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CLIENT'S COPY

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

# 2020

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 or person subject to tax

Taxpayer identification number

**CENTRAL CAROLINA COMMUNITY FOUNDATION**

**57-0793960**

Name and title of officer or person subject to tax

**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, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, 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</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>26,646,536.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**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 tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶ *JoAnn M. Turnquist*

Date ▶ **05/16/2022**

### 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.

**58030380379**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 ▶ MAULDIN & JENKINS, LLC Date ▶ 05/16/22

**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** (2020)



MAY 16, 2022

CENTRAL CAROLINA COMMUNITY FOUNDATION  
2142 BOYCE STREET NO. 402  
COLUMBIA, SC 29201

DEAR KEVIN:

ENCLOSED IS THE 2020 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2020 FORM 990

A COPY SHOULD BE RETAINED FOR YOUR FILES.

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

SINCERELY,

DAVID L. SPLITTGERBER, CPA  
PARTNER

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

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**PREPARED FOR:**

CENTRAL CAROLINA COMMUNITY FOUNDATION  
2142 BOYCE STREET NO. 402  
COLUMBIA, SC 29201

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**PREPARED BY:**

MAULDIN & JENKINS, LLC  
508 HAMPTON STREET  
COLUMBIA, SC 29201

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 16, 2022

MAULDIN & JENKINS WILL NOT SUBMIT THE FORM 990 TO THE SECRETARY OF STATE FOR SC. PLEASE MAKE SURE TO SUBMIT THE FORM 990 TO THE SECRETARY OF STATE FOR SC ON OR BEFORE MAY 17, 2021.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

▶ 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.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<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>		<b>D</b> Employer identification number <b>57-0793960</b>
	Doing business as		<b>E</b> Telephone number <b>803-254-5601</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>26,646,536.</b>
	<b>2142 BOYCE STREET</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBIA, SC 29201</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<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>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>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE PROMOTE, FACILITATE AND INCREASE PHILANTHROPY TO CREATE A SUSTAINABLE IMPACT WITHIN OUR</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>26</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>26</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>12</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>26</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</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>36,826,754.</b>	<b>16,277,992.</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>5,788,557.</b>	<b>10,127,347.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>148,561.</b>	<b>241,197.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>42,763,872.</b>	<b>26,646,536.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>21,662,892.</b>	<b>15,130,512.</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>1,054,743.</b>	<b>1,137,634.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>747,755.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,710,096.</b>	<b>778,988.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>24,427,731.</b>	<b>17,047,134.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>18,336,141.</b>	<b>9,599,402.</b>	
<b>Net Assets or Fund Balances</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>163,448,012.</b>	<b>200,312,368.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>16,576,381.</b>	<b>21,207,063.</b>
		<b>146,871,631.</b>	<b>179,105,305.</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	Date			
	<b>JOANN M TURNQUIST, PRESIDENT/CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID L. SPLITTGERBER, CP</b>	Preparer's signature <b>DAVID L. SPLITTGERBE</b>	Date <b>05/16/22</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>	Phone no. <b>803-799-5810</b>		
Firm's address ▶ <b>508 HAMPTON STREET</b> <b>COLUMBIA, SC 29201</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 \$ 15,821,491. including grants of \$ 15,130,512. ) (Revenue \$ 10,368,544. ) 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 on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 15,821,491.

**Part IV Checklist of Required Schedules**

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

**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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</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>24d</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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	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		
	2a		12
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<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 on 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?		
<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		1
<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	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<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.)	11b	
<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>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<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>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	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<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? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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 on Schedule O.		
	1a 26		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 26		
<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, 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 on 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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. See instructions for the order in which to list the persons above.

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) MS. JOANN TURNQUIST PRESIDENT/CEO	40.00			X			212,558.	0.	14,468.	
(2) MR. KEVIN PATTEN VICE PRESIDENT FOR FINANCE	40.00				X		126,301.	0.	9,413.	
(3) MS. MICHELLE HARDY VICE PRESIDENT, ADVANCEMENT	40.00				X		124,088.	0.	6,275.	
(4) MS. ERIN JOHNSON VICE PRESIDENT, COMMUNITY INVESTMENT	40.00				X		114,319.	0.	5,600.	
(5) MR. VAN ANDERSON BOARD MEMBER	1.00	X					0.	0.	0.	
(6) MS. SHARON BRYANT CHAIR	1.00	X					0.	0.	0.	
(7) MR. TUSHAR CHIKHLIKER BOARD MEMBER	1.00	X					0.	0.	0.	
(8) MS. JILL DAVIS SECRETARY/TREASURER	1.00	X					0.	0.	0.	
(9) MS. CHRISTI EPPS BOARD MEMBER	1.00	X					0.	0.	0.	
(10) MS. FELICIA RHUE-HOWARD BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MS. BHAVNA VASUDEVA BOARD MEMBER	1.00	X					0.	0.	0.	
(12) MS. JULIE BRENAN BOARD MEMBER	1.00	X					0.	0.	0.	
(13) MR. HENRY CLAY BOARD MEMBER	1.00	X					0.	0.	0.	
(14) MR. CALVIN ELAM VICE CHAIR	1.00	X					0.	0.	0.	
(15) MS. BETH RICHARDSON BOARD MEMBER	1.00	X					0.	0.	0.	
(16) MS. SARA FAWCETT BOARD MEMBER	1.00	X					0.	0.	0.	
(17) MR. SCOTT MACFARLAND 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) MS. CANDACE C. SHIVER BOARD MEMBER	1.00	X						0.	0.	0.
(19) MS. HARRIETT GREEN BOARD MEMBER	1.00	X						0.	0.	0.
(20) MR. CORY MANNING BOARD MEMBER	1.00	X						0.	0.	0.
(21) MR. KEN MAY BOARD MEMBER	1.00	X						0.	0.	0.
(22) MR. SCOTT MCCLELLAND BOARD MEMBER	1.00	X						0.	0.	0.
(23) MS JULIE ALBRECHT BOARD MEMBER	1.00	X						0.	0.	0.
(24) MR. CLIFF BOURKE, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(25) MR. ANDY FOLSOM BOARD MEMBER	1.00	X						0.	0.	0.
(26) MR. ROB GODFREY BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								577,266.	0.	35,756.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								577,266.	0.	35,756.

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, 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 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 (check all that apply)						(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			
(27) MR. CHARLES KAHN BOARD MEMBER	1.00	X						0.	0.	0.
(28) MR. TROY SIMPSON BOARD MEMBER	1.00	X						0.	0.	0.
(29) MR. STACY S. STOKES BOARD MEMBER	1.00	X						0.	0.	0.
(30) MR. STEVE WADDELL BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	16,277,992.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,147,636.				
	<b>h Total.</b> Add lines 1a-1f .....			16,277,992.			
Program Service Revenue	<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 .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		5,363,015.	5,363,015.			
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	3,969,060.	795,272.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	0.	0.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	3,969,060.	795,272.			
<b>d</b> Net gain or (loss) .....			4,764,332.	4,764,332.			
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</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>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> ADMINISTRATIVE INCOME	<b>Business Code</b>	900099	241,197.	241,197.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			241,197.			
<b>12 Total revenue.</b> See instructions .....			26,646,536.	10,368,544.	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 ...	15,130,512.	15,130,512.		
<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 .....				
<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 .....	1,002,172.	365,795.	240,520.	395,857.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,800.	22,192.	14,592.	24,016.
<b>9</b> Other employee benefits .....	4,846.	1,769.	1,158.	1,919.
<b>10</b> Payroll taxes .....	69,816.	25,483.	16,741.	27,592.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	4,500.	1,643.	1,080.	1,777.
<b>c</b> Accounting .....	16,589.	6,055.	3,981.	6,553.
<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.)	52,747.	19,253.	12,659.	20,835.
<b>12</b> Advertising and promotion .....	55,137.	20,125.	13,233.	21,779.
<b>13</b> Office expenses .....	52,800.	19,272.	12,672.	20,856.
<b>14</b> Information technology .....	47,971.	17,509.	11,513.	18,949.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	156,512.	57,127.	37,563.	61,822.
<b>17</b> Travel .....	2,678.	977.	644.	1,057.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	13,381.		13,381.	
<b>23</b> Insurance .....	184,372.	67,293.	44,256.	72,823.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>COMMUNICATIONS AND MARK</b>	124,326.	45,379.	29,838.	49,109.
<b>b</b> <b>PROFESSIONAL AND ADMINI</b>	57,013.	17,106.	21,426.	18,481.
<b>c</b> <b>PROFESSIONAL DEVELOPMEN</b>	10,962.	4,001.	2,631.	4,330.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	17,047,134.	15,821,491.	477,888.	747,755.
<b>26</b> <b>Joint costs.</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,125,714.	<b>1</b>	8,524,810.
	<b>2</b> Savings and temporary cash investments .....	3,952,514.	<b>2</b>	2,820,552.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	12,800.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<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 .....	39,609.	<b>9</b>	43,264.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,283,167.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 174,633.	6,335,024.	<b>10c</b> 5,108,534.
	<b>11</b> Investments - publicly traded securities .....	132,987,350.	<b>11</b>	168,208,562.
	<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 .....	14,007,801.	<b>15</b>	15,593,846.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	163,448,012.	<b>16</b>	200,312,368.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	34,980.	<b>17</b>	37,441.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	1,100,000.	<b>24</b>	666,667.
	<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 .....	15,441,401.	<b>25</b>	20,502,955.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	16,576,381.	<b>26</b>	21,207,063.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	132,861,647.	<b>27</b>	163,841,329.
	<b>28</b> Net assets with donor restrictions .....	14,009,984.	<b>28</b>	15,263,976.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	146,871,631.	<b>32</b>	179,105,305.
<b>33</b> Total liabilities and net assets/fund balances .....	163,448,012.	<b>33</b>	200,312,368.	



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,646,536.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,047,134.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,599,402.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	146,871,631.
5	Net unrealized gains (losses) on investments	5	27,077,900.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,443,628.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	179,105,305.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CENTRAL CAROLINA COMMUNITY FOUNDATION

Employer identification number
57-0793960

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

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

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

Number of supported organizations input field

g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15221725.	22697063.	25232430.	36763962.	16277992.	116193172
<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 .....	15221725.	22697063.	25232430.	36763962.	16277992.	116193172
<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) .....						18788487.
<b>6 Public support.</b> Subtract line 5 from line 4.						97404685.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	15221725.	22697063.	25232430.	36763962.	16277992.	116193172
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2596820.	2977474.	3994587.	4559907.	5363015.	19491803.
<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						135684975
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	71.79 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	73.04 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

**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 line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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 ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			





**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2020**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
ANONYMOUS	8,953,240.	6,239,540.
ANONYMOUS	2,981,420.	267,720.
ANONYMOUS	7,267,575.	4,553,875.
ANONYMOUS	3,294,133.	580,433.
ANONYMOUS	4,469,197.	1,755,497.
ANONYMOUS	8,068,822.	5,355,122.
ANONYMOUS	2,750,000.	36,300.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		18,788,487.

**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

**2020**

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 <b>CENTRAL CAROLINA COMMUNITY FOUNDATION</b>	Employer identification number <b>57-0793960</b>
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**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	\$ 400,000.	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	\$ 755,679.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,025,539.	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	\$ 362,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,521,500.	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	\$ 502,000.	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 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	<b>ANONYMOUS</b>  2142 BOYCE STREET SUITE 402  COLUMBIA, SC 29201	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input 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 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
2	STOCK GIFTS _____ _____ _____	\$ 755,679.	11/18/20
4	STOCK GIFTS _____ _____ _____	\$ 261,359.	03/15/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>CENTRAL CAROLINA COMMUNITY FOUNDATION</b>	Employer identification number  <b>57-0793960</b>
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**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 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, Aggregate value at end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details (states, policy, hours, expenses). 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.



**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 make 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 program
  - 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 Term 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	5,033,516.			5,033,516.
b Buildings				
c Leasehold improvements	72,600.		17,545.	55,055.
d Equipment	177,051.		157,088.	19,963.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>5,108,534.</b>

**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) ACCRUED INTEREST	6,111.
(2) INTEREST IN LEAD ANNUITY TRUST	935,058.
(3) INTEREST IN LIFE INSURANCE POLICIES	156,590.
(4) INTEREST IN UNITRUSTS	14,496,087.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	15,593,846.

**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	99,710.
(3) DUE TO SUPPORTING ORGS	5,184,718.
(4) HELD AS AGENCY ENDOWMENT	15,159,738.
(5) LIFE INSURANCE PAYABLE TO OTHER	
(6) CHARITIES	58,789.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	20,502,955.

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 FASB 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>	49,061,566.
<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>	27,077,900.
<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>	27,077,900.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	21,983,666.
<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>	4,662,870.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,662,870.
<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>	26,646,536.

**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>	16,827,892.
<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>	16,827,892.
<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>	219,242.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	219,242.
<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>	17,047,134.

**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	1,456,658.
APPRECIATION OF AGENCY ENDOWMENT SECURITIES	2,388,913.
INTEREST AND DIVIDENDS RECEIVED FOR AGENCY ENDOWMENTS	467,584.
SALE OF AGENCY ENDOWMENT SECURITIES	349,715.
<b>TOTAL TO SCHEDULE D, PART XI, LINE 4B</b>	<b>4,662,870.</b>

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS TO AGENCY ENDOWMENTS 219,242.

**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

**2020**

**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
A MOMENT OF HOPE PO BOX 12684 COLUMBIA, SC 29211	46-1260073		72,047.	0.			GENERAL SUPPORT
ABLE SOUTH CAROLINA 720 GRACERN ROAD, SUITE 106 COLUMBIA, SC 29210	58-2336332		17,119.	0.			GENERAL SUPPORT
ACE BASIN GROWERS 1464 CAROLINA AVE ORANGEBURG, SC 29115	84-1827585		25,000.	0.			GENERAL SUPPORT
ACERCAMIENTO HISPANO DE CAROLINA DEL SUR - 827 WILDWOOD AVE, SUITE 200 - COLUMBIA, SC 29203	57-1030805		16,945.	0.			GENERAL SUPPORT
ALDERSGATE SPECIAL NEEDS MINISTRY PO BOX 5781 COLUMBIA, SC 29250	20-0371139		6,578.	0.			GENERAL SUPPORT
ALLENDALE COUNTY ALIVE INC 413 BARNWELL HIGHWAY ALLENDALE, SC 29810	58-2399005		25,000.	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) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALLENDALE ENTERPRISE 116 SUSAN STREET ALLENDALE, SC 29810	47-2708016		25,000.	0.			GENERAL SUPPORT
ALS ASSOCIATION SOUTH CAROLINA CHAPTER - 7499 PARKLANE ROAD, SUITE 144 - COLUMBIA, SC 29223	20-3780277		10,000.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY, INC 1901 BRUNSWICK AVE #100 CHARLOTTE, NC 28207	13-1788491		10,697.	0.			GENERAL SUPPORT
AMERICAN JUNIOR GOLF ASSOCIATION 1980 SPORTS CLUB DRIVE BRASELTON, GA 30517	58-1433914		10,000.	0.			GENERAL SUPPORT
AMERICAN NICARAGUAN FOUNDATION 1000 NW 57TH CT, SUITE 170 MIAMI, FL 33126	65-0326517		10,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 3531 PAMPAS DRIVE MYRTLE BEACH, SC 29577	53-0196605		111,791.	0.			GENERAL SUPPORT
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 424 EAST 92ND STREET - NEW YORK, NY 10128	13-1623829		7,113.	0.			GENERAL SUPPORT
ANDERSON UNIVERSITY ANDERSON CENTRAL 316 BOULEVARD ANDERSON, SC 29621	57-0324906		40,500.	0.			GENERAL SUPPORT
ANIMAL PROTECTION LEAGUE OF SOUTH CAROLINA - PO BOX 3015 - WEST COLUMBIA, SC 29171	57-0740991		26,071.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ARISE CHURCH 227 LINCREEK DRIVE COLUMBIA, SC 29212	38-4085474		10,000.	0.			GENERAL SUPPORT
AUNTIE KAREN FOUNDATION PO BOX 602 COLUMBIA, SC 29202	57-1131878		6,176.	0.			GENERAL SUPPORT
BARNWELL COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE - 179 FULDNER ROAD - BARNWELL, SC 29812	57-0742866		20,000.	0.			GENERAL SUPPORT
BE A MENTOR 1801 REYNOLDS AVENUE, UNIT D 4 NORTH CHARLESTON, SC 29405	81-3465237		7,500.	0.			GENERAL SUPPORT
BEN LIPPEN SCHOOL 7401 MONTICELLO ROAD COLUMBIA, SC 29203	57-0352247		41,631.	0.			GENERAL SUPPORT
BENEDICT COLLEGE FINANCIAL AID OFFICE 1600 HARDEN STREET - COLUMBIA, SC 29204	57-0314365		6,050.	0.			GENERAL SUPPORT
BETH SHALOM SYNAGOGUE 5827 NORTH TRENHOLM RD COLUMBIA, SC 29206	57-0442208		20,663.	0.			GENERAL SUPPORT
BIG RED BARN RETREAT 8024 WINNSBORO ROAD BLYTHEWOOD, SC 29061	47-1047721		69,759.	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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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BOYS FARM INC. PO BOX 713 NEWBERRY, SC 29108	57-0446897		9,425.	0.			GENERAL SUPPORT
BROOKGREEN GARDENS PO BOX 3368 PAWLEYS ISLAND, SC 29585	57-0380356		23,000.	0.			GENERAL SUPPORT
BROOKLAND CENTER FOR COMMUNITY ECONOMIC CHANGE - PO BOX 3292 - WEST COLUMBIA, SC 29171	57-1183699		15,535.	0.			GENERAL SUPPORT
BUTLER ACADEMY 710 S 5TH STREET HARSTVILLE, SC 29550	83-1745991		100,000.	0.			GENERAL SUPPORT
BUTLER HERITAGE FOUNDATION INC. PO BOX 461 HARTSVILLE, SC 29551	57-0945822		50,000.	0.			GENERAL SUPPORT
CALHOUN COUNTY LIBRARY 900 F.R. HUFF DRIVE ST. MATTHEWS, SC 29135	57-6000314		8,000.	0.			GENERAL SUPPORT
CALHOUN TRAUMATIC BRAIN INJURY FOUNDATION - 1085 SHOP ROAD, UNIT 441 - COLUMBIA, SC 29201	47-1241048		15,000.	0.			GENERAL SUPPORT
CAMP COLE PO BOX 6377 COLUMBIA, SC 29260	82-1387411		56,155.	0.			GENERAL SUPPORT
CAMP DISCOVERY AT HIS ACRES 208 CLAUDE BUNDRICK ROAD BLYTHEWOOD, SC 29016	57-0816556		5,010.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

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CAMP GRIER P.O. BOX 490 OLD FORT, NC 28762	90-1033788		350,000.	0.			GENERAL SUPPORT
CAMP JUDAEA INC. 1440 SPRING ST. NW ATLANTA, GA 30309	58-6014651		25,000.	0.			GENERAL SUPPORT
CANCER OF MANY COLORS INC 100 OLD CHEROKEE ROAD, STE. F- #339 LEXINGTON, SC 29072	46-4151271		10,635.	0.			GENERAL SUPPORT
CARDINAL NEWMAN SCHOOL 2945 ALPINE ROAD COLUMBIA, SC 29223	57-0419733		14,128.	0.			GENERAL SUPPORT
CAREFIRST CAROLINA FOUNDATION PO BOX 1090 HARTSVILLE, SC 29551	55-0839537		40,000.	0.			GENERAL SUPPORT
CAROLINA ALLIANCE FOR FAIR EMPLOYMENT - PO BOX 218 - SOCIETY HILL, SC 29593	57-0736308		70,000.	0.			GENERAL SUPPORT
CAROLINA WILDLIFE CARE, INC. 5551 BUSH RIVER ROAD COLUMBIA, SC 29212	57-0932809		30,738.	0.			GENERAL SUPPORT
CART FUND PO BOX 1916 SUMTER, SC 29151	31-1466051		14,705.	0.			GENERAL SUPPORT
CECIL WILLIAMS SOUTH CAROLINA CIVIL RIGHTS MUSEUM - 1865 LAKE DRIVE - ORANGEBURG, SC 29115	83-3458558		10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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CENTRAL SOUTH CAROLINA HABITAT FOR HUMANITY - 209 S. SUMTER STREET - COLUMBIA, SC 29201	57-0785521		64,406.	0.			GENERAL SUPPORT
CHABAD-LUBAVITCH OF SOUTH CAROLINA, INC. - 2509 DECKER BOULEVARD - COLUMBIA, SC 29206	57-0841922		11,000.	0.			GENERAL SUPPORT
CHAPIN COMMUNITY THEATRE PO BOX 360 CHAPIN, SC 29036	20-3431391		14,102.	0.			GENERAL SUPPORT
CHAPIN WE CARE CENTER PO BOX 491 CHAPIN, SC 29036	31-1744064		68,109.	0.			GENERAL SUPPORT
CHARLOTTE CENTER FOR URBAN MINISTRY - P.O. BOX 31335 - CHARLOTTE, NC 28231	56-1837620		10,000.	0.			GENERAL SUPPORT
CHILD EVANGELISM FELLOWSHIP PO BOX 21003 COLUMBIA, SC 29221	57-0567186		62,715.	0.			GENERAL SUPPORT
CHILDREN OF PROMISE INTERNATIONAL 6844 LOOP ROAD CENTERVILLE, OH 45459	43-1027276		25,000.	0.			GENERAL SUPPORT
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS - 900 SO. PINE STREET, SUITE F - SPARTANBURG, SC 29302	20-2511033		5,463.	0.			GENERAL SUPPORT
CHILDREN'S TRUST OF SOUTH CAROLINA 1330 LADY STREET, SUITE 310 COLUMBIA, SC 29201	57-0785431		9,344.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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CHRIST CENTRAL MINISTRIES SALUDA 208 NORTH MAIN STREET SALUDA, SC 29138	90-0863301		10,000.	0.			GENERAL SUPPORT
CHRIST MISSION CHURCH 1323 WINYAH DRIVE COLUMBIA, SC 29203	47-2295879		41,785.	0.			GENERAL SUPPORT
CHURCH OF CHRIST 2855 COLUMBIA ROAD ORANGEBURG, SC 29118	57-6070694		15,000.	0.			GENERAL SUPPORT
CITY OF CAYCE 1800 12TH STREET CAYCE, SC 29033	57-6001008		15,000.	0.			GENERAL SUPPORT
CITY OF HARTSVILLE MAIN STREET HARTSVILLE PO DRAWER 2497 - HARTSVILLE, SC 29551	57-6001045		10,750.	0.			GENERAL SUPPORT
CITY OF SUMTER 21 N. MAIN STREET SUMTER, SC 29150	57-6000246		22,500.	0.			GENERAL SUPPORT
CLAFLIN UNIVERSITY OFFICE OF FINANCIAL AID 400 MAGNOLIA STREET - ORANGEBURG, SC 29115	57-0314374		22,199.	0.			GENERAL SUPPORT
CLEMSON UNIVERSITY OFFICE OF STUDENT FINANCIAL AID G-01 SIKES HALL, BOX 345123 - CLEMSON, SC 29	57-6000254		88,780.	0.			GENERAL SUPPORT
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	57-0426335		367,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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COASTAL CAROLINA UNIVERSITY OFFICE OF STUDENT FINANCIAL AID PO CONWAY, SC 29528	57-0977955		11,275.	0.			GENERAL SUPPORT
COKER UNIVERSITY 300 EAST COLLEGE AVENUE HARTSVILLE, SC 29550	57-0324916		198,209.	0.			GENERAL SUPPORT
COLA GIVES PO BOX 23623 COLUMBIA, SC 29224	47-3369099		5,889.	0.			GENERAL SUPPORT
COLA TOWN BIKE COLLECTIVE 711 ELMWOOD AVENUE COLUMBIA, SC 29201	47-1691710		17,615.	0.			GENERAL SUPPORT
COLAJAZZ FOUNDATION 914 PULASKI STREET COLUMBIA, SC 29201	84-2847862		27,976.	0.			GENERAL SUPPORT
COLUMBIA BAROQUE 4801 COLONIAL DRIVE COLUMBIA, SC 29203	27-4358778		8,775.	0.			GENERAL SUPPORT
COLUMBIA CHILDREN'S THEATRE PO BOX 3096 COLUMBIA, SC 29230	20-2793199		18,762.	0.			GENERAL SUPPORT
COLUMBIA CITY BALLET 1545 MAIN STREET COLUMBIA, SC 29201	23-7133145		6,825.	0.			GENERAL SUPPORT
COLUMBIA COLLEGE 1301 COLUMBIA COLLEGE DRIVE COLUMBIA, SC 29203	57-0324915		34,360.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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COLUMBIA FILM SOCIETY PO BOX 7063 COLUMBIA, SC 29202	57-0686025		33,659.	0.			GENERAL SUPPORT
COLUMBIA GARDEN CLUB FOUNDATION PO BOX 5925 COLUMBIA, SC 29250	57-0756773		6,700.	0.			GENERAL SUPPORT
COLUMBIA INTERNATIONAL UNIVERSITY PO BOX 3122 COLUMBIA, SC 29230	57-0352247		24,600.	0.			GENERAL SUPPORT
COLUMBIA JEWISH FEDERATION 306 FLORA DRIVE COLUMBIA, SC 29223	57-0704341		52,868.	0.			GENERAL SUPPORT
COLUMBIA OPPORTUNITY RESOURCE PO BOX 1868 COLUMBIA, SC 29202	20-3414821		6,963.	0.			GENERAL SUPPORT
COLUMBIA PARKS AND RECREATION FOUNDATION - 1113 PARKSIDE DRIVE - COLUMBIA, SC 29203	57-1125304		9,000.	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
COLUMBIA URBAN LEAGUE INC. PO BOX 50125 COLUMBIA, SC 29250	57-0482767		191,079.	0.			GENERAL SUPPORT
COMMITTEE FOR THE BEAUTIFICATION AND RESTORATION OF RANDOLPH - PO BOX 7074 - COLUMBIA, SC 29202	68-0651646		6,219.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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COMMON GROUND -THE CINDY NORD CENTER FOR RENEWAL - 14240 BAIRD ROAD - OBERLIN, OH 44074	34-1838503		73,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF THE MIDLANDS - 2712 MIDDLEBURG DRIVE, STE. 219 - COLUMBIA, SC 29204	57-0855391		22,811.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION FOR A BETTER HARTSVILLE - PO BOX 1791 - HARTSVILLE, SC 29551	45-5330192		100,000.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF GREATER CHATTANOOGA - 1400 WILLIAMS STREET - CHATTANOOGA, TN 37408	62-6045999		399,956.	0.			GENERAL SUPPORT
COMMUNITY INITIATIVES INC 201-203 CHURCH AVENUE GREENWOOD, SC 29646	31-1741660		30,000.	0.			GENERAL SUPPORT
COMPASSION INTERNATIONAL, INC. 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	36-2423707		37,139.	0.			GENERAL SUPPORT
CONGAREE LAND TRUST PO BOX 5232 COLUMBIA, SC 29250	57-0937485		559,995.	0.			GENERAL SUPPORT
CONGAREE RIVERKEEPER PO BOX 5294 COLUMBIA, SC 29250	26-4193711		8,256.	0.			GENERAL SUPPORT
CONSERVATION VOTERS OF SOUTH CAROLINA EDUCATION FUND - P.O. BOX 1766 - COLUMBIA, SC 29202	20-0335383		5,719.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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CORPS MEMBERSHIP EDUCATION FOUNDATION - 423 NORTH PATERSON STREET - MADISON, WI 53703	20-1903954		30,000.	0.			GENERAL SUPPORT
COUNTY OF ORANGEBURG PO BOX 9000 ORANGEBURG, SC 29116	57-6000775		21,000.	0.			GENERAL SUPPORT
CYPRESS ADVENTURES, INC PO BOX 405 HARTSVILLE, SC 29550	47-3749701		25,000.	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		21,000.	0.			GENERAL SUPPORT
DARLINGTON COUNTY SCHOOL DISTRICT 120 E. SMITH AVENUE DARLINGTON, SC 29532	57-6000341		39,038.	0.			GENERAL SUPPORT
DAYBREAK INC. 1601 ST. JULIAN PLACE COLUMBIA, SC 29204	57-0760670		7,359.	0.			GENERAL SUPPORT
DEFENDERS OF WILDLIFE OFFICE OF PLANNED GIVING 1130 17TH STREET NW - WASHINGTON, DC 20036	53-0183181		5,690.	0.			GENERAL SUPPORT
DELTA HOUSE, INC. 5307 FAIRFIELD ROAD COLUMBIA, SC 29203	57-0948093		5,223.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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DICKERSON CHILDRENS ADVOCACY CENTER INC - 140 GIBSON ROAD - LEXINGTON, SC 29072	57-1011251		5,414.	0.			GENERAL SUPPORT
DILLON COUNTY LONG TERM RECOVERY GROUP - PO BOX 805 - LATTA, SC 29565	83-3588620		144,500.	0.			GENERAL SUPPORT
DISABILITY RIGHTS SOUTH CAROLINA 3710 LANDMARK DRIVE, STE. 208 COLUMBIA, SC 29204	58-1355302		5,480.	0.			GENERAL SUPPORT
DOWNTOWN ORANGEBURG REVITALIZATION ASSOCIATION (DORA) - PO BOX 808 - ORANGEBURG, SC 29116	57-0979298		6,070.	0.			GENERAL SUPPORT
DREAM CATCHERS FOUNDATION 617 LADY STREET COLUMBIA, SC 29201	82-0734774		8,500.	0.			GENERAL SUPPORT
DREAM RIDERS 156 SANDY HILL ROAD LEXINGTON, SC 29072	57-1079606		21,764.	0.			GENERAL SUPPORT
DYSLEXIA RESOURCE CENTER 628 MULLER AVENUE COLUMBIA, SC 29203	58-2302947		55,477.	0.			GENERAL SUPPORT
EASTMINSTER PRESBYTERIAN CHURCH 3200 TRENHOLM ROAD COLUMBIA, SC 29204	57-0370001		125,428.	0.			GENERAL SUPPORT
EBENEZER PENTECOSTAL HOLINESS CHURCH CONGAREE KIDS KAMP - 501 CHURCH STREET - WEST COLUMBIA, SC 29172	57-0636326		5,090.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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EDISTO HABITAT FOR HUMANITY PO BOX 2489 ORANGEBURG, SC 29116	57-0916444		5,930.	0.			GENERAL SUPPORT
EPWORTH CHILDREN'S HOME PO BOX 50466 COLUMBIA, SC 29250	57-0314389		70,999.	0.			GENERAL SUPPORT
ETERNAL SHEPHERD LUTHERAN CHURCH 220 CARSON ROAD SENECA, SC 29678	57-0770079		7,200.	0.			GENERAL SUPPORT
ETV ENDOWMENT OF SOUTH CAROLINA 401 E. KENNEDY STREET, STE. B-1 SPARTANBURG, SC 29302	57-0657549		8,741.	0.			GENERAL SUPPORT
EVOLVING DOOR THEATRE COMPANY 308 DELAINE WOODS DRIVE IRMO, SC 29063	85-1533150		25,000.	0.			GENERAL SUPPORT
EZEKIEL CENTER INC. PO BOX 30281 COLUMBIA, SC 29230	46-5632252		88,911.	0.			GENERAL SUPPORT
FAIRFIELD COMMUNITY COORDINATING COUNCIL - PO BOX 215 - WINNSBORO, SC 29180	20-5763223		9,475.	0.			GENERAL SUPPORT
FAIRFIELD COUNTY COUNCIL ON AGING, INC - 210 E. WASHINGTON STREET - WINNSBORO, SC 29180	57-0778839		24,000.	0.			GENERAL SUPPORT
FAIRWAY OUTREACH PO BOX 6788 COLUMBIA, SC 29260	57-0906593		7,454.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FAMILY FIRST, INC. 5509 W GRAY ST. SUITE 100 TAMPA, FL 33609	59-3043408		50,000.	0.			GENERAL SUPPORT
FAMILY PROMISE OF THE MIDLANDS INC. - 1333 OMAREST DRIVE - COLUMBIA, SC 29210	26-4259689		7,582.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 944 FOX HOLLOW DRIVE HARTSVILLE, SC 29550	44-0610626		21,000.	0.			GENERAL SUPPORT
FINE ARTS CENTER OF KERSHAW COUNTY 810 LYTTLETON STREET CAMDEN, SC 29020	57-0522276		57,720.	0.			GENERAL SUPPORT
FIRST BAPTIST SCHOOL 48 MEETING STREET CHARLESTON, SC 29401	26-4091898		6,400.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 1324 MARION STREET COLUMBIA, SC 29201	57-0314437		86,300.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH CHRISTIAN COUNSELING CENTER - 1500 LADY STREET - COLUMBIA, SC 29201	57-1031104		11,469.	0.			GENERAL SUPPORT
FISHER HOUSE OF COLUMBIA SC POST OFFICE BOX 290185 COLUMBIA, SC 29229	82-1515571		13,858.	0.			GENERAL SUPPORT
FLETCHER UNITED METHODIST CHURCH 50 LIBRARY ROAD FLETCHER, NC 28732	56-1237141		50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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FOOD BANK OF NORTHEAST GEORGIA P.O. BOX 48857 ATHENS, GA 30604	58-1938066		10,000.	0.			GENERAL SUPPORT
FORGE 14485 EAST EVANS AVENUE AURORA, CO 80014	31-1191922		114,000.	0.			GENERAL SUPPORT
FOUNDATION FOR COMMUNITY IMPACT & HEALTH EQUITY - 657 SYRUP MILL ROAD - RIDGEWAY, SC 29130	85-0515175		50,000.	0.			GENERAL SUPPORT
FRIENDS OF HARBISON STATE FOREST PO BOX 211904 COLUMBIA, SC 29221	20-1272169		5,769.	0.			GENERAL SUPPORT
FRIENDS OF THE MARIAN WRIGHT EDELMAN PUBLIC LIBRARY - 203 FAYETTEVILLE AVENUE - BENNETTSVILLE, SC 29512	45-4154634		9,100.	0.			GENERAL SUPPORT
FRIENDSHIP PLACE PO BOX 282 GEORGETOWN, SC 29442	57-1073276		15,000.	0.			GENERAL SUPPORT
GALATIANS 62 2548 MAIN STREET SUITE E-2 ELGIN, SC 29045	83-3315573		18,730.	0.			GENERAL SUPPORT
GILBERT COMMUNITY PARK PO BOX 62 GILBERT, SC 29054	57-0737727		29,500.	0.			GENERAL SUPPORT
GILLS CREEK WATERSHED ASSOCIATION 712 MAIN STREET, EWS 603 COLUMBIA, SC 29208	58-2426772		23,824.	0.			GENERAL SUPPORT

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GIRL SCOUTS OF SC - MOUNTAINS TO MIDLANDS INC. - 1107 WILLIAMS STREET - COLUMBIA, SC 29201	57-0314433		28,776.	0.			GENERAL SUPPORT
GIRLS ON THE RUN OF COLUMBIA PO BOX 5167 WEST COLUMBIA, SC 29171	56-2593729		7,467.	0.			GENERAL SUPPORT
GIRLS ROCK COLUMBIA 1219 TAYLOR STREET COLUMBIA, SC 29201	46-3562999		5,029.	0.			GENERAL SUPPORT
GLENFOREST SCHOOL 1041 HARBOR DRIVE WEST COLUMBIA, SC 29169	57-0982351		57,546.	0.			GENERAL SUPPORT
GOOD SAMARITAN CLINIC PO BOX 158 LEXINGTON, SC 29071	57-1109766		21,875.	0.			GENERAL SUPPORT
GOOD SAMARITAN COMMUNITY DEVELOPMENT CORP - 2602 MARLING DRIVE - COLUMBIA, SC 29204	83-2160362		25,000.	0.			GENERAL SUPPORT
GOOD360 675 N. WASHINGTON STREET SUITE 330 ALEXANDRIA, VA 22314	54-1282616		99,500.	0.			GENERAL SUPPORT
GREAT LAKES US DEPARTMENT OF EDUCATION PO BOX 790321 - ST. LOUIS, MO 63179-0321	39-1090394		7,535.	0.			GENERAL SUPPORT
GREATER GREENWOOD UNITED MINISTRY 1404 EDGEFIELD STREET GREENWOOD, SC 29646	57-1012393		20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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GREENWOOD SALVATION ARMY P.O. BOX 1453 GREENWOOD, SC 29648	58-0660607		7,500.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY GEORGETOWN COUNTY SC - 1907 HAMPTON COURT - GEORGETOWN, SC 29440	57-0913768		25,000.	0.			GENERAL SUPPORT
HAGGAI INTERNATIONAL 4725 PEACHTREE CORNERS CIRCLE, SUITE 200 - PEACHTREE CORNERS, GA 30092	58-0898309		25,000.	0.			GENERAL SUPPORT
HAITI UNDER GOD INC 1414 LADY STREET COLUMBIA, SC 29201	56-2375686		18,814.	0.			GENERAL SUPPORT
HAMMOND SCHOOL 854 GALWAY LANE COLUMBIA, SC 29209	57-0477924		6,670.	0.			GENERAL SUPPORT
HAMPTON DISTRICT ONE SCHOOLS 372 EAST PINE STREET VARNEVILLE, SC 29944	57-0601405		10,000.	0.			GENERAL SUPPORT
HAPPY WHEELS INC. 133 DUPRE MILL COURT LEXINGTON, SC 29072	45-3147494		22,369.	0.			GENERAL SUPPORT
HARRIET HANCOCK CENTER FOUNDATION 1108 WOODROW STREET COLUMBIA, SC 29205	57-0836466		16,844.	0.			GENERAL SUPPORT
HARTSVILLE BOYS AND GIRLS CLUB PO BOX 93 FLORENCE, SC 29503	57-6026677		10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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HARTSVILLE HIGH SCHOOL 701 LEWELLYN DRIVE HARTSVILLE, SC 29550	58-1988235		10,000.	0.			GENERAL SUPPORT
HARVEST HOPE FOOD BANK COLUMBIA BRANCH - 2220 SHOP ROAD - COLUMBIA, SC 29201	57-0725560		120,170.	0.			GENERAL SUPPORT
HEALING SPECIES PO BOX 1202 ORANGEBURG, SC 29116	57-1087949		11,741.	0.			GENERAL SUPPORT
HEALTH FOUNDATION OF KERSHAW COUNTY - PO BOX 893 - CAMDEN, SC 29021	57-0900155		18,780.	0.			GENERAL SUPPORT
HEALTHY LEARNERS 2749 LAUREL STREET COLUMBIA, SC 29204	57-1127197		16,373.	0.			GENERAL SUPPORT
HEARTWORKS MINISTRY, INC./JUBILEE ACADEMY - PO BOX 4476 - COLUMBIA, SC 29240	57-1119456		27,510.	0.			GENERAL SUPPORT
HEATHWOOD HALL EPISCOPAL SCHOOL 3000 SOUTH BELTLINE BOULEVARD COLUMBIA, SC 29201	57-0358065		112,621.	0.			GENERAL SUPPORT
HELP 4 KIDS FLORENCE 252 S. DARGAN ST. FLORENCE, SC 29506	46-2961223		7,500.	0.			GENERAL SUPPORT
HISTORIC COLUMBIA FOUNDATION 1601 RICHLAND STREET COLUMBIA, SC 29201	57-6020250		93,727.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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HOME WORKS OF AMERICA INC. 3823 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	56-2027026		68,127.	0.			GENERAL SUPPORT
HOMELESS NO MORE, INC. 2711 MIDDLEBURG DRIVE, SUITE 213 COLUMBIA, SC 29204	57-0898981		35,740.	0.			GENERAL SUPPORT
HOMEWARD BOUND PET RESCUE PO BOX 4335 IRMO, SC 29063	27-2693717		7,972.	0.			GENERAL SUPPORT
HOOF AND PAW BENEVOLENT SOCIETY OF FAIRFIELD COUNTY - P.O. BOX 168 - BLYTHWOOD, SC 29016	45-4287583		9,539.	0.			GENERAL SUPPORT
HOPE LUTHERAN CHURCH 1400 KENNERLY ROAD IRMO, SC 29063	57-0635486		47,000.	0.			GENERAL SUPPORT
HOPE UNLIMITED FOR CHILDREN INC. 3130 ALPINE ROAD, STE. 288-125 PORTOLA VALLEY, CA 94028	33-0480141		20,000.	0.			GENERAL SUPPORT
HOSPICE AND PALLIATIVE CARE FOUNDATION - PO BOX 151 - DRAYTON, SC 29333	57-1107253		11,338.	0.			GENERAL SUPPORT
HOUSING AUTHORITY OF NEWBERRY PO BOX 737 NEWBERRY, SC 29108	57-0520575		7,500.	0.			GENERAL SUPPORT
HUMANE SOCIETY FOR THE PREVENTION OF CRUELTY - SC - 121 HUMANE LANE - COLUMBIA, SC 29209	57-0407367		41,318.	0.			GENERAL SUPPORT

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HUMANITIES FOUNDATION INC 474 WANDO PARK BOULEVARD, SUITE 102 MOUNT PLEASANT, SC 29464	57-0952289		20,000.	0.			GENERAL SUPPORT
INDIAN WATERS COUNCIL BOY SCOUTS OF AMERICA - 715 BETSY DRIVE - COLUMBIA, SC 29210	57-0314440		23,546.	0.			GENERAL SUPPORT
INTERNATIONAL AFRICAN AMERICAN MUSEUM - P.O. BOX 22761 - CHARLESTON, SC 29413	20-3398254		500,000.	0.			GENERAL SUPPORT
IRONMAN OUTDOORS MINISTRIES INC. 2331 MULLER ROAD BLYTHEWOOD, SC 29016	20-8796367		51,500.	0.			GENERAL SUPPORT
ISLAND DOLPHIN CARE 150 LORELANE PLACE KEY LARGO, FL 33037	65-0728047		10,000.	0.			GENERAL SUPPORT
IVY HERITAGE FOUNDATION OF IRMO, INC. - 7320 BROAD RIVER ROAD, SUITE K-271 - IRMO, SC 29063	46-3853892		9,017.	0.			GENERAL SUPPORT
JAMES M. HINTON COMMUNITY DEVELOPMENT FOUNDATION - 1110 MASON ROAD - COLUMBIA, SC 29203	55-0831684		5,578.	0.			GENERAL SUPPORT
JAMES R. CLARK MEMORIAL SICKLE CELL FOUNDATION - 1420 GREGG STREET - COLUMBIA, SC 29201	57-0858930		5,981.	0.			GENERAL SUPPORT
JOHNS HOPKINS UNIVERSITY JHU PAYMENT PROCESSING GARLAND HALL, B33 3400 N. CHARLES STREET -	52-0595110		5,015.	0.			GENERAL SUPPORT

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JUNIOR ACHIEVEMENT OF GREATER SOUTH CAROLINA - 2711 MIDDLEBURG DRIVE, STE. 301 - COLUMBIA, SC 29204	57-0511131		8,807.	0.			GENERAL SUPPORT
JUSTICE 360 900 ELMWOOD AVENUE, STE. 200 COLUMBIA, SC 29201	57-0873224		7,840.	0.			GENERAL SUPPORT
JUSTIN PEPPER FOUNDATION PO BOX 598 CHAPIN, SC 29036	26-1703851		6,012.	0.			GENERAL SUPPORT
JUSTIN PEPPER HOUSE PO BOX 122 CHAPIN, SC 29036	47-4592906		12,289.	0.			GENERAL SUPPORT
KATIE & IRWIN KAHN JEWISH COMMUNITY CENTER - 306 FLORA DRIVE - COLUMBIA, SC 29223	57-0369507		432,985.	0.			GENERAL SUPPORT
KERSHAW COUNTY HUMANE SOCIETY 128 BLACK RIVER ROAD CAMDEN, SC 29020	23-7080463		30,000.	0.			GENERAL SUPPORT
KILLINGSWORTH HOME 1831 PENDLETON STREET COLUMBIA, SC 29201	57-0659510		21,871.	0.			GENERAL SUPPORT
LANDER UNIVERSITY OFFICE OF FINANCIAL AID 320 STANLEY AVENUE - GREENWOOD, SC 29649	57-0559320		9,200.	0.			GENERAL SUPPORT
LANIER PARKS INC 49 NORTH LAKESHORE DRIVE LAKELAND, GA 31635	58-2055933		10,000.	0.			GENERAL SUPPORT

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LAURENS CEMETERY ASSOCIATION PO BOX 21 LAURENS, SC 29360	51-0196849		6,885.	0.			GENERAL SUPPORT
LAW ENFORCEMENT CHAPLAINCY FOR SOUTH CAROLINA - 2501 HEYWARD STREET - COLUMBIA, SC 29206	57-1063879		18,000.	0.			GENERAL SUPPORT
LEE COUNTY COUNCIL ON AGING INC. PO BOX 343 BISHOPVILLE, SC 29010	57-0620247		35,000.	0.			GENERAL SUPPORT
LEEZA'S CARE CONNECTION 201 ST. ANDREWS ROAD COLUMBIA, SC 29210	56-2356697		6,920.	0.			GENERAL SUPPORT
LEO'S PRIDE FOUNDATION P.O. BOX 332 BALLENTINE, SC 29002	47-4456113		50,000.	0.			GENERAL SUPPORT
LEXINGTON MEDICAL CENTER FOUNDATION - 2720 SUNSET BLVD. - WEST COLUMBIA, SC 29169	57-0906045		20,484.	0.			GENERAL SUPPORT
LEXINGTON/RICHLAND ALCOHOL AND DRUG ABUSE COUNCIL - 2711 COLONIAL DRIVE - COLUMBIA, SC 29203	57-0510076		6,300.	0.			GENERAL SUPPORT
LIBERTY UNIVERSITY INC. CASHIERS OFFICE, P.O. BOX 10425 LYNCHBURG, VA 24506	54-0946734		5,500.	0.			GENERAL SUPPORT
LIGHTHOUSE FOR LIFE 7320 BROAD RIVER ROAD, SUITE K #247 IRMO, SC 29063	47-0969132		24,677.	0.			GENERAL SUPPORT

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LIONS VISION SERVICES 234-C OUTLET POINT BOULEVARD COLUMBIA SC, 29210 - COLUMBIA, SC 29210	23-7105526		17,665.	0.			GENERAL SUPPORT
LOGAN ELEMENTARY FOUNDATION 815 ELMWOOD AVE COLUMBIA, SC 29201	38-3840462		6,049.	0.			GENERAL SUPPORT
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835		15,000.	0.			GENERAL SUPPORT
LRADAC FOUNDATION 2711 COLONIAL DRIVE COLUMBIA, SC 29203	45-3949534		15,629.	0.			GENERAL SUPPORT
LUTHERAN FAMILY SERVICES IN THE CAROLINAS - 1118 UNION STREET - COLUMBIA, SC 29201	56-1286323		83,316.	0.			GENERAL SUPPORT
LYNN BROWN INSPIRES 203 HOOKSTON WAY IRMO, SC 29063	83-2907407		18,346.	0.			GENERAL SUPPORT
MACEDONIA LIFE SKILLS CENTER P.O BOX 179 DARLINGTON, SC 29540	73-1636914		45,000.	0.			GENERAL SUPPORT
MAGNOLIA BLOSSOM SC 1811 GERVAIS STREET COLUMBIA, SC 29201	83-4421232		25,000.	0.			GENERAL SUPPORT
MARCH OF DIMES PO BOX 673667 MARIETTA, GA 30006	13-1846366		20,408.	0.			GENERAL SUPPORT

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MARION COUNTY LIBRARY SYSTEM 101 EAST COURT STREET MARION, SC 29571	57-0674467		12,900.	0.			GENERAL SUPPORT
MARION COUNTY LONG TERM RECOVERY GROUP - PO BOX 1106 - MULLINS, SC 29571	61-1940802		25,000.	0.			GENERAL SUPPORT
MEDICAL BENEVOLENCE FOUNDATION 9555 W. SAM HOUSTON PKWY S HOUSTON, TX 77215	62-6046138		20,000.	0.			GENERAL SUPPORT
MIDLANDS ARTS CONSERVATORY 3806 NORTH MAIN STREET COLUMBIA, SC 29203	81-2516984		5,722.	0.			GENERAL SUPPORT
MIDLANDS FATHERHOOD COALITION RICHLAND COUNTY OFFICE 1420 COLONIAL LIFE BLVD. WEST SUITE 80 - COLUMBIA, SC	81-0564753		31,558.	0.			GENERAL SUPPORT
MIDLANDS HOUSING ALLIANCE 2025 MAIN STREET COLUMBIA, SC 29201	20-3524141		41,951.	0.			GENERAL SUPPORT
MIDLANDS TECHNICAL COLLEGE OFFICE OF STUDENT FINANCIAL SERVI - OFFICE OF STUDENT FINANCIAL SERVICES	57-0427788		21,184.	0.			GENERAL SUPPORT
MINISTRY OF OUTREACH TO SLAVIC TRIBES - 3700 LINBROOK DRIVE - COLUMBIA, SC 29204	57-1133976		15,247.	0.			GENERAL SUPPORT
MIRCI 1408 GREGG STREET COLUMBIA, SC 29201	57-0984185		56,378.	0.			GENERAL SUPPORT

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MISS SOUTH CAROLINA SCHOLARSHIP ORGANIZATION - PO BOX 297 - HARTSVILLE, SC 29551	27-3688727		28,791.	0.			GENERAL SUPPORT
MISSION LEXINGTON 216 HARMON STREET LEXINGTON, SC 29072	57-0813856		13,496.	0.			GENERAL SUPPORT
MISSION TO THE WORLD PO BOX 744165 ATLANTA, GA 30374-4165	58-2325982		6,000.	0.			GENERAL SUPPORT
MODELING WITH A MESSAGE MENTORING PROGRAM - 356 CARVER COURT - MULLINS, SC 29574	81-3337694		20,000.	0.			GENERAL SUPPORT
MONTESSORI SCHOOL OF COLUMBIA 411 SOUTH MAPLE STREET COLUMBIA, SC 29205	57-0760592		12,483.	0.			GENERAL SUPPORT
MONTREAT CONFERENCE CENTER PO BOX 969 MONTREAT, NC 28757	56-0532142		20,000.	0.			GENERAL SUPPORT
MOTHERS AGAINST MEDICAL ERROR 548 PIERCE AVENUE MACON, GA 31204	45-4619945		19,055.	0.			GENERAL SUPPORT
MT. CALVARY MISSIONARY BAPTIST CHURCH - 714 CAMDEN HIGHWAY - BISHOPVILLE, SC 29010	06-1816718		10,000.	0.			GENERAL SUPPORT
MT. CARMEL BAPTIST CHURCH 367 KEAN NECK ROAD SEABROOK, SC 29940	58-0114210		10,000.	0.			GENERAL SUPPORT

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MUSCULAR DYSTROPHY ASSOCIATION 624 TYVOLA RD, STE 103 BOX#183 CHARLOTTE, NC 28217	13-1665552		10,000.	0.			GENERAL SUPPORT
MY AMIGOS BILINGUAL EDUCATION CENTER - 132 SAINT DAVIDS CHURCH ROAD - WEST COLUMBIA, SC 29170	36-4631695		5,127.	0.			GENERAL SUPPORT
NATIONAL ALLIANCE ON MENTAL ILLNESS - SOUTH CAROLINA - PO BOX 1267 - COLUMBIA, SC 29202	57-0822032		5,985.	0.			GENERAL SUPPORT
NEW VISION COMMUNITY DEVELOPMENT 1416 BETHLEHEM HARTSVILLE, SC 29550	31-1675862		95,000.	0.			GENERAL SUPPORT
NEWBERRY COUNTY COUNCIL ON AGING 1300 HUNT STREET NEWBERRY, SC 29108	23-7079450		9,765.	0.			GENERAL SUPPORT
NEWBERRY COUNTY HOSPITAL FOUNDATION - PO BOX 497 - NEWBERRY, SC 29108	58-2340652		4,860.	0.			GENERAL SUPPORT
NEWBERRY COUNTY LITERACY COUNCIL PO BOX 566 NEWBERRY, SC 29108	57-0877749		7,740.	0.			GENERAL SUPPORT
NEWBERRY COUNTY MEMORIAL HOSPITAL FOUNDATION - PO BOX 497 - NEWBERRY, SC 29108	58-2340652		3,600.	0.			GENERAL SUPPORT
NEWBERRY MUSEUM PO BOX 343 NEWBERRY, SC 29108	47-0982472		5,082.	0.			GENERAL SUPPORT

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NEWBERRY OPERA HOUSE 1201 MCKIBBEN STREET NEWBERRY, SC 29108	57-0964360		36,536.	0.			GENERAL SUPPORT
NEWSRING CHURCH P.O. BOX 1407 ANDERSON, SC 29622	57-1083970		7,200.	0.			GENERAL SUPPORT
NORTH CAROLINA STATE UNIVERSITY OFFICE OF SCHOLARSHIPS & FINANCIAL AID 2016 HARRIS HALL, BOX 7302 -	56-6000756		12,000.	0.			GENERAL SUPPORT
OLIVER GOSPEL MISSION PO BOX 7697 COLUMBIA, SC 29202	57-6027750		112,461.	0.			GENERAL SUPPORT
OMEGA MEN OF COLUMBIA, SOUTH CAROLINA, INC. - P.O. BOX 24122 - COLUMBIA, SC 29223	45-4096309		8,469.	0.			GENERAL SUPPORT
ONE COLUMBIA FOR ARTS AND HISTORY 1219 TAYLOR STREET COLUMBIA, SC 29201	90-0784318		13,500.	0.			GENERAL SUPPORT
ORANGEBURG CALHOUN TECHNICAL COLLEGE FOUNDATION - 3250 ST. MATTHEWS ROAD - ORANGEBURG, SC 29118	57-0657914		26,943.	0.			GENERAL SUPPORT
ORANGEBURG COUNTY FINE ARTS CENTER PO BOX 2106 ORANGEBURG, SC 29116	57-0776091		13,824.	0.			GENERAL SUPPORT
ORANGEBURG COUNTY LIBRARY 510 LOUIS STREET ORANGEBURG, SC 29116	57-6000775		30,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGEBURG-CALHOUN FREE MEDICAL CLINIC - PO BOX 505 - ORANGEBURG, SC 29116	26-3762573		8,500.	0.			GENERAL SUPPORT
PALMETTO AIDS LIFE SUPPORT SERVICES - 2638 TWO NOTCH ROAD, SUITE 108 - COLUMBIA, SC 29204	57-0841427		6,184.	0.			GENERAL SUPPORT
PALMETTO ANIMAL ASSISTED LIFE SERVICES - 221 N. GRAMPIAN HILLS ROAD - COLUMBIA, SC 29223	20-8666026		51,517.	0.			GENERAL SUPPORT
PALMETTO CONSERVATION FOUNDATION 722 KING STREET COLUMBIA, SC 29205	57-0907043		32,664.	0.			GENERAL SUPPORT
PALMETTO CYCLING COALITION PO BOX 50066 COLUMBIA, SC 29250	57-1020701		8,407.	0.			GENERAL SUPPORT
PALMETTO PLACE CHILDREN'S EMERGENCY SHELTER - PO BOX 3395 - COLUMBIA, SC 29230	57-6029097		21,324.	0.			GENERAL SUPPORT
PALMETTO PROJECT INC. 4500 FORT JACKSON BOULEVARD COLUMBIA, SC 29209	57-0807801		27,070.	0.			GENERAL SUPPORT
PATTISON'S ACADEMY 721 WAPPOO ROAD NORTH CHARLESTON, SC 29407	20-3419262		5,633.	0.			GENERAL SUPPORT
PEE DEE INDIAN NATION OF UPPER SOUTH CAROLINA - 3814 HIGHWAY 57N - LITTLE ROCK, SC 29567	11-3643078		14,000.	0.			GENERAL SUPPORT

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PEE DEE LAND TRUST PO BOX 2134 FLORENCE, SC 29503	57-1075947		306,750.	0.			GENERAL SUPPORT
PERFORMING ARTS AND SCIENCE ACADEMY PASA - 320 N.MAIN STREET - MARION, SC 29571	30-0628751		15,000.	0.			GENERAL SUPPORT
PETERSEN AUTOMOTIVE MUSEUM FOUNDATION - 6060 WILSHIRE BLVD - LOS ANGELES, CA 90036	95-4739699		10,000.	0.			GENERAL SUPPORT
PETS INC. PO BOX 6394 WEST COLUMBIA, SC 29171	57-0950870		17,854.	0.			GENERAL SUPPORT
PILOT CLUB OF COLUMBIA 8208 HUNT CLUB ROAD COLUMBIA, SC 29223	57-6021502		10,750.	0.			GENERAL SUPPORT
PINE HILL INDIAN COMMUNITY DEVELOPMENT INITIATIVE - 4631 SAVANNAH HIGHWAY - NORTH, SC 29112	83-3650634		23,082.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD SOUTH ATLANTIC 2712 MIDDLEBURG DRIVE, SUITE 107 COLUMBIA, SC 29204	56-1282557		11,803.	0.			GENERAL SUPPORT
POWER IN CHANGING 6615 - B TWO NOTCH ROAD COLUMBIA, SC 29223	47-5060596		30,367.	0.			GENERAL SUPPORT
PRESBYTERIAN COLLEGE ADVANCEMENT OFFICE PRESBYTERIAN COLLEGE 503 SOUTH BROAD STREET - CLINTON,	57-0314408		195,000.	0.			GENERAL SUPPORT

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PRISMA HEALTH - UPSTATE OFFICE OF PHILANTHROPY 300 E. MCBEE AVENUE SUITE 503 - GREENVILLE, SC 29601	81-1723202		25,000.	0.			GENERAL SUPPORT
PRISMA HEALTH MEDICAL GROUP-MIDLANDS - DEPARTMENT OF PSYCHIATRY 3555 HARDEN STREET EXTENSION,	47-1345819		37,600.	0.			GENERAL SUPPORT
PRISMA HEALTH MIDLANDS FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201	57-0725699		44,000.	0.			GENERAL SUPPORT
PROVIDENCE HOME PO BOX 3188 COLUMBIA, SC 29230	57-0618585		38,785.	0.			GENERAL SUPPORT
PROVIDENCE PRESBYTERIAN CHURCH 1112 HUMMINGBIRD DRIVE WEST COLUMBIA, SC 29169	57-0482567		5,550.	0.			GENERAL SUPPORT
RADIUS CHURCH 300 WEST MAIN STREET LEXINGTON, SC 29072	20-2164772		42,000.	0.			GENERAL SUPPORT
RANDOLPH COLLEGE DEVELOPMENT OFFICE 2500 RIVERMONT AVENUE - LYNCHBURG, VA 24503	54-0505941		10,000.	0.			GENERAL SUPPORT
REAL CHAMPIONS INC. 33 OFFICE PARK ROAD #A BOX 199 HILTON HEAD ISLAND, SC 29928	81-3956956		75,000.	0.			GENERAL SUPPORT
RECONCILIATION MINISTRIES SC 3120 KAY STREET COLUMBIA, SC 29210	26-0067588		14,736.	0.			GENERAL SUPPORT

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REFORMED UNIVERSITY FELLOWSHIP 1414 LADY STREET COLUMBIA, SC 29201	58-1713181		7,277.	0.			GENERAL SUPPORT
RESTORATION & PURPOSE FOR WOMEN, INC. - 2712 MIDDLEBURG DRIVE STE.104-A - COLUMBIA, SC 29204	47-3190178		5,460.	0.			GENERAL SUPPORT
RICHLAND COUNTY PUBLIC EDUCATION PARTNERS - PO BOX 50860 - COLUMBIA, SC 29250	46-1300396		9,680.	0.			GENERAL SUPPORT
RICHLAND COUNTY PUBLIC LIBRARY 1431 ASSEMBLY STREET COLUMBIA, SC 29201	57-6000396		43,000.	0.			GENERAL SUPPORT
RICHLAND COUNTY RECREATION COMMISSION - 7473 PARKLANE ROAD - COLUMBIA, SC 29223	30-0217851		5,690.	0.			GENERAL SUPPORT
RICHLAND LIBRARY FRIENDS AND FOUNDATION - 1431 ASSEMBLY STREET - COLUMBIA, SC 29201-3101	57-0758497		21,077.	0.			GENERAL SUPPORT
RIDGEVILLE COMMUNITY RESOURCE CENTER - 108 DORCHESTER STREET - RIDGEVILLE, SC 29472	57-1081169		12,500.	0.			GENERAL SUPPORT
RIVERBANKS SOCIETY 500 WILDLIFE PARKWAY COLUMBIA, SC 29210	23-7278668		21,321.	0.			GENERAL SUPPORT
RIVERS EDGE RETREAT 1019 GARDEN VALLEY LANE COLUMBIA, SC 29210	26-2972284		10,100.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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RONALD MCDONALD HOUSE CHARITIES OF COLUMBIA - 2901 COLONIAL DRIVE - COLUMBIA, SC 29203	57-0725736		10,927.	0.			GENERAL SUPPORT
S.C. JUNIOR GOLF FOUNDATION PO BOX 286 IRMO, SC 29063	57-1021847		60,090.	0.			GENERAL SUPPORT
SAINT ANDREW'S LUTHERAN CHURCH 1416 BROAD RIVER ROAD COLUMBIA, SC 29210	57-0971395		6,000.	0.			GENERAL SUPPORT
SALUDA SHOALS FOUNDATION 5605 BUSH RIVER ROAD COLUMBIA, SC 29212	57-1027247		15,189.	0.			GENERAL SUPPORT
SALVATION ARMY PO BOX 2786 COLUMBIA, SC 29202	58-0660607		33,736.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002		6,000.	0.			GENERAL SUPPORT
SANDHILLS SCHOOL 1500 HALLBROOK DRIVE COLUMBIA, SC 29209	57-0532678		29,964.	0.			GENERAL SUPPORT
SASS GO PO BOX 334 BALLENTINE, SC 29002	82-4064223		6,002.	0.			GENERAL SUPPORT
SC GOVERNOR'S SCHOOL FOR SCIENCE AND MATHEMATICS FOUNDATION - 2711 MIDDLEBURG DRIVE SUITE 205 - COLUMBIA, SC 29205	57-0881347		55,000.	0.			GENERAL SUPPORT

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SC SCHOOL FOR THE DEAF AND THE BLIND FOUNDATION - 355 CEDAR SPRINGS ROAD - SPARTANBURG, SC 29302	57-0693592		7,935.	0.			GENERAL SUPPORT
SC THRIVE PO BOX 23503 COLUMBIA, SC 29224	90-1011409		93,392.	0.			GENERAL SUPPORT
SC WOMEN'S LEADERSHIP NETWORK PO BOX 11974 COLUMBIA, SC 29211	47-4116299		77,529.	0.			GENERAL SUPPORT
SELDEN K SMITH HOLOCAUST EDUCATION FOUNDATION - PO BOX 25740 - COLUMBIA, SC 29224	84-4179534		5,949.	0.			GENERAL SUPPORT
SENIOR RESOURCES, INC. 2817 MILLWOOD AVENUE COLUMBIA, SC 29205	57-0484965		32,085.	0.			GENERAL SUPPORT
SERVE & CONNECT PO BOX 6840 COLUMBIA, SC 29260	81-1369953		49,250.	0.			GENERAL SUPPORT
SEXUAL TRAUMA SERVICES OF THE MIDLANDS - 3830 FOREST DRIVE, STE. 201 - COLUMBIA, SC 29204	57-0763120		5,787.	0.			GENERAL SUPPORT
SHANDON BAPTIST CHURCH 5250 FOREST DRIVE COLUMBIA, SC 29206	57-0341196		39,000.	0.			GENERAL SUPPORT
SHANDON PRESBYTERIAN CHURCH 607 WOODROW STREET COLUMBIA, SC 29205	57-0381975		13,000.	0.			GENERAL SUPPORT

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SISTERCARE, INC. PO BOX 1029 COLUMBIA, SC 29202	57-0722427		37,169.	0.			GENERAL SUPPORT
SLATER MARIETTA HEALTH AND HUMAN SERVICES INC - PO BOX 246 - SLATER, SC 29683	57-0823752		15,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA ADVOCATES FOR AGRICULTURE - 1901 MAIN STREET, SUITE 1225 - COLUMBIA, SC 29201	61-1488510		20,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA APPLESEED LEGAL JUSTICE CENTER - PO BOX 7187 - COLUMBIA, SC 29202	57-1035023		12,549.	0.			GENERAL SUPPORT
SOUTH CAROLINA BAR FOUNDATION 950 TAYLOR STREET COLUMBIA, SC 29202	23-7181552		7,439.	0.			GENERAL SUPPORT
SOUTH CAROLINA CHRISTIAN ACTION COUNCIL INC. - PO BOX 3248 - COLUMBIA, SC 29230	57-0347057		5,850.	0.			GENERAL SUPPORT
SOUTH CAROLINA CITIZENS FOR LIFE 1411 BARNWELL STREET, SUITE #3 COLUMBIA, SC 29201	57-0657406		8,358.	0.			GENERAL SUPPORT
SOUTH CAROLINA CONFERENCE 4908 COLONIAL DRIVE, SUITE 201 COLUMBIA, SC 29203	57-0327882		50,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA CONSERVATION DISTRICTS FOUNDATION - PO BOX 8312 - COLUMBIA, SC 29202	57-0643134		10,000.	0.			GENERAL SUPPORT

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SOUTH CAROLINA COUNCIL ON COMPETITIVENESS - 1411 GERVAIS STREET, STE. 450 - COLUMBIA, SC 29201	20-1690146		15,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA COUNCIL ON ECONOMICS EDUCATION - DARLA MOORE SCHOOL OF BUSINESS 1014 GREENE STREET - COLUMBIA, SC	57-0706566		5,035.	0.			GENERAL SUPPORT
SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES - PO BOX 2959 - WEST COLUMBIA, SC 29171	51-0175068		8,947.	0.			GENERAL SUPPORT
SOUTH CAROLINA GREENHOUSE GROWERS' ASSOCIATION - 4661 CRYSTAL DRIVE - COLUMBIA, SC 29206	57-0868432		6,200.	0.			GENERAL SUPPORT
SOUTH CAROLINA INDEPENDENT COLLEGES & UNIVERSITIES, INC. - PO BOX 12007 - COLUMBIA, SC 29211	57-0343998		26,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA LUTHERAN RETREAT CENTERS - 6053 TWO NOTCH RD - BATESBURG-LEESVILLE, SC 29070	57-0855630		6,272.	0.			GENERAL SUPPORT
SOUTH CAROLINA MUSEUM FOUNDATION 301 GERVAIS STREET COLUMBIA, SC 29201	57-0713243		24,217.	0.			GENERAL SUPPORT
SOUTH CAROLINA PHILHARMONIC 1704 MAIN STREET, SUITE 100 COLUMBIA, SC 29201	57-0742901		40,272.	0.			GENERAL SUPPORT
SOUTH CAROLINA PRESS ASSOCIATION FOUNDATION - 106 OUTLET POINTE BLVD - COLUMBIA, SC 29210	57-0735348		15,000.	0.			GENERAL SUPPORT

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SOUTH CAROLINA PUBLIC INTEREST FOUNDATION - P.O. BOX 1195 - SIMPSONVILLE, SC 29681	20-2475247		10,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA RAILROAD MUSEUM INC. - 110 INDUSTRIAL PARK ROAD - WINNSBORO, SC 29180	57-0830457		7,648.	0.			GENERAL SUPPORT
SOUTH CAROLINA TECHNICAL COLLEGE SYSTEM FOUNDATION - 111 EXECUTIVE CENTER DRIVE - COLUMBIA, SC 29210	57-0468430		40,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA WILDLIFE FEDERATION 455 ST. ANDREWS ROAD SUITE B1 COLUMBIA, SC 29210	57-0602549		8,513.	0.			GENERAL SUPPORT
SOUTHEASTERN HOUSING AND COMMUNITY DEVELOPMENT - PO BOX 1326 - BARNWELL, SC 29812	31-1480295		10,000.	0.			GENERAL SUPPORT
SOUTHERN INTERSCHOLASTIC PRESS ASSOCIATION - 800 SUMTER STREET, SJMC/USC - COLUMBIA, SC 29208	57-0902917		9,045.	0.			GENERAL SUPPORT
SPCA ALBRECHT CENTER FOR ANIMAL WELFARE - 199 WILLOW RUN ROAD - AIKEN, SC 29801	57-0329782		21,200.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS SOUTH CAROLINA 109 OAK PARK DRIVE IRMO, SC 29063	57-0680248		30,711.	0.			GENERAL SUPPORT
SQ RESCUE, INC. PO BOX 291450 COLUMBIA, SC 29229	57-1105376		7,226.	0.			GENERAL SUPPORT

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ST. ANASTASIA CATHOLIC CHURCH 5205 A1A S ST. AUGUSTINE, FL 32080	59-3236619		9,600.	0.			GENERAL SUPPORT
ST. JOHN NEUMANN CATHOLIC CHURCH 721 POLO ROAD COLUMBIA, SC 29223	57-0652069		25,000.	0.			GENERAL SUPPORT
ST. JOHN NEUMANN CATHOLIC SCHOOL 721 POLO ROAD COLUMBIA, SC 29223	57-0812070		16,958.	0.			GENERAL SUPPORT
ST. JOHN'S EPISCOPAL CHURCH 2827 WHEAT STREET COLUMBIA, SC 29205	57-0314412		7,000.	0.			GENERAL SUPPORT
ST. JOHN'S EVANGELICAL LUTHERAN CHURCH - 1617 EAST EMERSON STREET - BLOOMINGTON, IL 61701	37-0810211		14,000.	0.			GENERAL SUPPORT
ST. JOSEPH CATHOLIC SCHOOL 3700 DEVINE STREET COLUMBIA, SC 29205	57-0379950		25,751.	0.			GENERAL SUPPORT
ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH - PO BOX 438 - AIKEN, SC 29802	57-6020955		8,500.	0.			GENERAL SUPPORT
ST. PETER'S CATHOLIC SCHOOL 1035 HAMPTON STREET COLUMBIA, SC 29201	57-1002093		27,219.	0.			GENERAL SUPPORT
ST. THOMAS LUTHERAN CHURCH 215 ST THOMAS CHURCH ROAD CHAPIN, SC 29036	57-0751202		6,767.	0.			GENERAL SUPPORT

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STROUD DEVELOPMENT GROUP 287 BASSETT LOOP COLUMBIA, SC 29229	81-5424806		7,517.	0.			GENERAL SUPPORT
SUMPTER FREE HEALTH CLINIC PO BOX 340 SAINT STEPHEN, SC 29479	27-1097304		25,000.	0.			GENERAL SUPPORT
SUMTER COUNTY GALLERY OF ART PO BOX 1316 SUMTER, SC 29151	23-7130803		23,236.	0.			GENERAL SUPPORT
SUMTER UNITED MINISTRIES PO BOX 1017 SUMTER, SC 29151	57-0988602		27,438.	0.			GENERAL SUPPORT
TEACH FOUNDATION 214 NORTH 5TH STREET HARTSVILLE, SC 29550	45-2542245		25,000.	0.			GENERAL SUPPORT
TEMPLE SINAI PO BOX 1673 SUMTER, SC 29151	57-0441116		13,327.	0.			GENERAL SUPPORT
THE ANIMAL MISSION P.O. BOX 50023 COLUMBIA, SC 29250	57-0921521		9,201.	0.			GENERAL SUPPORT
THE BOYS AND GIRLS CLUB OF THE MIDLANDS INC. - 500 GRACERN ROAD, SUITE 200 - COLUMBIA, SC 29210	83-1404647		5,080.	0.			GENERAL SUPPORT
THE BROOKLAND FOUNDATION PO BOX 2026 COLUMBIA, SC 29202	57-0994150		6,065.	0.			GENERAL SUPPORT

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THE CENTER FOR BIRDS OF PREY PO BOX 1247 CHARLESTON, SC 29402	57-0966813		36,500.	0.			GENERAL SUPPORT
THE CITADEL 171 MOULTRIE STREET CHARLESTON, SC 29409	57-6020493		12,516.	0.			GENERAL SUPPORT
THE COLUMBIA MUSEUM OF ART PO BOX 2068 COLUMBIA, SC 29202	57-6007869		53,766.	0.			GENERAL SUPPORT
THE COOPERATIVE MINISTRY 3821 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	57-0825025		34,804.	0.			GENERAL SUPPORT
THE COURAGE CENTER 860 PARK ROAD LEXINGTON, SC 29072	35-2577034		17,204.	0.			GENERAL SUPPORT
THE FERGUSON MEDITATION GARDEN PO BOX 1338 LAURENS, SC 29360	01-0606438		6,885.	0.			GENERAL SUPPORT
THE FREE MEDICAL CLINIC, INC. 1875 HARDEN STREET COLUMBIA, SC 29240	57-0779279		24,340.	0.			GENERAL SUPPORT
THE FRIENDSHIP 2827 WHEAT STREET COLUMBIA, SC 29205	46-4035107		10,233.	0.			GENERAL SUPPORT
THE HEARTWORM PROJECT PO BOX 7308 WEST COLUMBIA, SC 29171	61-1463387		13,883.	0.			GENERAL SUPPORT

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THE HIVE COMMUNITY CIRCLE 2700 MIDDLEBURG DR. STE. 11 COLUMBIA, SC 29204	47-0992295		25,570.	0.			GENERAL SUPPORT
THE HUMANE SOCIETY OF THE UNITED STATES - 1255 23RD STREET, NW SUITE 450 - WASHINGTON, DC 20037	53-0225390		7,113.	0.			GENERAL SUPPORT
THE JEWISH FEDERATIONS OF NORTH AMERICA INC. - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	13-1624240		5,011.	0.			GENERAL SUPPORT
THE LANGUAGE BUZZ FOUNDATION 1921 HENDERSON STREET COLUMBIA, SC 29201	47-1566656		6,118.	0.			GENERAL SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY 941 HOUSTON NORHTCUTT BLVD., SUITE MT. PLEASANT, SC 29468	13-5644916		8,000.	0.			GENERAL SUPPORT
THE LUMINAL THEATER 2308 E BOUNDARY ROAD COLUMBIA, SC 29203	81-1509359		10,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY 801 GERVAIS STREET, SUITE 202 COLUMBIA, SC 29201	51-0228309		11,505.	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		86,170.	0.			GENERAL SUPPORT

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THE SAMARITAN HOUSE OF ORANGEBURG, INC. - PO BOX 2392 - ORANGEBURG, SC 29116	57-1112777		12,801.	0.			GENERAL SUPPORT
THE SHEPHERD'S CENTER OF SAINT ANDREWS - 2600 ASHLAND ROAD - COLUMBIA, SC 29210	57-0882659		6,893.	0.			GENERAL SUPPORT
THE SMART BOX PO BOX 405 FAIRFAX, SC 29827	81-3212507		35,000.	0.			GENERAL SUPPORT
THE SUMTER COUNTY MUSEUM PO BOX 1456 SUMTER, SC 29151	57-0891753		8,363.	0.			GENERAL SUPPORT
THE THERAPY PLACE 3620 COVENANT ROAD COLUMBIA, SC 29204	26-2197304		23,874.	0.			GENERAL SUPPORT
THE TRUST FOR PUBLIC LAND 100 M. STREET SE, SUITE 700 WASHINGTON, DC 20003	23-7222333		5,690.	0.			GENERAL SUPPORT
THE UNUMB CENTER FOR NEURODEVELOPMENT - PO BOX 7514 - COLUMBIA, SC 29202	27-3190242		6,773.	0.			GENERAL SUPPORT
THE WOMEN'S SHELTER 3425 NORTH MAIN STREET COLUMBIA, SC 29203	57-0934329		21,115.	0.			GENERAL SUPPORT
TOWN THEATER 1012 SUMTER STREET COLUMBIA, SC 29201	57-6000280		13,315.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TRI-COUNTY HEALTH NETWORK 3000 ST. MATTHEWS ROAD ORANGEBURG, SC 29118	46-5148563		30,000.	0.			GENERAL SUPPORT
TRINITY EPISCOPAL CATHEDRAL 1100 SUMTER STREET COLUMBIA, SC 29201	57-0314419		6,200.	0.			GENERAL SUPPORT
TRINITY-BRYNES COLLEGIATE SCHOOL 5001 HOFFMEYER ROAD DARLINGTON, SC 29532	57-1013495		50,000.	0.			GENERAL SUPPORT
TROOP APPRECIATION FISHING FUND FOUNDATION - PO BOX 876 - CHAPIN, SC 29036	81-3104561		12,636.	0.			GENERAL SUPPORT
TRUSTUS THEATRE 520 LADY STREET COLUMBIA, SC 29201	57-0804610		13,261.	0.			GENERAL SUPPORT
UNITARIAN UNIVERSALIST CHURCH OF SPARTANBURG, SC - P.O. BOX 1942 - SPARTANBURG, SC 29304-1942	57-0947382		40,000.	0.			GENERAL SUPPORT
UNITED NEGRO COLLEGE FUND, INC. 1805 7TH STREET NW WASHINGTON, SC 20001	13-1624241		15,250.	0.			GENERAL SUPPORT
UNITED STATES ASSOCIATION OF BLIND ATHLETES INC. - 1 OLYMPIC PLAZA - COLORADO SPRINGS, CO 80909	31-0977121		10,500.	0.			GENERAL SUPPORT
UNITED WAY ASSOCIATION OF SOUTH CAROLINA - 914 RICHLAND STREET, SUITE A201 - COLUMBIA, SC 29201	57-0515275		6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 DARLINGTON PO BOX 2 DARLINGTON, SC 29532	57-0429222		5,889.	0.			GENERAL SUPPORT
UNITED WAY OF FLORENCE COUNTY 1621 WEST PALMETTO STREET FLORENCE, SC 29501	57-0368721		18,195.	0.			GENERAL SUPPORT
UNITED WAY OF HARTSVILLE PO BOX 756 HARTSVILLE, SC 29551	23-7125629		169,230.	0.			GENERAL SUPPORT
UNITED WAY OF KERSHAW COUNTY PO BOX 737 CAMDEN, SC 29021	57-0717334		26,200.	0.			GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396		188,622.	0.			GENERAL SUPPORT
UNITED WAY OF THE PIEDMONT P.O. BOX 5624 SPARTANBURG, SC 29304	57-0314377		10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA - BURSAR'S OFFICE - 471 UNIVERSITY PARKWAY - AIKEN, SC 29801	57-6001153		79,938.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA BEAUFORT - ATTN: BURSAR'S OFFICE 1 UNIVERSITY BLVD - BLUFFTON, SC 29909	57-6001153		11,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - 1027 BARNWELL STREET - COLUMBIA, SC 29208	57-6017985		811,857.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UNIVERSITY OF SOUTH CAROLINA UPSTATE - OFFICE OF STUDENT FINANCIAL AID 800 UNIVERSITY WAY - SPARTANBURG,	57-6001153		25,400.	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		12,000.	0.			GENERAL SUPPORT
WARDLE FAMILY YMCA OF BEAUFORT COUNTY - 1801 RICHMOND AVENUE - PORT ROYAL, SC 29935	57-0910326		5,966.	0.			GENERAL SUPPORT
WATER MISSIONS PO BOX 63320 CHARLOTTE, NC 28263	57-1116978		25,250.	0.			GENERAL SUPPORT
WEBGYRLZ CODE PO BOX 291916 COLUMBIA, SC 29229	47-2980298		13,939.	0.			GENERAL SUPPORT
WELLS FARGO EDUCATION FINANCIAL SERVICES - PO BOX10365 - DES MOINES, IA 50306-0365	94-1347393		5,250.	0.			GENERAL SUPPORT
WELVISTA, INC. 121 GREYSTONE BOULEVARD COLUMBIA, SC 29210	56-2034627		16,140.	0.			GENERAL SUPPORT
WILSON HALL SCHOOL 520 WILSON HALL ROAD SUMTER, SC 29150	57-0485507		6,100.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINTHROP UNIVERSITY OFFICE OF STUDENT FINANCIAL AID SYKES HOUSE 638 OAKLAND AVENUE - ROCK HILL,	57-6001204		12,250.	0.			GENERAL SUPPORT
WOFFORD COLLEGE OFFICE OF THE CONTROLLER 429 NORTH CHURCH STREET - SPARTANBURG, SC 29303	57-0314422		52,850.	0.			GENERAL SUPPORT
WOMEN'S RIGHTS AND EMPOWERMENT NETWORK - 1201 MAIN STREET, SUITE 320 - COLUMBIA, SC 29201	81-0775184		266,646.	0.			GENERAL SUPPORT
YMCA CAMP GREENVILLE 4399 YMCA CAMP ROAD CLEVELAND, SC 29635	57-0314424		5,450.	0.			GENERAL SUPPORT
YMCA OF COLUMBIA 1612 MARION STREET, SUITE 100 COLUMBIA, SC 29201	57-0314423		29,023.	0.			GENERAL SUPPORT
YMCA OF THE UPPER PEE DEE 111 EAST CAROLINA AVENUE HARTSVILLE, SC 29550	57-0794011		90,000.	0.			GENERAL SUPPORT
YOUNG LIFE PO BOX 5772 COLUMBIA, SC 29250	84-0385934		192,245.	0.			GENERAL SUPPORT
YOUTH CORPS PO BOX 211126 COLUMBIA, SC 29221	33-1111258		22,013.	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)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**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 ..... **1b**

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ..... **7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ..... **8**

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

	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) 2020

**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)	212,558.	0.	0.	14,468.	0.	227,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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	83	3,147,636.	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 V, 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.		

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

SCHEDULE M, LINE 32B:

STOCK GIFTS ARE LIQUIDATED IMMEDIATELY BY OUR BROKERAGE FIRMS.

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

**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

**2020**

Open to Public  
Inspection

Name of the organization

CENTRAL CAROLINA COMMUNITY FOUNDATION

Employer identification number

57-0793960

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

COMMUNITY THROUGH RESPONSIBLE GIVING.

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.



Name of the organization CENTRAL CAROLINA COMMUNITY FOUNDATION	Employer identification number 57-0793960
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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

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

CONTRIBUTIONS TO AGENCY ENDOWMENTS	-1,456,658.
INTEREST AND DIVIDENDS RECEIVED FOR AGENCY ENDOWMENTS	-467,584.
PROCEEDS FROM SALES OF AGENCY ENDOWMENTS SECURITIES	-349,715.
GRANTS TO AGENCY ENDOWMENTS	219,242.
APPRECIATION OR DEPRECIATION OF AGENCY ENDOWMENT SECURITIES	-2,388,913.
MANAGEMENT AND ADMINISTRATION OF AGENCY ENDOWMENTS	
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	
OTHER INCOME	
ROUNDING	
TOTAL TO FORM 990, PART XI, LINE 9	-4,443,628.

**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

**2020**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CCCF RE HOLDINGS (TRAM NW), LLC 2142 BOYCE ST., SUITE 402 COLUMBIA, SC 29201	REAL ESTATE	SOUTH CAROLINA			CENTRAL CAROLINA COMMUNITY FOUNDATION
CCCF RE HOLDINGS (TRAM SW), LLC 2142 BOYCE ST., SUITE 402 COLUMBIA, SC 29201	REAL ESTATE	SOUTH CAROLINA			CENTRAL CAROLINA COMMUNITY FOUNDATION
CCCF RE HOLDINGS (180 MERIDIAN ROAD) 2142 BOYCE ST., SUITE 402 COLUMBIA, SC 29201	REAL ESTATE	SOUTH CAROLINA			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) 2020

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	







## 2020 Efile form and Form 990

Final Audit Report

May 16, 2022

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By:	Mauldin & Jenkins(rkelly@mjcpa.com)
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