.	
	<b>28</b> Temporarily restricted net assets .....	17,434,641.	<b>28</b>	14,942,811.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	126,192,454.	<b>33</b>	132,001,001.		
<b>34</b> Total liabilities and net assets/fund balances .....	139,851,737.	<b>34</b>	147,122,651.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	31,944,952.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	25,439,328.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,505,624.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	126,192,454.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	829,032.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,526,109.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	132,001,001.

**Part XII Financial Statements and Reporting**

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

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



**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15833528.	19481233.	15221725.	22697063.	25232430.	98465979.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15833528.	19481233.	15221725.	22697063.	25232430.	98465979.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6441010.
<b>6 Public support.</b> Subtract line 5 from line 4.						92024969.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	15833528.	19481233.	15221725.	22697063.	25232430.	98465979.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2211566.	2412504.	2596820.	2977474.	3994587.	14192951.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						112658930
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	81.68 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	78.12 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
<b>3a</b> 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>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> 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
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> 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
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> 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 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			





**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization

Employer identification number

CENTRAL CAROLINA COMMUNITY FOUNDATION

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 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 4,450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 4,182,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,896,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,890,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,309,817.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CENTRAL CAROLINA COMMUNITY FOUNDATION

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 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 707,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 666,439.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 613,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 575,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 563,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 510,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CENTRAL CAROLINA COMMUNITY FOUNDATION</b>	Employer identification number  <b>57-0793960</b>
--	---

**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  <b>CENTRAL CAROLINA COMMUNITY FOUNDATION</b>	Employer identification number  <b>57-0793960</b>
--	---

**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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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 .....	231	161
2 Aggregate value of contributions to (during year) .....	23,175,657.	3,830,656.
3 Aggregate value of grants from (during year) .....	21,182,659.	3,812,985.
4 Aggregate value at end of year .....	72,275,512.	65,450,993.
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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 7/25/06, 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	2,520,750.			2,520,750.
b Buildings				
c Leasehold improvements				
d Equipment		247,526.	147,757.	99,769.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,620,519.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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	2,196,289.
(2) INTEREST IN LIFE INSURANCE POLICIES	141,723.
(3) INTEREST IN UNITRUSTS	12,663,583.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	15,001,595.

**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	104,890.
(3) DUE TO SUPPORTING ORGS	4,406,621.
(4) HELD AS AGENCY ENDOWMENT	10,423,578.
(5) LIFE INS. PAY. TO OTHER CHARITIES	58,784.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,993,873.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	30,537,121.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	829,032.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	829,032.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	29,708,089.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,236,863.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	2,236,863.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	31,944,952.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	24,728,574.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	24,728,574.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	710,754.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	710,754.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	25,439,328.

**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.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

CONTRIBUTIONS TO AGENCY ENDOWMENTS	1,626,843.
DEPRECIATION OF AGENCY ENDOWMENT SECURITIES	80,187.
INTEREST AND DIVIDENDS RECEIVED FOR AGENCY ENDOWMENTS	351,348.
SALE OF AGENCY ENDOWMENT SECURITIES	184,024.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	-5,539.



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

TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,236,863.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS TO AGENCY ENDOWMENTS 705,172.

MANAGEMENT AND ADMINISTRATION OF AGENCY ENDOWMENTS 5,582.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 710,754.

Multiple horizontal lines for supplemental information.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
701 CENTER FOR CONTEMPORARY ART 701 WHALEY STREET, SUITE 212 COLUMBIA, SC 29201	26-3028981		44,516.	0.			GENERAL SUPPORT
A MOMENT OF HOPE PO BOX 12684 COLUMBIA, SC 29211	46-1260073		40,215.	0.			GENERAL SUPPORT
ABBEVILLE COUNTY SCHOOL DISTRICT 400 GREENVILLE STREET ABBEVILLE, SC 29620	57-6001577		10,000.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION - SOUTH CAROLINA CHAPTER - 140 STONERIDGE DRIVE, STE. 210 - COLUMBIA, SC 29210	57-0792592		6,633.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY, INC 200 CENTER POINT CIRCLE, SUITE 100 COLUMBIA, SC 29210	13-1788491		5,000.	0.			GENERAL SUPPORT
AMERICAN HEART SOCIETY 190 KNOX ABBOTT DR., STE. 301 CAYCE, SC 29033	13-5613797		8,000.	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) (2018)

**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		103,133.	0.			GENERAL SUPPORT
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 424 EAST 92ND STREET - NEW YORK, NY 10128	13-1623829		6,888.	0.			GENERAL SUPPORT
ANDERSON UNIVERSITY 316 BOULEVARD ANDERSON, SC 29621	57-0324906		20,627.	0.			GENERAL SUPPORT
ANIMAL PROTECTION LEAGUE OF SOUTH CAROLINA - PO BOX 5354 - COLUMBIA, SC 29250	57-0740991		22,113.	0.			GENERAL SUPPORT
AUTISM ACADEMY OF SOUTH CAROLINA PO BOX 7514 COLUMBIA, SC 29202	27-3190242		6,277.	0.			GENERAL SUPPORT
BEACON COLLEGE 105 EAST MAIN STREET LEESBURG, FL 34748	59-2961536		7,500.	0.			GENERAL SUPPORT
BETH SHALOM SYNAGOGUE 5827 N. TRENHOLM ROAD COLUMBIA, SC 29206	57-0442208		15,905.	0.			GENERAL SUPPORT
BIG RED BARN RETREAT 8024 WINNSBORO ROAD BLYTHEWOOD, SC 29061	47-1047721		16,272.	0.			GENERAL SUPPORT
BLACK CREEK ARTS COUNCIL PO BOX 24 HARTSVILLE, SC 29551	57-0066009		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
BOYS FARM INC. PO BOX 713 NEWBERRY, SC 29108	57-0446897		7,149.	0.			GENERAL SUPPORT
BRETHREN DISASTER MINISTRIES "CHURCH OF THE BRETHREN GENERAL OFFICES" 1451 DUNDEE AVENUE - ELGIN, IL 6012	36-2167026		25,000.	0.			GENERAL SUPPORT
BROOKGREEN GARDENS PO BOX 3368 PAWLEYS ISLAND, SC 29585	57-0380356		15,000.	0.			GENERAL SUPPORT
CAMP COLE PO BOX 6377 COLUMBIA, SC 29260	82-1387411		495,864.	0.			GENERAL SUPPORT
CAMP DISCOVERY AT HIS ACRES 208 CLAUDE BUNDRICK ROAD BLYTHEWOOD, SC 29016	57-0816556		11,716.	0.			GENERAL SUPPORT
CAMP JUDAEA INC. 1440 SPRING ST. NW ATLANTA, GA 30309	58-6014651		70,000.	0.			GENERAL SUPPORT
CANCER OF MANY COLORS INC 100 OLD CHEROKEE ROAD, STE. F- #339 LEXINGTON, SC 29072	46-4151271		9,447.	0.			GENERAL SUPPORT
CARDINAL NEWMAN SCHOOL 2945 ALPINE ROAD COLUMBIA, SC 29223	57-0419733		17,477.	0.			GENERAL SUPPORT
CAROLINA WILDLIFE CARE, INC. 5551 BUSH RIVER ROAD COLUMBIA, SC 29212	57-0932809		19,231.	0.			GENERAL SUPPORT

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CAROLINA YOUTH DEVELOPMENT CENTER 5055 LACKAWANNA BOULEVARD NORTH CHARLESTON, SC 29405	57-0669877		25,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON, INC. - 901 ORANGE GROVE ROAD - CHARLESTON, SC 29407	81-4740696		103,423.	0.			GENERAL SUPPORT
CENTRAL MIDLANDS JUSTICE MINISTRY 709 GABRIEL STREET COLUMBIA, SC 29203	57-0785521		15,400.	0.			GENERAL SUPPORT
CENTRAL SOUTH CAROLINA HABITAT FOR HUMANITY - 209 S. SUMTER STREET - COLUMBIA, SC 29201	57-0841922		16,645.	0.			GENERAL SUPPORT
CHABAD-LUBAVITCH OF SOUTH CAROLINA, INC. - 2509 DECKER BOULEVARD - COLUMBIA, SC 29206	20-3431391		14,750.	0.			GENERAL SUPPORT
CHAPIN COMMUNITY THEATRE PO BOX 360 CHAPIN, SC 29036	31-1744064		12,043.	0.			GENERAL SUPPORT
CHAPIN WE CARE CENTER PO BOX 491 CHAPIN, SC 29036	31-1744064		8,536.	0.			GENERAL SUPPORT
CHILD EVANGELISM FELLOWSHIP OF SOUTH CAROLINA - PO BOX 211084 - COLUMBIA, SC 29221	57-0567186		10,946.	0.			GENERAL SUPPORT
CHILDREN'S TRUST OF SOUTH CAROLINA 1634 MAIN STREET, STE.100 COLUMBIA, SC 29201	57-0785431		14,051.	0.			GENERAL SUPPORT

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CHRIST CENTRAL MINISTRIES SALUDA 208 NORTH MAIN STREET SALUDA, SC 29138	90-0863301		14,500.	0.			GENERAL SUPPORT
CHRIST MISSION CHURCH 1323 WINYAH DRIVE COLUMBIA, SC 29203	47-2295879		15,450.	0.			GENERAL SUPPORT
CITY OF CAYCE 1800 12TH STREET CAYCE, SC 29033	57-6001008		27,000.	0.			GENERAL SUPPORT
CITY OF MANNING 29 W. BOYCE STREET MANNING, SC 29102	57-6001074		10,000.	0.			GENERAL SUPPORT
CLAFLIN UNIVERSITY 400 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0314374		8,305.	0.			GENERAL SUPPORT
CLEMSON UNIVERSITY OFFICE FOR DEVELOPMENT 110 DANIEL D CLEMSON, SC 29631	57-6000254		329,281.	0.			GENERAL SUPPORT
COASTAL CAROLINA UNIVERSITY OFFICE OF STUDENT FINANCIAL AID PO CONWAY, SC 29528	57-0977955		12,050.	0.			GENERAL SUPPORT
COASTAL COMMUNITY FOUNDATION OF SOUTH CAROLINA - 635 RUTLEDGE AVENUE, STE. 201 - CHARLESTON, SC 29403	23-7390313		15,000.	0.			GENERAL SUPPORT
COKER COLLEGE 300 EAST COLLEGE AVENUE HARTSVILLE, SC 29550	57-0324916		613,652.	0.			GENERAL SUPPORT

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COLA TOWN BIKE COLLECTIVE 1823 SUPERIOR STREET COLUMBIA, SC 29205	47-1691710		29,765.	0.			GENERAL SUPPORT
COLUMBIA BAROQUE PO BOX 6972 COLUMBIA, SC 29260	27-4358778		8,027.	0.			GENERAL SUPPORT
COLUMBIA CHILDREN'S THEATRE PO BOX 3096 COLUMBIA, SC 29230	20-2793199		9,121.	0.			GENERAL SUPPORT
COLUMBIA CITY BALLET 1545 MAIN STREET COLUMBIA, SC 29201	23-7133145		23,862.	0.			GENERAL SUPPORT
COLUMBIA COLLEGE 1301 COLUMBIA COLLEGE DRIVE COLUMBIA, SC 29203	57-0324915		38,148.	0.			GENERAL SUPPORT
COLUMBIA FILM SOCIETY PO BOX 7063 COLUMBIA, SC 29202	57-0686025		54,223.	0.			GENERAL SUPPORT
COLUMBIA GARDEN CLUB FOUNDATION PO BOX 5925 COLUMBIA, SC 29250	57-0756773		6,600.	0.			GENERAL SUPPORT
COLUMBIA INTERNATIONAL UNIVERSITY PO BOX 312229230 COLUMBIA, SC 29230	57-0352247		9,201,856.	0.			GENERAL SUPPORT
COLUMBIA STAGE SOCIETY TOWN THEATRE 1012 SUMTER STREET COLUMBIA, SC 29201	57-6000280		9,680.	0.			GENERAL SUPPORT

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COLUMBIA UNITED JEWISH WELFARE FEDERATION - 306 FLORA DRIVE - COLUMBIA, SC 29223	57-0704341		28,361.	0.			GENERAL SUPPORT
COLUMBIA UNIVERSITY SCHOOL OF THE ARTS - 305 DODGE HALL, MC 1803, 2960 BROADWAY - NEW YORK, NY 10027	13-5598093		5,500.	0.			GENERAL SUPPORT
COMMON GROUND -THE CINDY NORD CENTER FOR RENEWAL - 14240 BAIRD ROAD - OBERLIN, OH 44074	34-1838503		72,500.	0.			GENERAL SUPPORT
COMMUNITY COUNSELING CENTER 4810 WRIGHTSVILLE AVE. WILMINGTON, NE 28403	56-1540018		5,000.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY - 1340 13TH STREET, THE VILLAGE ON 13TH - COLUMBUS, GA 31901	58-2381589		20,000.	0.			GENERAL SUPPORT
CONGAREE LAND TRUST PO BOX 5232 COLUMBIA, SC 29250	57-0937485		30,606.	0.			GENERAL SUPPORT
CONGAREE RIVERKEEPER PO BOX 5294 COLUMBIA, SC 29250	26-4193711		8,689.	0.			GENERAL SUPPORT
CONVERSE COLLEGE 580 EAST MAIN STREET SPARTANBURG, SC 29302	57-0314380		22,500.	0.			GENERAL SUPPORT
CROSSOVER COMMUNICATIONS INTERNATIONAL - 7520 MONTICELLO ROAD - COLUMBIA, SC 29203	58-1758477		603,000.	0.			GENERAL SUPPORT



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CRU PO BOX 628222 DEPARTMENT #2400 ORLANDO, FL 32862	95-6006173		5,500.	0.			GENERAL SUPPORT
CURE SANFILIPPO FOUNDATION PO BOX 6901 COLUMBIA, SC 29260	46-4322131		5,263.	0.			GENERAL SUPPORT
CUTLER JEWISH DAY SCHOOL 5827 NORTH TRENHOLM ROAD COLUMBIA, SC 29206	57-1072008		10,000.	0.			GENERAL SUPPORT
DARLINGTON COUNTY HABITAT FOR HUMANITY - PO BOX 1983 - HARTSVILLE, SC 29551	57-1054251		25,000.	0.			GENERAL SUPPORT
DARLINGTON COUNTY HUMANE SOCIETY PO BOX 1655 HARTSVILLE, SC 29551	57-1050670		11,000.	0.			GENERAL SUPPORT
DARLINGTON COUNTY LONG-TERM RECOVERY GROUP - PO BOX 218 - SOCIETY HILL, SC 29593	57-0736308		100,000.	0.			GENERAL SUPPORT
DARLINGTON COUNTY SCHOOL DISTRICT 214 CLYDE ROAD HARTSVILLE, SC 29550	57-6000341		21,000.	0.			GENERAL SUPPORT
DAVIDSON COLLEGE PO BOX 7170 DAVIDSON, SC 28035	56-0529961		5,000.	0.			GENERAL SUPPORT
DEFENDERS OF WILDLIFE 1130 17TH STREET NW WASHINGTON, DC 20036	53-0183181		5,510.	0.			GENERAL SUPPORT

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DELTA HOUSE INC. 5307 FAIRFIELD ROAD COLUMBIA, SC 29203	57-0948093		5,709.	0.			GENERAL SUPPORT
DREAM RIDERS 156 SANDY HILL ROAD LEXINGTON, SC 29072	57-1079606		15,887.	0.			GENERAL SUPPORT
EASTMINSTER PRESBYTERIAN CHURCH 3200 TRENHOLM ROAD COLUMBIA, SC 29204	57-0370001		70,010.	0.			GENERAL SUPPORT
EAU CLAIRE SHALOM MINISTRIES 628 MULLER AVENUE COLUMBIA, SC 29203	58-2302947		56,369.	0.			GENERAL SUPPORT
EDISTO HABITAT FOR HUMANITY PO BOX 2489 ORANGEBURG, SC 29116	57-0916444		42,535.	0.			GENERAL SUPPORT
EDVENTURE CHILDREN'S MUSEUM 126 W. CAROLINA AVE. HARTSVILLE, SC 29550	57-1013857		70,446.	0.			GENERAL SUPPORT
ENSEMBLE ECLECTICA 224 STONEMONT DR IRMO, SC 29063	47-5530541		10,874.	0.			GENERAL SUPPORT
EPWORTH CHILDREN'S HOME PO BOX 50466 COLUMBIA, SC 29250	57-0314389		22,776.	0.			GENERAL SUPPORT
ETV ENDOWMENT OF SOUTH CAROLINA 401 E. KENNEDY STREET, STE. B-1 SPARTANBURG, SC 29302	57-0657549		5,408.	0.			GENERAL SUPPORT

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EZEKIEL CENTER INC. PO BOX 30281 COLUMBIA, SC 29230	46-5632252		9,439.	0.			GENERAL SUPPORT
FAIRWAY OUTREACH PO BOX 6788 COLUMBIA, SC 29260	57-0906593		7,163.	0.			GENERAL SUPPORT
FAMILY PROMISE OF THE MIDLANDS INC. - 2501 HEYWARD STREET - COLUMBIA, SC 29205	26-4259689		21,386.	0.			GENERAL SUPPORT
FBN PRODUCTIONS 716 OLD FORGE ROAD CHAPIN, SC 29036	57-1018044		7,635.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 121 EXECUTIVE CENTER DRIVE, SUITE 1 COLUMBIA, SC 29210	44-0610626		15,000.	0.			GENERAL SUPPORT
FINE ARTS CENTER OF KERSHAW COUNTY PO BOX 1498 CAMDEN, SC 29021	57-0522276		49,960.	0.			GENERAL SUPPORT
EQUINE RESCUE OF AIKEN 532 GLENWOOD DRIVE AIKEN, SC 29803	20-5162723		5,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 1324 MARION STREET COLUMBIA, SC 29201	57-0314437		133,750.	0.			GENERAL SUPPORT
FOLLY BEACH BAPTIST CHURCH PO BOX 50 FOLLY BEACH, NC 29439	57-0721239		15,000.	0.			GENERAL SUPPORT

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FORGE 14485 EAST EVANS AVENUE AURORA, CO 80014	31-1191922		84,000.	0.			GENERAL SUPPORT
FRIENDS OF HARBISON STATE FOREST PO BOX 211904 COLUMBIA, SC 29221	20-1272169		7,006.	0.			GENERAL SUPPORT
FRIENDS OF THE CHILDREN 44 NE MORRIS STREET PORTLAND, OR 97212	93-1300690		100,000.	0.			GENERAL SUPPORT
FURMAN UNIVERSITY OFFICE OF FINANCIAL AID 3300 POINSETT HIGHWAY - GREENVILLE, SC 29613	57-0314395		5,600.	0.			GENERAL SUPPORT
GILBERT COMMUNITY PARK PO BOX 62 GILBERT, SC 29054	57-0737727		27,300.	0.			GENERAL SUPPORT
GIRL SCOUTS OF EASTERN SOUTH CAROLINA - 181 E. EVANS ST. - FLORENCE, SC 29506	57-0341216		5,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF SC - MOUNTAINS TO MIDLANDS INC. - COLUMBIA - 130 PINNACLE POINT COURT, STE. 100 - COLUMBIA, SC 29223	57-0314433		26,470.	0.			GENERAL SUPPORT
GIRLS ON THE RUN OF COLUMBIA PO BOX 5167 WEST COLUMBIA, SC 29171	56-2593729		6,200.	0.			GENERAL SUPPORT
GLENFOREST SCHOOL 1041 HARBOR DRIVE WEST COLUMBIA, SC 29169	57-0982351		37,051.	0.			GENERAL SUPPORT

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GOOD SHEPHERD LUTHERAN CHURCH 3909 FOREST DRIVE COLUMBIA, SC 29204	57-0405342		5,000.	0.			GENERAL SUPPORT
GREATER EUROPE MISSION 18950 BASE CAMP ROAD MONUMENT, CO 80132	36-2345199		50,000.	0.			GENERAL SUPPORT
GROWING HOME SOUTHEAST 440 KNOX ABBOTT DRIVE, STE. 250 CAYCE, SC 29033	20-1093091		10,983.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY GEORGETOWN COUNTY SC - 1907 HAMPTON COURT - GEORGETOWN, SC 29440	57-0913768		25,000.	0.			GENERAL SUPPORT
HAMMOND SCHOOL 854 GALWAY LANE COLUMBIA, SC 29209	57-0477924		16,645.	0.			GENERAL SUPPORT
HAPPY WHEELS INC. 133 DUPRE MILL COURT LEXINGTON, SC 29072	45-3147494		10,806.	0.			GENERAL SUPPORT
HARTSVILLE CHRISTMAS IN APRIL PO BOX 2912 HARTSVILLE, SC 29550	57-0972206		25,000.	0.			GENERAL SUPPORT
HARRIET HANCOCK CENTER FOUNDATION 1108 WOODROW STREET COLUMBIA, SC 29205	57-0836466		8,333.	0.			GENERAL SUPPORT
HARVEST HOPE FOOD BANK PO BOX 451 COLUMBIA, SC 29202	57-0725560		134,571.	0.			GENERAL SUPPORT

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HEALING FAMILIES FOUNDATION 2711 COLONIAL DRIVE COLUMBIA, SC 29203	45-3949534		6,263.	0.			GENERAL SUPPORT
HEALING ICONS PO BOX 5194 COLUMBIA, SC 29250	26-3595565		6,143.	0.			GENERAL SUPPORT
HEALING SPECIES PO BOX 1202 ORANGEBURG, SC 29116	57-1087949		31,917.	0.			GENERAL SUPPORT
HEALTH FOUNDATION OF KERSHAW COUNTY - PO BOX 428 - CAMDEN, SC 29021	57-0900155		18,450.	0.			GENERAL SUPPORT
HEALTHY LEARNERS 2749 LAUREL STREET COLUMBIA, SC 29204	57-1127197		22,208.	0.			GENERAL SUPPORT
HEARTWORKS MINISTRY, INC./JUBILEE ACADEMY - PO BOX 4476 - COLUMBIA, SC 29204	57-1119456		31,604.	0.			GENERAL SUPPORT
HEATHWOOD HALL EPISCOPAL SCHOOL 3000 SOUTH BELTLINE BOULEVARD COLUMBIA, SC 29201	57-0358065		120,755.	0.			GENERAL SUPPORT
HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA, FLOOR 2 NEW YORK, NY 10017	13-5562162		10,000.	0.			GENERAL SUPPORT
HISTORIC COLUMBIA FOUNDATION 1601 RICHLAND STREET COLUMBIA, SC 29201	57-6020250		109,122.	0.			GENERAL SUPPORT

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HAMPTON DISTRICT ONE SCHOOLS 372 EAST PINE STREET VARNEVILLE, SC 29944	57-0601405		10,000.	0.			GENERAL SUPPORT
GOOD360 675 N. WASHINGTON STREET SUITE 330 ALEXANDRIA, VA 22314	54-1282616		125,000.	0.			GENERAL SUPPORT
HOME WORKS OF AMERICA INC. 3823 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	56-2027026		272,209.	0.			GENERAL SUPPORT
HOMELESS NO MORE, INC. 2711 MIDDLEBURG DRIVE, SUITE 308 COLUMBIA, SC 29204	57-0898981		25,131.	0.			GENERAL SUPPORT
HOPE LUTHERAN CHURCH 1400 KENNERLY ROAD IRMO, SC 29063	57-0635486		42,000.	0.			GENERAL SUPPORT
HOPE UNLIMITED FOR CHILDREN INC. PO BOX 100 JEFFERSON CITY, TN 37760	33-0480141		20,000.	0.			GENERAL SUPPORT
HUMANE SOCIETY FOR THE PREVENTION OF CRUELTY - SC - 121 HUMANE LANE - COLUMBIA, SC 29209	57-0407367		40,634.	0.			GENERAL SUPPORT
I LIKE GIVING PO BOX 493 ROCKFORD, MI 49341	32-0348113		200,000.	0.			GENERAL SUPPORT
ISLAND DOLPHIN CARE 150 LORELANE PLACE KEY LARGO, FL 33037	65-0728047		10,000.	0.			GENERAL SUPPORT

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IT-LOGY FOUNDATION 1301 GERVAIS STREET, ST. 200 COLUMBIA, SC 29201	47-4933659		50,000.	0.			GENERAL SUPPORT
JASPER PROJECT INC 1219 TAYLOR STREET COLUMBIA, SC 29201	81-1315516		19,200.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF CENTRAL SOUTH CAROLINA - 2711 MIDDLEBURG DRIVE, STE. 105 - COLUMBIA, SC 29204	57-0511131		12,294.	0.			GENERAL SUPPORT
JUSTIN PEPPER FOUNDATION PO BOX 598 CHAPIN, SC 29036	26-1703851		8,088.	0.			GENERAL SUPPORT
KATIE & IRWIN KAHN JEWISH COMMUNITY CENTER - 306 FLORA DRIVE - COLUMBIA, SC 29223	57-0369507		127,558.	0.			GENERAL SUPPORT
KEEP THE MIDLANDS BEAUTIFUL 1307 AUGUSTA ROAD WEST COLUMBIA, SC 29169	57-0888246		28,475.	0.			GENERAL SUPPORT
KERSHAW COUNTY HUMANE SOCIETY 128 BLACK RIVER ROAD CAMDEN, SC 29020	23-7080463		25,500.	0.			GENERAL SUPPORT
LAKE TOXAWAY UNITED METHODIST CHURCH - PO BOX 83 - LAKE TOXAWAY, NC 28747	56-1751733		5,000.	0.			GENERAL SUPPORT
LEEZA'S CARE CONNECTION 201 ST. ANDREWS ROAD COLUMBIA, SC 29210	56-2356697		8,247.	0.			GENERAL SUPPORT

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LANDER UNIVERSITY 320 STANLEY AVENUE GREENWOOD, SC 29649	57-0559320		14,575.	0.			GENERAL SUPPORT
JUSTIN PEPPER HOUSE PO BOX 303 LEXINGTON, SC 29071	47-4592906		5,399.	0.			GENERAL SUPPORT
JOYE IN AIKEN 216 HARMON STREET LEXINGTON, SC 29072	26-2892095		6,000.	0.			GENERAL SUPPORT
LEXINGTON MEDICAL CENTER FOUNDATION - 2720 SUNSET BLVD. - WEST COLUMBIA, SC 29169	57-0906045		15,229.	0.			GENERAL SUPPORT
LEXINGTON/RICHLAND ALCOHOL AND DRUG ABUSE COUNCIL - 2711 COLONIAL DRIVE - COLUMBIA, SC 29203	57-0510076		11,100.	0.			GENERAL SUPPORT
LIGHTHOUSE FOR LIFE 7320 BROAD RIVER ROAD IRMO, SC 29063	47-0969132		25,751.	0.			GENERAL SUPPORT
LUTHERAN FAMILY SERVICES IN THE CAROLINAS - 1118 UNION STREET - COLUMBIA, SC 29201	56-1286323		27,934.	0.			GENERAL SUPPORT
MARCH OF DIMES PO BOX 673667 MARIETTA, GA 30006	13-1846366		10,000.	0.			GENERAL SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 45 COURTENAY DRIVE, MSC 203 - CHARLESTON, SC 29425	57-6000722		12,500.	0.			GENERAL SUPPORT

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

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MEDICAL BENEVOLENCE FOUNDATION 9555 W. SAM HOUSTON PKWY S HOUSTON, TX 77215	62-6046138		25,000.	0.			GENERAL SUPPORT
GOOD SAMARITAN CLINIC PO BOX 158 LEXINGTON, SC 29071	57-1109766		5,661.	0.			GENERAL SUPPORT
MENNONITE DISASTER SERVICE 583 AIRPORT ROAD LITITZ, PA 17543	23-2713127		25,000.	0.			GENERAL SUPPORT
MIDLANDS HOUSING ALLIANCE 2025 MAIN STREET COLUMBIA, SC 29201	20-3524141		12,148.	0.			GENERAL SUPPORT
MIDLANDS TECHNICAL COLLEGE PO BOX 2408 COLUMBIA, SC 29202	57-0427788		16,300.	0.			GENERAL SUPPORT
MINISTRY OF OUTREACH TO SLAVIC TRIBES - PO BOX 1839 - COLUMBIA, SC 29202	57-1133976		7,561.	0.			GENERAL SUPPORT
MIRCI PO BOX 4246 COLUMBIA, SC 29240	57-0984185		9,290.	0.			GENERAL SUPPORT
MISS SOUTH CAROLINA SCHOLARSHIP ORGANIZATION - PO BOX 297 - HARTSVILLE, SC 29551	27-3688727		9,604.	0.			GENERAL SUPPORT
MONTESSORI SCHOOL OF COLUMBIA 411 SOUTH MAPLE STREET COLUMBIA, SC 29205	57-0760592		11,337.	0.			GENERAL SUPPORT

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MONTREAT CONFERENCE CENTER PO BOX 969 MONTREAT, NC 28757	56-0532142		20,000.	0.			GENERAL SUPPORT
MUSCULAR DYSTROPHY ASSOCIATION 121 EXECUTIVE CENTER DRIVE, STE. 13 COLUMBIA, SC 29210	13-1665552		7,500.	0.			GENERAL SUPPORT
MY AMIGOS BILINGUAL EDUCATION CENTER - 132 SAINT DAVIDS CHURCH ROAD - WEST COLUMBIA, SC 29170	36-4631695		10,768.	0.			GENERAL SUPPORT
MISSION LEXINGTON 216 HARMON STREET LEXINGTON, SC 29072	57-0813856		30,353.	0.			GENERAL SUPPORT
MT. CALVARY MISSIONARY BAPTIST CHURCH - 714 CAMDEN HIGHWAY - BISHOPVILLE, SC 29010	06-1816718		5,000.	0.			GENERAL SUPPORT
NEW BEGINNINGS ANIMAL RESCUE PO BOX 557 ORANGEBURG, SC 29116	81-4356471		5,503.	0.			GENERAL SUPPORT
NEW MORNING FOUNDATION 1501 MAIN STREET, SUITE 150 COLUMBIA, SC 29201	95-4894776		614,250.	0.			GENERAL SUPPORT
NEWBERRY OPERA HOUSE 1201 MCKIBBEN STREET NEWBERRY, SC 29108	57-0964360		30,176.	0.			GENERAL SUPPORT
OLIVER GOSPEL MISSION PO BOX 7697 COLUMBIA, SC 29202	57-6027750		19,417.	0.			GENERAL SUPPORT

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NEWBERRY COLLEGE 2100 COLLEGE STREET NEWBERRY, SC 29108	57-0314404		17,840.	0.			GENERAL SUPPORT
ONE LIFE MINISTRIES 143 KILLIAN POINT CIRCLE CHAPIN, SC 29036	20-1048557		30,000.	0.			GENERAL SUPPORT
ORANGEBURG CALHOUN FREE MEDICAL CLINIC - PO BOX 505 - ORANGEBURG, SC 29116	26-3762573		5,100.	0.			GENERAL SUPPORT
ORANGEBURG CALHOUN TECHNICAL COLLEGE FOUNDATION - 3250 ST. MATTHEWS ROAD - ORANGEBURG, SC 29118	57-0657914		29,674.	0.			GENERAL SUPPORT
ORANGEBURG COUNTY FINE ARTS CENTER PO BOX 2106 ORANGEBURG, SC 29116	57-0776091		5,360.	0.			GENERAL SUPPORT
OUR LADY OF THE LAKE CATHOLIC CHURCH - 195 AMICKS FERRY ROAD - CHAPIN, SC 29036	57-0765343		39,000.	0.			GENERAL SUPPORT
PALMETTO ANIMAL ASSISTED LIFE SERVICES - 221 N. GRAMPIAN HILLS ROAD - COLUMBIA, SC 29223	20-8666026		35,768.	0.			GENERAL SUPPORT
PALMETTO & LUNA 3400 COLONIAL DRIVE COLUMBIA, SC 29203	37-1572121		18,883.	0.			GENERAL SUPPORT
PALMETTO AIDS LIFE SUPPORT SERVICES - 2638 TWO NOTCH ROAD, SUITE 108 - COLUMBIA, SC 29204	57-0841427		12,475.	0.			GENERAL SUPPORT

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PALMETTO HEALTH- UNIVERSITY OF SOUTH CAROLINA MEDICAL GROUP - 3555 HARDEN STREET EXTENSION, - COLUMBIA, SC 29203	47-1345819		36,100.	0.			GENERAL SUPPORT
PALMETTO PLACE CHILDREN'S EMERGENCY SHELTER - PO BOX 3395 - COLUMBIA, SC 29230	57-6029097		20,215.	0.			GENERAL SUPPORT
PALMETTO PROJECT INC. 4500 FORT JACKSON BLVD. COLUMBIA, SC 29209	57-0807801		25,232.	0.			GENERAL SUPPORT
PAWMETTO LIFELINE 1275 BOWER PARKWAY COLUMBIA, SC 29212	56-2146419		30,500.	0.			GENERAL SUPPORT
PEE DEE AREA COUNCIL BOY SCOUTS OF AMERICA - PO BOX 268 - FLORENCE, SC 29503	57-0314451		5,000.	0.			GENERAL SUPPORT
PETS INC. PO BOX 6394 WEST COLUMBIA, SC 29171	57-0950870		115,859.	0.			GENERAL SUPPORT
POTTERS STOREHOUSE PO BOX 248 JONESVILLE, SC 29353	27-1318994		15,000.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD SOUTH ATLANTIC 2712 MIDDLEBURG DRIVE, SUITE 107 COLUMBIA, SC 29204	56-1282557		6,626.	0.			GENERAL SUPPORT
PRESBYTERIAN COLLEGE 503 SOUTH BROAD STREET CLINTON, SC 29325	57-0314408		6,600.	0.			GENERAL SUPPORT

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PRISMA HEALTH MIDLANDS FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201	57-0725699		19,614.	0.			GENERAL SUPPORT
RADIUS CHURCH 300 WEST MAIN STREET LEXINGTON, SC 29072	20-2164772		42,000.	0.			GENERAL SUPPORT
RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503	54-0505941		10,000.	0.			GENERAL SUPPORT
RAVI ZACHARIAS INTERNATIONAL MINISTRIES - 3755 MANSELL ROAD - ALPHARETTA, GA 30022	13-3200719		110,000.	0.			GENERAL SUPPORT
REFORMED UNIVERSITY FELLOWSHIP 1414 LADY STREET COLUMBIA, SC 29201	58-1713181		7,076.	0.			GENERAL SUPPORT
RICHLAND COUNTY PUBLIC EDUCATION PARTNERS - PO BOX 50860 - COLUMBIA, SC 29250	46-1300396		9,554.	0.			GENERAL SUPPORT
RICHLAND COUNTY PUBLIC LIBRARY 1431 ASSEMBLY STREET COLUMBIA, SC 29201	57-6000396		13,400.	0.			GENERAL SUPPORT
RICHLAND COUNTY RECREATION COMMISSION - 7473 PARKLANE ROAD - COLUMBIA, SC 29223	30-0217851		5,978.	0.			GENERAL SUPPORT
RICHLAND LIBRARY FRIENDS AND FOUNDATION - 1431 ASSEMBLY STREET - COLUMBIA, SC 29201-3101	57-0758497		7,208.	0.			GENERAL SUPPORT

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RIVERBANKS SOCIETY PO BOX 1060 COLUMBIA, SC 29202	23-7278668		19,679.	0.			GENERAL SUPPORT
RIVERS EDGE RETREAT 1019 GARDEN VALLEY LANE COLUMBIA, SC 29210	26-2972284		10,114.	0.			GENERAL SUPPORT
S.C. JUNIOR GOLF FOUNDATION PO BOX 286 IRMO, SC 29063	57-1021847		60,393.	0.			GENERAL SUPPORT
SAINT ANDREW'S LUTHERAN CHURCH 1416 BROAD RIVER ROAD COLUMBIA, SC 29210	57-0971395		11,400.	0.			GENERAL SUPPORT
SAM SCHMIDT PARALYSIS FOUNDATION PO BOX 3661 PRINCETON, NJ 08543-3661	43-1878305		50,000.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002		62,550.	0.			GENERAL SUPPORT
SANDHILLS SCHOOL 1500 HALLBROOK DRIVE COLUMBIA, SC 29209	57-0532678		34,210.	0.			GENERAL SUPPORT
SC GOVERNOR'S SCHOOL FOR SCIENCE AND MATHEMATICS FOUNDATION - 1122 LADY STREET - COLUMBIA, SC 29201	57-0881347		52,500.	0.			GENERAL SUPPORT
SC SCHOOL FOR THE DEAF AND BLIND 355 CEDAR SPRINGS ROAD SPARTANBURG, SC 29302	57-0693592		6,100.	0.			GENERAL SUPPORT

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SBP 6904 N. MAIN STREET, SUITE 105 COLUMBIA, SC 29203	26-2189665		25,101.	0.			GENERAL SUPPORT
SC COALITION AGAINST DOMESTIC VIOLENCE AND SEXUAL ASSAULT - PO BOX 7776 - COLUMBIA, SC 29202	57-0760811		6,354.	0.			GENERAL SUPPORT
SERVE AND CONNECT PO BOX 6840 COLUMBIA, NC 29260	81-1369953		26,413.	0.			GENERAL SUPPORT
SENIOR RESOURCES INC. 2817 MILLWOOD AVENUE COLUMBIA, SC 29205	57-0484965		18,626.	0.			GENERAL SUPPORT
SEXUAL TRAUMA SERVICES OF THE MIDLANDS - 3830 FOREST DRIVE, STE. 201 - COLUMBIA, SC 29204	57-0763120		11,947.	0.			GENERAL SUPPORT
SHANDON BAPTIST CHURCH 5250 FOREST DRIVE COLUMBIA, SC 29206	57-0341196		15,500.	0.			GENERAL SUPPORT
SHARING GOD'S LOVE INC PO BOX 1021 IRMO, SC 29063	57-0815818		53,838.	0.			GENERAL SUPPORT
SISTERCARE INC. PO BOX 1029 COLUMBIA, SC 29202	57-0722427		19,009.	0.			GENERAL SUPPORT
SOUTH CAROLINA APPLESEED LEGAL JUSTICE CENTER - PO BOX 7187 - COLUMBIA, SC 29202	57-1035023		8,731.	0.			GENERAL SUPPORT

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SOUTH CAROLINA CAMPAIGN TO PREVENT TEEN PREGNANCY - 1331 ELMWOOD AVENUE, SUITE 300 - COLUMBIA, SC 29201	57-0897120		5,521.	0.			GENERAL SUPPORT
SOUTH CAROLINA CONSERVATION DISTRICTS FOUNDATION - PO BOX 8312 - COLUMBIA, SC 29202	57-0643134		10,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES - ONE STILL HOPES DRIVE - WEST COLUMBIA, SC 29169	51-0175068		9,694.	0.			GENERAL SUPPORT
SOUTH CAROLINA GREENHOUSE GROWERS' ASSOCIATION - 4661 CRYSTAL DRIVE - COLUMBIA, SC 29206	57-0868432		6,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA INDEPENDENT COLLEGES & UNIVERSITIES, INC. - PO BOX 12007 - COLUMBIA, SC 29211	57-0343998		25,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA MUSEUM FOUNDATION 301 GERVAIS STREET COLUMBIA, SC 29211	57-0713243		18,976.	0.			GENERAL SUPPORT
SOUTH CAROLINA PHILHARMONIC 500 TAYLOR STREET, SUITE 300 COLUMBIA, SC 29201	57-0742901		29,786.	0.			GENERAL SUPPORT
SOUTH CAROLINA RAILROAD MUSEUM INC. - P.O. BOX 7246 - COLUMBIA, SC 29202	57-0830457		5,518.	0.			GENERAL SUPPORT
SOUTH CAROLINA TECHNICAL COLLEGE SYSTEM FOUNDATION - 111 EXECUTIVE CENTER DRIVE - COLUMBIA, SC 29210	57-0468430		5,000.	0.			GENERAL SUPPORT

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SOUTHERN INTERSCHOLASTIC PRESS ASSOCIATION-ANONYMOUS - 800 SUMTER STREET - COLUMBIA, SC 29229	57-0902917		9,062.	0.			GENERAL SUPPORT
SOUTHERN GUITAR FESTIVAL AND COMPETITION - 3537 RAVEN HILL ROAD - COLUMBIA, SC 29204	47-2911299		24,062.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS SOUTH CAROLINA 109 OAK PARK DRIVE IRMO, SC 29063	57-0680248		12,112.	0.			GENERAL SUPPORT
SPOLETO FESTIVAL USA 14 GEORGE STREET CHARLESTON, SC 29401	57-0660848		149,000.	0.			GENERAL SUPPORT
SQ RESCUE PO BOX 291450 COLUMBIA, SC 29229	57-1105376		5,823.	0.			GENERAL SUPPORT
SPRING VALLEY PRESBYTERIAN CHURCH 125 SPARKLEBERRY LANE COLUMBIA, SC 29229	57-0658173		7,000.	0.			GENERAL SUPPORT
ST. JOHN NEUMANN CATHOLIC SCHOOL 721 POLO ROAD COLUMBIA, SC 29223	57-0812070		38,967.	0.			GENERAL SUPPORT
ST. JOHN'S EPISCOPAL CHURCH 2827 WHEAT STREET COLUMBIA, SC 29205	57-0314412		7,000.	0.			GENERAL SUPPORT
ST. JOSEPH CATHOLIC SCHOOL 3700 DEVINE STREET COLUMBIA, SC 29205	57-0379950		26,152.	0.			GENERAL SUPPORT

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ST. PETER'S CATHOLIC SCHOOL 1035 HAMPTON STREET COLUMBIA, SC 29201	57-1002093		21,615.	0.			GENERAL SUPPORT
ST. THOMAS LUTHERAN CHURCH 215 ST THOMAS CHURCH ROAD CHAPIN, SC 29036	57-0751202		6,467.	0.			GENERAL SUPPORT
SPCA ALBRECHT CENTER FOR ANIMAL WELFARE - 199 WILLOW RUN ROAD - AIKEN, SC 29801	57-0329782		21,800.	0.			GENERAL SUPPORT
SUMTER COUNTY GALLERY OF ART PO BOX 1316 SUMTER, SC 29151	23-7130803		17,525.	0.			GENERAL SUPPORT
TEACH FOUNDATION 214 NORTH 5TH STREET HARTSVILLE, SC 29550	45-2542245		475,000.	0.			GENERAL SUPPORT
THE ANIMAL MISSION 127 HUMANE LANE COLUMBIA, SC 29209	57-0921521		7,395.	0.			GENERAL SUPPORT
THE BOYS AND GIRLS CLUB OF THE MIDLANDS INC. - 500 GRACERN ROAD, SUITE 200 - COLUMBIA, SC 29210	57-0399808		6,765.	0.			GENERAL SUPPORT
THE CENTER FOR BIRDS OF PREY PO BOX 1247 CHARLESTON, SC 29402	57-0966813		25,000.	0.			GENERAL SUPPORT
THE CHURCH OF THE REDEEMER PO DRAWER 9 ORANGEBURG, SC 29115	57-0314431		10,300.	0.			GENERAL SUPPORT

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THE COLUMBIA MUSEUM OF ART 1515 MAIN STREET COLUMBIA, SC 29201	57-6007869		210,501.	0.			GENERAL SUPPORT
THE COOPERATIVE MINISTRY 3821 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	57-0825025		31,329.	0.			GENERAL SUPPORT
THE FREE MEDICAL CLINIC INC 1875 HARDEN STREET COLUMBIA, SC 29240	57-0779279		10,492.	0.			GENERAL SUPPORT
THE FRIENDS OF DARLINGTON COUNTY LIBRARY - 204 N. MAIN STREET - DARLINGTON, OR 29532	58-5160810		24,000.	0.			GENERAL SUPPORT
THE HEARTWORM PROJECT PO BOX 7308 WEST COLUMBIA, SC 29171	61-1463387		8,475.	0.			GENERAL SUPPORT
THE HUMANE SOCIETY OF THE UNITED STATES - 2100 L STREET, NW - WASHINGTON, DC 20037	53-0225390		6,888.	0.			GENERAL SUPPORT
THE KILGORIS PROJECT BOX 606, 405 EL CAMINO REAL MENLO PARK, CA 94025-5240	27-2021983		20,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY 801 GERVAIS STREET, SUITE 202 COLUMBIA, SC 29201	53-0242652		11,445.	0.			GENERAL SUPPORT
THE LONG BAY SYMPHONY 1107 48TH AVE. N. SUITE 310-E MYRTLE BEACH, SC 29577	57-0854961		10,000.	0.			GENERAL SUPPORT

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THE HARRELSON CENTER 20 NORTH 4TH ST. STE 214 WILMINGTON, NC 28401	20-3598248		10,000.	0.			GENERAL SUPPORT
THE HIVE COMMUNITY CIRCLE P.O. BOX 292288 COLUMBIA, SC 29229	47-0992295		13,246.	0.			GENERAL SUPPORT
THE NORTH EASTERN STRATEGIC ALLIANCE - PO BOX 100547 - FLORENCE, SC 29502	30-0128034		10,000.	0.			GENERAL SUPPORT
THE NURTURING CENTER 1332 PICKENS STREET COLUMBIA, SC 29201	57-0875498		82,540.	0.			GENERAL SUPPORT
THE PALMETTO CONSERVATION FOUNDATION - 722 KING STREET - COLUMBIA, SC 29205	57-0907043		6,520.	0.			GENERAL SUPPORT
THE SALVATION ARMY OF THE MIDLANDS 3024 FARROW ROAD COLUMBIA, SC 29203	58-0660607		16,117.	0.			GENERAL SUPPORT
THE SUMTER COUNTY MUSEUM PO BOX 1456 SUMTER, SC 29151	57-0891753		9,254.	0.			GENERAL SUPPORT
THE THERAPY PLACE 3620 COVENANT ROAD COLUMBIA, SC 29204	26-2197304		18,731.	0.			GENERAL SUPPORT
THE TRUST FOR PUBLIC LAND 100 M. STREET SE, SUITE 700 WASHINGTON, DC 20003	23-7222333		5,510.	0.			GENERAL SUPPORT

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THE LEUKEMIA & LYMPHOMA SOCIETY - SOUTH CAROLINA CHAPTER - 107 WESTPARK BOULEVARD, STE. 150 - COLUMBIA, SC 29210	13-5644916		13,429.	0.			GENERAL SUPPORT
TRENT HILL CENTER FOR CHILDREN & FAMILIES - 121 N. FIFTH STREET, SUITE 200 - HARTSVILLE, SC 29550	47-5630788		5,000.	0.			GENERAL SUPPORT
TRINITY EPISCOPAL CATHEDRAL 1100 SUMTER STREET COLUMBIA, SC 29201	57-0314419		62,030.	0.			GENERAL SUPPORT
TRINITY UNITED METHODIST CHURCH 1201 MOHAWK DRIVE WEST COLUMBIA, SC 29169	57-0697205		11,000.	0.			GENERAL SUPPORT
TRUSTUS THEATRE 520 LADY STREET COLUMBIA, SC 29211	57-0804610		10,162.	0.			GENERAL SUPPORT
TULANE UNIVERSITY BURSAR'S OFFICE #168535 MCALISTER NEW ORLEANS, LA 70118	72-0423889		8,500.	0.			GENERAL SUPPORT
UNITED NEGRO COLLEGE FUND, INC. PO BOX 2503 FLORENCE, SC 29503	13-1624241		10,000.	0.			GENERAL SUPPORT
UNITED STATES ASSOCIATION OF BLIND ATHLETES INC. - 1 OLYMPIC PLAZA - COLORADO SPRINGS, CO 80909	31-0977121		30,000.	0.			GENERAL SUPPORT
UNITED WAY OF AIKEN COUNTY PO BOX 699 AIKEN, SC 29802	57-0360086		5,000.	0.			GENERAL SUPPORT

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UNITED WAY OF DARLINGTON PO BOX 2 DARLINGTON, SC 29532	57-0429222		7,553.	0.			GENERAL SUPPORT
UNITED WAY OF FLORENCE COUNTY 1621 WEST PALMETTO STREET FLORENCE, SC 29501	57-0368721		27,512.	0.			GENERAL SUPPORT
UNITED WAY OF HARTSVILLE PO BOX 756 HARTSVILLE, SC 29551	23-7125629		75,053.	0.			GENERAL SUPPORT
UNITED WAY OF KERSHAW COUNTY PO BOX 737 CAMDEN, SC 29020	57-0717334		5,000.	0.			GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396		242,349.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA DEVELOPMENT FOUNDATION - 1600 HAMPTON STREET, SUITE 736 - COLUMBIA, SC 29208	57-6026593		5,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - 1027 BARNWELL STREET - COLUMBIA, SC 29208	57-6017985		191,903.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA OFFICE OF STUDENT FINANCIAL AID 800 UNIVERSITY WAY - SPARTANBURG, SC 29303	57-6001153		94,528.	0.			GENERAL SUPPORT
UNITED WAY OF THE CAPE FEAR AREA 5919 OLEANDER DRIVE BUILDING II, ST WILMINGTON, SC 28403	56-0529949		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
UNITED WAY OF HORRY COUNTY INC 761 CENTURY CIRCLE CONWAY, SC 29526	57-0558692		25,000.	0.			GENERAL SUPPORT
VASSAR BROTHERS HOSPITAL FOUNDATION - 45 READE PLACE - POUGHKEEPSIE, NY 12601	14-1736429		8,000.	0.			GENERAL SUPPORT
VILLAGE CHURCH 574 RIMER POND ROAD BLYTHEWOOD, SC 29016	57-1130583		52,250.	0.			GENERAL SUPPORT
VIRGINIA MUSEUM OF FINE ARTS FOUNDATION - 200 N. BOULEVARD - RICHMOND, VA 23220	51-0205333		5,000.	0.			GENERAL SUPPORT
WELVISTA 121 GREYSTONE BOULEVARD COLUMBIA, SC 29210	56-2034627		9,600.	0.			GENERAL SUPPORT
WEST COLUMBIA BEAUTIFICATION FOUNDATION - PO BOX 4044 - WEST COLUMBIA, SC 29171	26-1996052		38,034.	0.			GENERAL SUPPORT
WILSON HALL SCHOOL 520 WILSON HALL ROAD SUMTER, SC 29150	57-0485507		6,800.	0.			GENERAL SUPPORT
WINTHROP UNIVERSITY 638 OAKLAND AVENUE ROCK HILL, SC 29733	57-6001204		21,250.	0.			GENERAL SUPPORT
WILMINGTON AREA REBUILDING MINISTRY, INC - 5058 WRIGHTSVILLE AVENUE - WILMINGTON, NC 28403	56-2076795		5,000.	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
WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG, SC 29303	57-0314422		78,025.	0.			GENERAL SUPPORT
WOMEN'S RIGHTS AND EMPOWERMENT NETWORK - 1501 MAIN STREET, SUITE 130 - COLUMBIA, SC 29201	81-0775184		29,180.	0.			GENERAL SUPPORT
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590		5,000.	0.			GENERAL SUPPORT
WILLIAMSBURG COUNTY SCHOOL DISTRICT - 500 N. ACADEMY STREET - KINSTREE, SC 29556	57-6000411		10,000.	0.			GENERAL SUPPORT
YMCA OF THE UPPER PEE DEE 111 EAST CAROLINA AVENUE HARTSVILLE, SC 29550	57-0794011		70,000.	0.			GENERAL SUPPORT
YOUNG LIFE COLUMBIA PO BOX 5772 COLUMBIA, SC 29250	84-0385934		784,963.	0.			GENERAL SUPPORT
YOUTH CORPS PO BOX 211126 COLUMBIA, SC 29221	33-1111258		22,300.	0.			GENERAL SUPPORT
DEPARTMENT OF EDUCATION PO BOX 790321 ST. LOUIS, MO 63179	52-1198289		36,012.	0.			GENERAL SUPPORT
DILLON SCHOOL DISTRICT FOUR 1738 HIGHWAY 301 NORTH DILLON, SC 29536	57-6000343		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
DISTRICT FIVE FOUNDATION FOR EDUCATIONAL EXCELLENCE - PO BOX 129 - BALLENTINE, SC 29002	27-1652805		5,538.	0.			GENERAL SUPPORT
DOWNTOWN CHURCH 2030 GREGG STREET COLUMBIA, SC 29201	45-5444017		51,055.	0.			GENERAL SUPPORT
WASHINGTON STREET UNITED METHODIST CHURCH FOUNDATION - 1401 WASHINGTON STREET - COLUMBIA, SC 29201	57-0354654		5,700.	0.			GENERAL SUPPORT
EASTERN CAROLINA COMMUNITY FOUNDATION - MARLBORO COUNTY LTRG C/O EASTER CAROLINA COMMUNTY FDN.PO BOX 1615 - FLORENCE, SC	20-4654550		25,000.	0.			GENERAL SUPPORT
EASTERN CAROLINA HOMELESSNESS ORGANIZATION INC - 1204 N. KINGS HIGHWAY - MYRTLE BEACH, SC 29577	83-0421712		25,000.	0.			GENERAL SUPPORT
HOMEWARD BOUND PET RESCUE PO BOX 4335 IRMO, SC 29063	27-2693717		6,941.	0.			GENERAL SUPPORT
HOSPICE AND PALLIATIVE CARE FOUNDATION - PO BOX 151 - DRAYTON, SC 29333	57-1107253		10,914.	0.			GENERAL SUPPORT
LITTLE PEE DEE BAPTIST ASSOCIATION ATTN: MARION COUNTY LONG-TERM RECOVERY GROUP PO BOX 394 - MULLINS, SC 29574	37-1561444		65,000.	0.			GENERAL SUPPORT
LOGAN ELEMENTARY FOUNDATION 815 ELMWOOD AVE COLUMBIA, SC 29201	38-3840462		11,036.	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
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835		25,500.	0.			GENERAL SUPPORT
NATIONAL ALLIANCE ON MENTAL ILLNESS - SOUTH CAROLINA - PO BOX 1267 - COLUMBIA, SC 29202	57-0822032		6,998.	0.			GENERAL SUPPORT
NEEMA CHILDREN'S HOME PO BOX 757 LEXINGTON, SC 29071	46-1070445		7,500.	0.			GENERAL SUPPORT
NORTH CAROLINA EQUAL ACCESS TO JUSTICE FOUNDATION, INC. - PO BOX 2448 - RALEIGH, NC 27602	26-2466688		20,000.	0.			GENERAL SUPPORT
NORTH CAROLINA STATE UNIVERSITY FOUNDATION INC. - CAMPUS BOX 7474 - RALEIGH, NC 27695	56-6049503		7,000.	0.			GENERAL SUPPORT
ROBERT S & VIVIAN JOHNSON FOUNDATION - PO BOX 476 - LATTA, SC 29565	83-3588620		65,000.	0.			GENERAL SUPPORT
ROCKY BOTTOM RETREAT AND CONFERENCE CENTER FOR THE BLIND - 119 S. KILBOURNE ROAD - COLUMBIA, SC 29205	57-0728950		6,117.	0.			GENERAL SUPPORT
SALUDA SHOALS FOUNDATION 5605 BUSH RIVER ROAD COLUMBIA, SC 29212	57-1027247		201,227.	0.			GENERAL SUPPORT
SHEPHERD'S FIELD CHRISTIAN CHURCH PO BOX 156 SANTEE, SC 29142	20-2564899		26,000.	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 CONFERENCE UNITED METHODIST CHURCH 4908 COLONIAL DRIVE - COLUMBIA, SC 29203	57-0327882		50,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA COUNCIL ON COMPETITIVENESS - 1411 GERVAIS STREET, STE. 450 - COLUMBIA, SC 29201	20-1690146		50,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES - PO BOX 167 - COLUMBIA, SC 29202	57-6000286		270,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA FOUNDATION FOR EDUCATIONAL LEADERSHIP - 1 FERNANDINA COURT - COLUMBIA, SC 29212	57-0941342		5,375.	0.			GENERAL SUPPORT
SOUTH CAROLINA HIV/AIDS COUNCIL 1813 LAUREL STREET COLUMBIA, SC 29201	57-0994526		11,865.	0.			GENERAL SUPPORT
SOUTH CAROLINA NATIONAL GUARD FOUNDATION - PO BOX 7606 - COLUMBIA, SC 29202	57-0878323		17,500.	0.			GENERAL SUPPORT
SOUTH CAROLINA STATE UNIVERSITY OFFICE OF FINANCIAL AID 300 COLLEGE STREET, NE - COLUMBIA, SC 29117	57-6000950		5,675.	0.			GENERAL SUPPORT
SOWING SEEDS INTO THE MIDLANDS 2111 LADY STREET, SUITE A COLUMBIA, SC 29204	46-4771636		10,810.	0.			GENERAL SUPPORT
TALK SERVICES PO BOX 2155 WEST COLUMBIA, SC 29171	27-4606784		6,997.	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 BROOKLAND FOUNDATION PO BOX 2026 COLUMBIA, SC 29202	57-0994150		6,010.	0.			GENERAL SUPPORT
THE COURAGE CENTER 1205 OLD CHEROKEE ROAD LEXINGTON, SC 29072	35-2577034		28,444.	0.			GENERAL SUPPORT
THE DUSTIN JOHNSON FOUNDATION 1097 TPC BOULEVARD MURRELLS INLET, SC 29576	81-3501480		10,000.	0.			GENERAL SUPPORT
THE FRIENDSHIP 2827 WHEAT STREET COLUMBIA, SC 29205	46-4035107		5,332.	0.			GENERAL SUPPORT
THE RIVER ALLIANCE 400 RIVERMONT DRIVE COLUMBIA, SC 29210	57-1024824		15,620.	0.			GENERAL SUPPORT
THE SELDEN K. SMITH FOUNDATION FOR HOLOCAUST EDUCATION - PO BOX 25740 - COLUMBIA, SC 29224	27-2776720		6,817.	0.			GENERAL SUPPORT
THE SOUPER BOWL OF CARING PO BOX 23224 COLUMBIA, SC 29224	58-2323535		5,000.	0.			GENERAL SUPPORT
TOGETHER SC 400 ARBOR LAKE DRIVE, SUITE B-500 COLUMBIA, SC 29223	57-1057398		9,500.	0.			GENERAL SUPPORT
TREES FOR TOMORROW PO BOX 578 HARTSVILLE, SC 29551	57-1024178		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
TRENHOLM ROAD UNITED METHODIST CHURCH FOUNDATION - 3401 TRENHOLM ROAD - COLUMBIA, SC 29204	57-1087695		20,000.	0.			GENERAL SUPPORT
TRINITY-BRYNES COLLEGIATE SCHOOL 5001 HOFFMEYER ROAD DARLINGTON, SC 29532	57-1013495		25,000.	0.			GENERAL SUPPORT
TROOP APPRECIATION FISHING FUND FOUNDATION - PO BOX 86 - CHAPIN, SC 29036	81-3104561		7,343.	0.			GENERAL SUPPORT
UNITED WAY ASSOCIATION OF SOUTH CAROLINA - 914 RICHLAND STREET, SUITE A201 - COLUMBIA, SC 29201	57-0515275		20,000.	0.			GENERAL SUPPORT
UNITED WAY OF CHESTERFIELD COUNTY PO BOX 433 CHESTERFIELD, SC 29709	57-0919420		28,608.	0.			GENERAL SUPPORT
WASHINGTON & LEE UNIVERSITY 204 WEST WASHINGTON STREET DEVELOPMENT BUILDING - LEXINGTON, VA 24450	54-0505977		5,000.	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 noncash 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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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 (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**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" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2018



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

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

**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)	190,261.	0.	0.	24,947.	0.	215,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	80	2,285,828.	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 isn't 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 nonstandard 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 didn't 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) 2018



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 B, LINE 11B:

THE ORGANIZATION'S VICE PRESIDENT OF FINANCE AND ADMINISTRATION REVIEWS THE FORM 990 WITH THE PUBLIC ACCOUNTING FIRM TO ENSURE ACCURACY. THE FORM 990 IS THEN PRESENTED TO THE AUDIT 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.

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.

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

ALL FINANCIAL STATEMENTS AND FORM 990S ARE AVAILABLE ON GUIDE STAR.

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

CONTRIBUTIONS TO AGENCY ENDOWMENTS	-1,626,843.
INTEREST AND DIVIDENDS RECEIVED FOR AGENCY ENDOWMENTS	-351,348.
PROCEEDS FROM SALES OF AGENCY ENDOWMENT SECURITIES	-184,024.
GRANTS TO AGENCY ENDOWMENTS	705,172.
APPRECIATION OR DEPRECIATION OF AGENCY ENDOWMENT SECURITIES	-80,187.
MANAGEMENT AND ADMINISTRATION OF AGENCY ENDOWMENTS	5,582.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	5,539.
TOTAL TO FORM 990, PART XI, LINE 9	-1,526,109.

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization <b>CENTRAL CAROLINA COMMUNITY FOUNDATION</b>	Employer identification number <b>57-0793960</b>
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**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		530,000.	CENTRAL CAROLINA COMMUNITY FOUNDATION
CCCF RE HOLDINGS (TRAM NW), LLC, 2711 MIDDLEBURG DR, SUITE 213, COLUMBIA, SC 29204	REAL ESTATE	SOUTH CAROLINA		823,750.	CENTRAL CAROLINA COMMUNITY FOUNDATION
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 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) 2018





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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



