

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

CENTRAL CAROLINA COMMUNITY FOUNDATION

EIN or SSN

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

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** 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, 7b, 8b, 9b, or 10b**, 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.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>53,464,663.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 Turnquist Date 05/15/2023

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 2021 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 05/15/23

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



MAY 15, 2023

CENTRAL CAROLINA COMMUNITY FOUNDATION
2142 BOYCE STREET 402
COLUMBIA, SC 29201

DEAR KEVIN:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE 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, 2022

PREPARED FOR:

CENTRAL CAROLINA COMMUNITY FOUNDATION
2142 BOYCE STREET 402
COLUMBIA, SC 29201

PREPARED BY:

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

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

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-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2023

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 15, 2023.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

CENTRAL CAROLINA COMMUNITY FOUNDATION

EIN or SSN

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

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** 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, 7b, 8b, 9b, or 10b**, 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.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>53,464,663.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 ▶

Date ▶

Part III Certification and Authentication

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

58030380379

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ **05/15/23**

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CENTRAL CAROLINA COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 57-0793960
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2142 BOYCE STREET, 402	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBIA, SC 29201	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

KEVIN PATTEN

- The books are in the care of ▶ **2142 BOYCE STREET, SUITE 402 - COLUMBIA, SC 29201**

Telephone No. ▶ **803-978-7825** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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)

2021

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 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL CAROLINA COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2142 BOYCE STREET 402 City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, SC 29201 F Name and address of principal officer: JOANN M TURNQUIST 2142 BOYCE STREET SUITE 402, COLUMBIA, SC 2	D Employer identification number 57-0793960 E Telephone number 803-254-5601 G Gross receipts \$ 53,464,663. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.YOURFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: SC

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: WE PROMOTE, FACILITATE AND INCREASE PHILANTHROPY TO CREATE A SUSTAINABLE IMPACT WITHIN OUR	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 28
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 13
	6	Total number of volunteers (estimate if necessary)	6 28
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	0. 0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,127,347. 26,805,201.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	241,197. 145,719.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,646,536. 53,464,663.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,137,634. 1,384,410.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 786,908.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	778,988. 641,122.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,047,134. 19,196,877.
	19	Revenue less expenses. Subtract line 18 from line 12	9,599,402. 34,267,786.
	20	Total assets (Part X, line 16)	Beginning of Current Year 200,312,368. End of Year 178,690,140.
	21	Total liabilities (Part X, line 26)	21,207,063. 18,452,334.
	22	Net assets or fund balances. Subtract line 21 from line 20	179,105,305. 160,237,806.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	▶ Signature of officer JOANN M TURNQUIST, PRESIDENT/CEO Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name DAVID L. SPLITTGERBER, CP	Preparer's signature DAVID L. SPLITTGERBE	Date 05/15/23
	Firm's name ▶ MAULDIN & JENKINS, LLC	Firm's EIN ▶ 58-0692043	Check <input type="checkbox"/> if self-employed PTIN P01066536
	Firm's address ▶ 508 HAMPTON STREET COLUMBIA, SC 29201	Phone no. 803-799-5810	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO PROMOTE, FACILIAE, AND INCREASE PHILANTHROPY TO CREATE A SUSTAINABLE IMPACT WITHIN OUR COMMUNITY THROUGH RESPONSIBLE GIVING. WE ARE A NONPROFIT ORGANIZATION SERVING 11 COUNTIES IN THE MIDLANDS BY DISTRIBUTING GRANTS AND SCHOLARSHIPS AND LINKING THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 17,900,066. including grants of \$ 17,171,345.) (Revenue \$ 26,950,920.) 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 17,900,066.

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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
1a	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 28		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
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	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			225,202.	0.	25,582.	
(2) MR. KEVIN PATTEN VICE PRESIDENT FOR FINANCE	40.00				X		143,199.	0.	18,741.	
(3) MS. MICHELLE HARDY VICE PRESIDENT, ADVANCEMEN	40.00				X		130,395.	0.	14,756.	
(4) MS. ERIN JOHNSON VICE PRESIDENT, COMMUNITY	40.00				X		123,148.	0.	13,835.	
(5) MR. CALVIN ELAM CHAIR	1.00			X			0.	0.	0.	
(6) MR. CORY MANNING VICE CHAIR	1.00			X			0.	0.	0.	
(7) MR. HENRY CLAY SECRETARY/TREASURER	1.00			X			0.	0.	0.	
(8) MS. JULIE ALBRECHT BOARD MEMBER	1.00	X					0.	0.	0.	
(9) DR. ROSLYN CLARK ARTIS BOARD MEMBER	1.00	X					0.	0.	0.	
(10) MR. CLIFF BOURKE, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MS. JULIE BRENNAN BOARD MEMBER	1.00	X					0.	0.	0.	
(12) MS. SHARON BRYANT BOARD MEMBER	1.00	X					0.	0.	0.	
(13) MR. TUSHAR CHIKHLIKER BOARD MEMBER	1.00	X					0.	0.	0.	
(14) MR. DAN D'ALBERTO BOARD MEMBER	1.00	X					0.	0.	0.	
(15) MS. CHRISTI EPPS BOARD MEMBER	1.00	X					0.	0.	0.	
(16) MS. SARA FAWCETT BOARD MEMBER	1.00	X					0.	0.	0.	
(17) MR. ANDY FOLSOM 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. TERRANCE FORD BOARD MEMBER	1.00	X						0.	0.	0.
(19) MR. ROB GODFREY BOARD MEMBER	1.00	X						0.	0.	0.
(20) MR. SCOTT GRAVES BOARD MEMBER	1.00	X						0.	0.	0.
(21) MS. HARRIETT GREEN BOARD MEMBER	1.00	X						0.	0.	0.
(22) MR. CHARLES KAHN BOARD MEMBER	1.00	X						0.	0.	0.
(23) MR. SCOTT MACFARLAND BOARD MEMBER	1.00	X						0.	0.	0.
(24) MR. KEN MAY BOARD MEMBER	1.00	X						0.	0.	0.
(25) MR. SCOTT MCCLELLAND BOARD MEMBER	1.00	X						0.	0.	0.
(26) MS. ANGELA O'NEAL BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								621,944.	0.	72,914.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								621,944.	0.	72,914.

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 former 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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for MS. BETH RICHARDSON, MS. CANDACE C. SHIVER, MR. TROY SIMPSON, MS. BHAVNA VASUDEVA, MR. STEVE WADDELL, and MR. DERRICK L. WILLIAMS.

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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	26,513,743.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 6,238,973.				
	h	Total. Add lines 1a-1f		26,513,743.				
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,128,605.	7,128,605.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					19,676,596.			
	b	Less: cost or other basis and sales expenses	7b	0.				
	c	Gain or (loss)	7c	19,676,596.				
d	Net gain or (loss)		19,676,596.	19,676,596.				
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	ADMINISTRATIVE INCOME	Business Code	900099	145,719.	145,719.		
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d			145,719.			
12	Total revenue. See instructions			53,464,663.	26,950,920.	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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	17,171,345.	17,171,345.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,384,410.	505,310.	332,258.	546,842.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	172,773.	60,537.	48,529.	63,707.
12 Advertising and promotion				
13 Office expenses	56,623.	20,609.	13,612.	22,402.
14 Information technology	64,218.	23,440.	15,412.	25,366.
15 Royalties				
16 Occupancy	163,078.	59,524.	39,139.	64,415.
17 Travel	20,405.	7,448.	4,897.	8,060.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,960.		21,960.	
23 Insurance				
24 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.)				
a COMMUNICATIONS AND MARK	142,065.	51,853.	34,096.	56,116.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	19,196,877.	17,900,066.	509,903.	786,908.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,524,810.	1	7,588,745.
	2 Savings and temporary cash investments	2,820,552.	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,800.	4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	43,264.	9	112,251.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,294,187.		
	b Less: accumulated depreciation	10b 196,593.	10c	5,097,594.
	11 Investments - publicly traded securities	168,208,562.	11	155,900,763.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,593,846.	15	9,990,787.
16 Total assets. Add lines 1 through 15 (must equal line 33)	200,312,368.	16	178,690,140.	
Liabilities	17 Accounts payable and accrued expenses	37,441.	17	244,699.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	666,667.	24	666,667.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,502,955.	25	17,540,968.
	26 Total liabilities. Add lines 17 through 25	21,207,063.	26	18,452,334.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	163,841,329.	27	146,468,042.
	28 Net assets with donor restrictions	15,263,976.	28	13,769,764.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	179,105,305.	32	160,237,806.
	33 Total liabilities and net assets/fund balances	200,312,368.	33	178,690,140.

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	53,464,663.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,196,877.
3	Revenue less expenses. Subtract line 2 from line 1	3	34,267,786.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	179,105,305.
5	Net unrealized gains (losses) on investments	5	-53,400,255.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	264,970.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	160,237,806.

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 on 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		
3a		X
3b		

SCHEDULE A
(Form 990)

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

2021

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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22697063.	25232430.	36763962.	16277992.	26513743.	127485190
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22697063.	25232430.	36763962.	16277992.	26513743.	127485190
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18005225.
6 Public support. Subtract line 5 from line 4.						109479965

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	22697063.	25232430.	36763962.	16277992.	26513743.	127485190
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2977474.	3994587.	4559907.	5363015.	7128605.	24023588.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	241,141.	233,739.	148,561.	241,197.	145,719.	1010357.
11 Total support. Add lines 7 through 10						152519135
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	71.78 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	71.79 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on 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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A

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

2021

**** Do Not File ****

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

Contributor's Name	Total Contributions	Excess Contributions
ANONYMOUS	8,953,240.	5,902,857.
ANONYMOUS	6,611,730.	3,561,347.
ANONYMOUS	3,294,133.	243,750.
ANONYMOUS	5,578,224.	2,527,841.
ANONYMOUS	8,068,822.	5,018,439.
ANONYMOUS	3,801,374.	750,991.
Total Excess Contributions to Schedule A, Part II, Line 5		18,005,225.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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), 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), 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).

Name of organization CENTRAL CAROLINA COMMUNITY FOUNDATION	Employer identification number 57-0793960
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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	\$ 1,671,086.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,122,646.	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	\$ 3,801,374.	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	\$ 2,228,815.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,815,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL CAROLINA COMMUNITY FOUNDATION	Employer identification number 57-0793960
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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
7	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,481,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,297,659.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,276,772.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,109,027.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ANONYMOUS 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	\$ 966,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL CAROLINA COMMUNITY FOUNDATION	Employer identification number 57-0793960
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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
13	<u>ANONYMOUS</u> <u>2142 BOYCE STREET SUITE 402</u> <u>COLUMBIA, SC 29201</u>	\$ <u>774,852.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<u>ANONYMOUS</u> <u>2142 BOYCE STREET SUITE 402</u> <u>COLUMBIA, SC 29201</u>	\$ <u>662,871.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<u>ANONYMOUS</u> <u>2142 BOYCE STREET SUITE 402</u> <u>COLUMBIA, SC 29201</u>	\$ <u>543,333.</u>	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.)

Name of organization CENTRAL CAROLINA COMMUNITY FOUNDATION	Employer identification number 57-0793960
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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
<u>1</u>	STOCK GIFTS _____ _____ _____	\$ <u>1,671,086.</u>	<u>10/05/21</u>
<u>2</u>	STOCK GIFTS _____ _____ _____	\$ <u>1,122,646.</u>	<u>12/29/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CENTRAL CAROLINA COMMUNITY FOUNDATION	Employer identification number 57-0793960
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and 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 questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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 questions (1a, 1b, 2) regarding art and historical treasures, including checkboxes for reporting and dollar amount fields for revenue and assets.

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.		24,805.	47,795.
d Equipment	188,071.		171,788.	16,283.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,097,594.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST	6,015.
(2) INTEREST IN LEAD ANNUITY TRUST	179,701.
(3) INTEREST IN LIFE INSURANCE POLICIES	76,748.
(4) INTEREST IN UNITRUSTS	9,728,323.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	9,990,787.

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	89,359.
(3) DUE TO SUPPORTING ORGS	4,268,257.
(4) HELD AS AGENCY ENDOWMENT	13,183,352.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	17,540,968.

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.

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

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

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

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

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.

**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 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A MOMENT OF HOPE PO BOX 12684 COLUMBIA, SC 29211	46-1260073		117,197.	0.			GENERAL SUPPORT
ABLE SOUTH CAROLINA 720 GRACERN ROAD, SUITE 106 COLUMBIA, SC 29210	58-2336332		24,642.	0.			GENERAL SUPPORT
ACADEMIC TECHNOLOGY AND WELLNESS ACADEMY - 122 E. ROBINSON STREET - GAFFNEY, SC 29340	46-1048520		15,000.	0.			GENERAL SUPPORT
AGAPE FAMILY LIFE CENTER 5855 S. OKATIE HWY HARDEVILLE, SC 29927	57-1106874		30,000.	0.			GENERAL SUPPORT
ALDERSGATE SPECIAL NEEDS MINISTRY PO BOX 5781 COLUMBIA, SC 29250	20-0371139		5,404.	0.			GENERAL SUPPORT
ALIANZA HISPANA-HISPANIC ALLIANCE P.O. BOX 17934 GREENVILLE, SC 29606	27-1041624		5,556.	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) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLENDALE COUNTY ALIVE INC 413 BARNWELL HIGHWAY ALLENDALE, SC 29810	58-2399005		13,186.	0.			GENERAL SUPPORT
ALLENDALE COUNTY SCHOOLS 3249 ALLENDALE-FAIRFAX HWY FAIRFAX, SC 29827	57-6004178		30,000.	0.			GENERAL SUPPORT
ALS ASSOCIATION SOUTH CAROLINA CHAPTER - 130 GARDENERS CIRCLE PMB 622 - JOHNS ISLAND, SC 29455	13-3271855		7,715.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION ATTN: SC GIFT PROCESSING 4600 PARK CHARLOTTE, SC 28209	13-3039601		10,408.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY, INC PO BOX 11796 CHARLOTTE, NC 28220	13-1788491		12,759.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION PO BOX 840692 DALLAS, TX 75284-0692	13-5613797		25,756.	0.			GENERAL SUPPORT
AMERICAN RED CROSS OF CENTRAL SOUTH CAROLINA 2751 BULL COLUMBIA, SC 29201	53-0196605		161,925.	0.			GENERAL SUPPORT
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - P.O. BOX 96929 - WASHINGTON, DC 20090	13-1623829		13,388.	0.			GENERAL SUPPORT
ANDERSON UNIVERSITY 316 BOULEVARD ANDERSON, SC 29621	57-0324906		21,750.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL PROTECTION LEAGUE OF SOUTH CAROLINA - P.O. BOX 3015 - WEST COLUMBIA, SC 29171	57-0740991		24,816.	0.			GENERAL SUPPORT
BABCOCK CENTER FOUNDATION PO BOX 3608 WEST COLUMBIA, SC 29170	57-0868290		13,946.	0.			GENERAL SUPPORT
BANK OF AMERICA CHARITABLE GIFT FUND - 100 FEDERAL STREET MA1-225-04-02 - BOSTON, MA 02110	04-6010342		43,987.	0.			GENERAL SUPPORT
BARNWELL COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE - 179 FULDNER ROAD - BARNWELL, SC 29812	57-0742866		13,000.	0.			GENERAL SUPPORT
BEAUTIFUL GATE CENTER 3107 MEETING STREET ROAD NORTH CHARLESTON, SC 29405	47-3410814		10,000.	0.			GENERAL SUPPORT
BEN LIPPEN SCHOOL 7401 MONTICELLO ROAD COLUMBIA, SC 29203	57-0352247		48,833.	0.			GENERAL SUPPORT
BETH SHALOM SYNAGOGUE 5827 NORTH TRENHOLM ROAD COLUMBIA, SC 29206	57-0442208		9,842.	0.			GENERAL SUPPORT
BEYOND ABUSE PO BOX 693 GREENWOOD, SC 29648	57-0681915		20,000.	0.			GENERAL SUPPORT
BIG RED BARN RETREAT 8024 WINNSBORO ROAD BLYTHEWOOD, SC 29016	47-1047721		81,154.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTHRIGHT OF COLUMBIA 1316 RICHLAND STREET COLUMBIA, SC 29201	57-0699621		9,216.	0.			GENERAL SUPPORT
BLACK CREEK ARTS COUNCIL PO BOX 24 HARTSVILLE, SC 29551	57-0066009		15,000.	0.			GENERAL SUPPORT
BLACK RIVER UNITED WAY PO BOX 1065 GEORGETOWN, SC 29442	57-0526145		45,000.	0.			GENERAL SUPPORT
BLUFFTON SELF HELP INC PO BOX 2420 BLUFFTON, SC 29910	57-0862658		25,300.	0.			GENERAL SUPPORT
BRIGHT STAR LEARNING CENTER 510 CAMELIA STREET NORTH, SC 29112	83-2382204		5,950.	0.			GENERAL SUPPORT
BROOKGREEN GARDENS PO BOX 3368 PAWLEYS ISLAND, SC 29585	57-0380356		20,000.	0.			GENERAL SUPPORT
BROOKLAND CENTER FOR COMMUNITY ECONOMIC CHANGE - 1218 BATCHELOR STREET - WEST COLUMBIA, SC 29169	57-1183699		15,874.	0.			GENERAL SUPPORT
BULL SWAMP BAPTIST CHURCH OLD SCHOOL PRESERVATION AND COMMUNITY PROJECT - 112 PURITY STREET PO BOX 752 - ORANGEBURG, SC 29116	47-5483145		14,903.	0.			GENERAL SUPPORT
BULLETS AND BANDAIDS 701 GERVAIS ST SUITE 150, BOX 414 COLUMBIA, SC 29201	83-3927757		9,374.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTLER ACADEMY 710 S 5TH STREET HARSTVILLE, SC 29550	83-1745991		100,000.	0.			GENERAL SUPPORT
CALHOUN COUNTY FIRST STEPS 304 AGNES STREET ST. MATTHEWS, SC 29135	57-1097781		10,444.	0.			GENERAL SUPPORT
CALHOUN TRAUMATIC BRAIN INJURY FOUNDATION - 944 S STADIUM ROAD ATTN: CLYDE WRENN - COLUMBIA, SC 29208	47-1241048		15,000.	0.			GENERAL SUPPORT
CAMP COLE PO BOX 6377 COLUMBIA, SC 29260	82-1387411		99,561.	0.			GENERAL SUPPORT
CAMP HAPPY DAYS, INC. 1 CARRIAGE LANE, BUILDING C, SUITE CHARLESTON, SC 29407	57-0755466		10,000.	0.			GENERAL SUPPORT
CAMP JUDAEA INC. 1440 SPRING ST. NW ATLANTA, GA 30309	58-6014651		25,000.	0.			GENERAL SUPPORT
CAMP RISE ABOVE PO BOX 31295 CHARLESTON, SC 29417	27-0545990		9,985.	0.			GENERAL SUPPORT
CANCER CAN ROCK 13800 COPPERMINE ROAD 1ST FLOOR HERNDON, VA 20171	46-1882194		15,000.	0.			GENERAL SUPPORT
CANCER OF MANY COLORS INC 100 OLD CHEROKEE ROAD, STE. F- #339 LEXINGTON, SC 29072	46-4151271		11,551.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDINAL NEWMAN SCHOOL 2945 ALPINE ROAD COLUMBIA, SC 29223	57-0419733		32,378.	0.			GENERAL SUPPORT
CAREFIRST CAROLINA FOUNDATION PO BOX 1090 HARTSVILLE, SC 29551	55-0839537		12,500.	0.			GENERAL SUPPORT
CAROLINA WILDLIFE CARE, INC. 5551 BUSH RIVER ROAD COLUMBIA, SC 29212	57-0932809		28,753.	0.			GENERAL SUPPORT
CART FUND PO BOX 1916 SUMTER, SC 29151	31-1466051		18,413.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON INC. - COLUMBIA OFFICE 1427 PICKENS STREET - COLUMBIA, SC 29201	57-0314369		5,408.	0.			GENERAL SUPPORT
CECIL WILLIAMS SOUTH CAROLINA CIVIL RIGHTS MUSEUM - 1865 LAKE DRIVE - ORANGEBURG, SC 29115	83-3458558		11,667.	0.			GENERAL SUPPORT
CELLIS MAJOR DRIFFIN I-CEDRIC MOSES DRIFFIN PANTRY - PO BOX 75 - KINGSTREE, SC 29556	85-0702401		20,000.	0.			GENERAL SUPPORT
CENTRAL MIDLANDS DEVELOPMENT CORPORATION - 236 STONERIDGE DRIVE - COLUMBIA, SC 29210	58-3186011		10,000.	0.			GENERAL SUPPORT
CENTRAL SOUTH CAROLINA HABITAT FOR HUMANITY - 209 SOUTH SUMTER STREET - COLUMBIA, SC 29201	57-0785521		36,024.	0.			GENERAL SUPPORT

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

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CHABAD-LUBAVITCH OF SOUTH CAROLINA, INC. - P.O. BOX 6955 - COLUMBIA, SC 29260	57-0841922		36,500.	0.			GENERAL SUPPORT
CHAPIN COMMUNITY THEATRE PO BOX 360 CHAPIN, SC 29036	20-3431391		12,263.	0.			GENERAL SUPPORT
CHAPIN WE CARE CENTER 1800 CHAPIN ROAD CHAPIN, SC 29036	31-1744064		21,847.	0.			GENERAL SUPPORT
CHARLESTON AREA URBAN LEAGUE INC 2133 NORTH HILLSIDE DRIVE CHARLESTON, SC 29407	57-0961628		25,000.	0.			GENERAL SUPPORT
CHARLESTON LIBRARY SOCIETY 164 KING STREET CHARLESTON, SC 29401	57-0314372		25,000.	0.			GENERAL SUPPORT
CHILD EVANGELISM FELLOWSHIP PO BOX 21003 COLUMBIA, SC 29221	57-0567186		13,108.	0.			GENERAL SUPPORT
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS - 900 S. PINE STREET, SUITE F - SPARTANBURG, SC 29302	20-2511033		8,071.	0.			GENERAL SUPPORT
CHILDREN'S TRUST OF SOUTH CAROLINA 1330 LADY STREET, SUITE 310 COLUMBIA, SC 29201	57-0785431		6,745.	0.			GENERAL SUPPORT
CHRIST CHURCH EPISCOPAL SCHOOL 567 WENWOOD ROAD GREENVILLE, SC 29607	57-1122062		100,000.	0.			GENERAL SUPPORT

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CHURCH OF CHRIST 2855 COLUMBIA ROAD ORANGEBURG, SC 29118	57-6070694		33,000.	0.			GENERAL SUPPORT
CITY OF CAYCE 1800 12TH STREET CAYCE, SC 29033	57-6001008		15,000.	0.			GENERAL SUPPORT
CITY OF MANNING 29 W. BOYCE STREET MANNING, SC 29102	57-6001074		10,000.	0.			GENERAL SUPPORT
CITY OF SUMTER PO BOX 1449 SUMTER, SC 29151	57-6000246		25,000.	0.			GENERAL SUPPORT
CLAFLIN UNIVERSITY 400 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0314374		10,029.	0.			GENERAL SUPPORT
CLASSY SMILES INC 654 BELLAMY AVENUE, #1853 MURRELLS INLET, SC 29576	27-1425593		16,500.	0.			GENERAL SUPPORT
CLEMSON UNIVERSITY STUDENT FINANCIAL SERVICES, OUTSIDE SCHOLARSHIPS G-08 SIKES HALL, BOX 345307	57-6000254		82,608.	0.			GENERAL SUPPORT
CLEMSON UNIVERSITY FOUNDATION P.O. BOX 1889 CLEMSON, SC 29633	57-0426335		357,700.	0.			GENERAL SUPPORT
COASTAL CAROLINA UNIVERSITY OFFICE OF FINANCIAL SERVICES PO BOX CONWAY, SC 29528	57-0977955		12,825.	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 COMMUNITY FOUNDATION OF SOUTH CAROLINA - 1691 TURNBULL AVENUE - NORTH CHARLESTON, SC 29405	23-7390313		29,208.	0.			GENERAL SUPPORT
COKER UNIVERSITY 300 EAST COLLEGE AVENUE HARTSVILLE, SC 29550	57-0324916		319,102.	0.			GENERAL SUPPORT
COLA TOWN BIKE COLLECTIVE 711 ELMWOOD AVENUE COLUMBIA, SC 29201	47-1691710		11,172.	0.			GENERAL SUPPORT
COLAJAZZ FOUNDATION 914 PULASKI STREET COLUMBIA, SC 29201	84-2847862		23,892.	0.			GENERAL SUPPORT
COLUMBIA CHILDREN'S THEATRE PO BOX 3096 COLUMBIA, SC 29230	20-2793199		46,658.	0.			GENERAL SUPPORT
COLUMBIA CITY BALLET 1545 MAIN STREET COLUMBIA, SC 29201	23-7133145		11,605.	0.			GENERAL SUPPORT
COLUMBIA COLLEGE OFFICE OF FINANCIAL AID 1301 COLUMBIA COLLEGE DRIVE - COLUMBIA, SC 29203	57-0324915		137,160.	0.			GENERAL SUPPORT
COLUMBIA GARDEN CLUB FOUNDATION PO BOX 5925 COLUMBIA, SC 29250	57-0756773		6,900.	0.			GENERAL SUPPORT
COLUMBIA JEWISH FEDERATION 306 FLORA DRIVE COLUMBIA, SC 29223	57-0704341		91,712.	0.			GENERAL SUPPORT

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

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COLUMBIA OPPORTUNITY RESOURCE PO BOX 1868 COLUMBIA, SC 29202	20-3414821		7,900.	0.			GENERAL SUPPORT
COLUMBIA PARKS AND RECREATION FOUNDATION - 1111 RECREATION DRIVE - COLUMBIA, SC 29203	57-1125304		7,000.	0.			GENERAL SUPPORT
COLUMBIA STAGE SOCIETY 1012 SUMTER STREET COLUMBIA, SC 29201	57-6000280		19,997.	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. 1400 BARNWELL STREET COLUMBIA, SC 29201	57-0482767		11,127.	0.			GENERAL SUPPORT
COMMON GROUND -THE CINDY NORD CENTER FOR RENEWAL - 14240 BAIRD ROAD - OBERLIN, OH 44074	34-1838503		74,700.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF SOUTH CAROLINA - 500 GRACERN ROAD - COLUMBIA, SC 29210	57-0931840		61,578.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION FOR A BETTER HARTSVILLE - PO BOX 1791 - HARTSVILLE, SC 29551	45-5330192		105,000.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF GREATER CHATTANOOGA - 1400 WILLIAMS STREET - CHATTANOOGA, TN 37408	62-6045999		7,480.	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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COMPASSION INTERNATIONAL, INC. 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	36-2423707		102,454.	0.			GENERAL SUPPORT
CONGAREE LAND TRUST PO BOX 5232 COLUMBIA, SC 29250	57-0937485		36,569.	0.			GENERAL SUPPORT
CONGAREE RIVERKEEPER P.O. BOX 5294 COLUMBIA, SC 29250	26-4193711		12,562.	0.			GENERAL SUPPORT
CONSERVATION VOTERS OF SOUTH CAROLINA EDUCATION FUND - P.O. BOX 1766 - COLUMBIA, SC 29202	20-0335383		6,029.	0.			GENERAL SUPPORT
CONSOLIDATED SCHOOL DISTRICT OF AIKEN COUNTY SOUTH CAROLINA - BUSINESS SERVICES 1000 BROOKHAVEN DRIVE - AIKEN, SC 29803	57-6000300		6,000.	0.			GENERAL SUPPORT
CONVERSE COLLEGE 580 EAST MAIN STREET SPARTANBURG, SC 29302-1931	57-0314380		20,000.	0.			GENERAL SUPPORT
COOPERATIVE CHURCH MINISTRIES OF ORANGEBURG (CCMO) - PO BOX 2323 - ORANGEBURG, SC 29116	57-0861855		25,000.	0.			GENERAL SUPPORT
COUNTY OF CHESTER 514A GOVERNMENT DRIVE CHESTER, SC 29706	57-6000331		20,000.	0.			GENERAL SUPPORT
COURAGEOUS KIDZ, INC. 230 OLD DOMINION DRIVE NORTH CHARLESTON, SC 29418	11-3766807		5,556.	0.			GENERAL SUPPORT

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CROOKED CREEK ART LEAGUE PO BOX 501 CHAPIN, SC 29036	57-1029184		5,580.	0.			GENERAL SUPPORT
CROSSOVER GLOBAL 7520 MONTICELLO ROAD COLUMBIA, SC 29203	58-1758477		10,000.	0.			GENERAL SUPPORT
CRU 100 LAKE HART DRIVE ORLANDO, FL 32832	95-6006173		105,000.	0.			GENERAL SUPPORT
CURE INTERNATIONAL, INC. 70 IONIA AVE SW, SUITE 200 GRAND RAPIDS, MI 49503	58-2248383		50,000.	0.			GENERAL SUPPORT
CYPRESS ADVENTURES, INC PO BOX 405 HARTSVILLE, SC 29551-0405	47-3749701		29,000.	0.			GENERAL SUPPORT
DARLINGTON COUNTY HUMANE SOCIETY PO BOX 1655 HARTSVILLE, SC 29551	57-1050670		12,000.	0.			GENERAL SUPPORT
DARLINGTON COUNTY LONG-TERM RECOVERY GROUP - PO BOX 218 - SOCIETY HILL, SC 29593	83-3588620		13,000.	0.			GENERAL SUPPORT
DARLINGTON COUNTY PROGRESS INC. PO BOX 1163 HARTSVILLE, SC 29551	57-0846199		10,000.	0.			GENERAL SUPPORT
DARLINGTON COUNTY SCHOOL DISTRICT 120 E. SMITH AVENUE DARLINGTON, SC 29532	57-6000341		58,406.	0.			GENERAL SUPPORT

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DAYBREAK INC. 1601 ST. JULIAN PLACE COLUMBIA, SC 29204	57-0760670		8,808.	0.			GENERAL SUPPORT
DEFENDERS OF WILDLIFE OFFICE OF PLANNED GIVING 1130 17TH WASHINGTON, DC 20036	53-0183181		5,910.	0.			GENERAL SUPPORT
DELTA HOUSE, INC. 5307 FAIRFIELD ROAD COLUMBIA, SC 29203	57-0948093		10,876.	0.			GENERAL SUPPORT
DILLON COUNTY LONG TERM RECOVERY GROUP - PO BOX 805 - LATTA, SC 29565	83-3588620		25,000.	0.			GENERAL SUPPORT
DISABILITY RIGHTS SOUTH CAROLINA 3710 LANDMARK DRIVE, SUITE 208 COLUMBIA, SC 29204	58-1355302		6,318.	0.			GENERAL SUPPORT
DIVINE REDEEMER PARISH SCHOOL 1104 FORT DRIVE HANAHAN, SC 29410	57-0405151		12,500.	0.			GENERAL SUPPORT
DOWNTOWN CHURCH 2030 GREGG STREET COLUMBIA, SC 29201	45-5444017		10,010.	0.			GENERAL SUPPORT
DREAM RIDERS 156 SANDY HILL ROAD LEXINGTON, SC 29072	57-1079606		21,493.	0.			GENERAL SUPPORT
DYSLEXIA RESOURCE CENTER 628 MULLER AVENUE COLUMBIA, SC 29203	58-2302947		60,104.	0.			GENERAL SUPPORT

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EASTER SEAL SOCIETY OF SOUTH CAROLINA INC - PO BOX 5715 - COLUMBIA, SC 29250	57-0342029		8,471.	0.			GENERAL SUPPORT
EASTMINSTER PRESBYTERIAN CHURCH 3200 TRENHOLM ROAD COLUMBIA, SC 29204	57-0370001		201,448.	0.			GENERAL SUPPORT
EDEN BRIDGE FOUNDATION 909 EDEN ROAD LANCASTER, PA 17601	02-0714460		7,500.	0.			GENERAL SUPPORT
EDISTO HABITAT FOR HUMANITY PO BOX 2489 ORANGEBURG, SC 29116	57-0916444		15,944.	0.			GENERAL SUPPORT
EDISTO INDIAN FREE CLINIC 1125 RIDGE RD. RIDGEVILLE, SC 29472	82-1691197		25,000.	0.			GENERAL SUPPORT
EMMANUWHEEL PO BOX 1626 LEXINGTON, SC 29071	27-2111013		7,858.	0.			GENERAL SUPPORT
EMMAUS ROAD PARTNERS 123-C LIBRARY HILL LANE LEXINGTON, SC 29072	58-2313533		55,000.	0.			GENERAL SUPPORT
EPWORTH CHILDREN'S HOME PO BOX 50466 COLUMBIA, SC 29250	57-0314389		33,188.	0.			GENERAL SUPPORT
ETERNAL SHEPHERD LUTHERAN CHURCH 220 CARSON ROAD SENECA, SC 29678	57-0770079		8,050.	0.			GENERAL SUPPORT

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ETV ENDOWMENT OF SOUTH CAROLINA 401 E KENNEDY STREET, STE. B-1 SPARTANBURG, SC 29302	57-0657549		8,558.	0.			GENERAL SUPPORT
EZEKIEL CENTER INC. PO BOX 30281 COLUMBIA, SC 29230	46-5632252		34,362.	0.			GENERAL SUPPORT
FAIRFIELD COMMUNITY COORDINATING COUNCIL (FAIRFIELD FORWARD) - PO BOX 215 - WINNSBORO, SC 29180	20-5763223		50,000.	0.			GENERAL SUPPORT
FAIRFIELD COUNTY COUNCIL ON AGING, INC - 210 E. WASHINGTON STREET - WINNSBORO, SC 29180	57-0778839		15,120.	0.			GENERAL SUPPORT
FAIRWAY OUTREACH PO BOX 6788 COLUMBIA, SC 29260	57-0906593		7,531.	0.			GENERAL SUPPORT
FAITH HOME, INC PO BOX 39 GREENWOOD, SC 29648	57-6034112		10,000.	0.			GENERAL SUPPORT
FAMILY CONNECTION OF SOUTH CAROLINA INC. - 1800 ST. JULIAN PLACE, SUITE 104 - COLUMBIA, SC 29204	57-0901467		12,609.	0.			GENERAL SUPPORT
FAMILY PROMISE OF THE MIDLANDS INC. - 1333 OMAREST DRIVE - COLUMBIA, SC 29210	26-4259689		5,384.	0.			GENERAL SUPPORT
FEEDING FINLAY 3163 GEDNEY CIR BLYTHEWOOD, SC 29016	85-3113324		6,870.	0.			GENERAL SUPPORT

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FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 12657 COLUMBIA, SC 29211	44-0610626		23,155.	0.			GENERAL SUPPORT
FINE ARTS CENTER OF KERSHAW COUNTY 810 LYTTLETON STREET CAMDEN, SC 29020	57-0522276		59,143.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH 1306 HAMPTON STREET COLUMBIA, SC 29201	57-0324921		5,100.	0.			GENERAL SUPPORT
FIRST NORTHEAST BAPTIST CHURCH 311 SPARKLEBERRY LN COLUMBIA, SC 29229	57-0907973		80,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 1324 MARION STREET COLUMBIA, SC 29201	57-0314437		153,500.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH CHRISTIAN COUNSELING CENTER - 1500 LADY STREET - COLUMBIA, SC 29201	57-1031104		42,778.	0.			GENERAL SUPPORT
FISHER HOUSE OF COLUMBIA SC POST OFFICE BOX 290185 COLUMBIA, SC 29229	82-1515571		6,561.	0.			GENERAL SUPPORT
FLETCHER UNITED METHODIST CHURCH 50 LIBRARY ROAD FLETCHER, NC 28732	56-1237141		50,000.	0.			GENERAL SUPPORT
FOOD FOR THE SOUL - KERSHAW COUNTY PO BOX 1591 CAMDEN, SC 29021	26-4244051		5,950.	0.			GENERAL SUPPORT

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FOODSHARE 2 MEDICAL PARK ROAD, SUITE 506 COLUMBIA, SC 29203	57-6017985		8,793.	0.			GENERAL SUPPORT
FOR THE LOVE OF A PAW PO BOX 3 ELLOREE, SC 29047	47-5661631		5,190.	0.			GENERAL SUPPORT
FORGE 14485 EAST EVANS AVENUE AURORA, CO 80014	31-1191922		33,000.	0.			GENERAL SUPPORT
FOSTERING GREAT IDEAS 321 PIMLICO RD GREENVILLE, SC 29607	27-4622960		84,208.	0.			GENERAL SUPPORT
FOUNDATION FOR EXCELLENCE IN PUBLIC EDUCATION IN CLARKE COUNTY GA INC - PO BOX 1708 - ATHENS, GA 30603	58-1557006		7,000.	0.			GENERAL SUPPORT
FRANCIS MARION UNIVERSITY OFFICE OF STUDENT FINANCIAL AID PO FLORENCE, SC 29502	57-0522624		11,500.	0.			GENERAL SUPPORT
FRANCIS MARION UNIVERSITY EDUCATION FOUNDATION - PO BOX 100547 - FLORENCE, SC 29502	23-7432174		15,000.	0.			GENERAL SUPPORT
FREE MEDICAL CLINIC OF NEWBERRY COUNTY - PO BOX 783 - NEWBERRY, SC 29108	20-0390941		22,044.	0.			GENERAL SUPPORT
FREEDOM READERS INC PO BOX 30548 MYRTLE BEACH, SC 29588	27-2517686		15,000.	0.			GENERAL SUPPORT

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FRIENDS OF AFRICAN AMERICAN ART & CULTURE, AN AFFINITY GROUP OF THE COLUMBIA MUS - 1515 MAIN STREET - COLUMBIA, SC 29201	57-6007869		11,667.	0.			GENERAL SUPPORT
FRIENDS OF THE LEXINGTON COUNTY MUSEUM - 231 FOX STREET - LEXINGTON, SC 29072	56-2054389		6,191.	0.			GENERAL SUPPORT
GALATIANS 62 2548 MAIN STREET, SUITE E-2 ELGIN, SC 29045	83-3315573		33,890.	0.			GENERAL SUPPORT
GEORGETOWN UNIVERSITY CENTER FOR CONTINUING AND PROFESSIONAL EDUCATION ATTN: CCPE STUDENT ACCOUNTS	53-0196603		5,250.	0.			GENERAL SUPPORT
GILBERT COMMUNITY PARK PO BOX 62 GILBERT, SC 29054	57-0737727		30,700.	0.			GENERAL SUPPORT
GIRL SCOUTS OF EASTERN SOUTH CAROLINA - 7257 CROSS COUNTY ROAD - NORTH CHARLESTON, SC 29418	57-0341216		12,500.	0.			GENERAL SUPPORT
GIRL SCOUTS OF SOUTH CAROLINA - MOUNTAINS TO MIDLANDS INC. - 1107 WILLIAMS STREET - COLUMBIA, SC 29201	57-0314433		9,016.	0.			GENERAL SUPPORT
GIRLS ON THE RUN OF COLUMBIA PO BOX 5167 WEST COLUMBIA, SC 29171	56-2593729		9,693.	0.			GENERAL SUPPORT
GIRLUP GVL 408 RANDALL ST GREENVILLE, SC 29609	85-0718280		50,000.	0.			GENERAL SUPPORT

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GLENFOREST SCHOOL 1041 HARBOR DRIVE WEST COLUMBIA, SC 29169	57-0982351		54,749.	0.			GENERAL SUPPORT
GLOBAL OUTREACH INTERNATIONAL PO BOX ONE TUPELO, MS 38802	48-1256219		27,000.	0.			GENERAL SUPPORT
GOLDEN HARVEST FOOD BANK AIKEN WAREHOUSE 81 CAPITAL DRIVE AIKEN, SC 29803	58-1466516		27,000.	0.			GENERAL SUPPORT
GOOD SAMARITAN CLINIC PO BOX 158 LEXINGTON, SC 29071	57-1109766		37,746.	0.			GENERAL SUPPORT
GREAT GRAND FAMILY FOUNDATION PO BOX 1626 BEAUFORT, SC 29901	85-3821772		8,500.	0.			GENERAL SUPPORT
GREENWOOD PATHWAY HOUSE, INC. PO BOX 49723 GREENWOOD, SC 29649	45-0833715		8,000.	0.			GENERAL SUPPORT
GROWING HOME SOUTHEAST 440 KNOX ABBOTT DRIVE, SUITE 250 CAYCE, SC 29033	20-1093091		13,530.	0.			GENERAL SUPPORT
GUY HARVEY OCEAN FUND INC. 10408 W STATE ROAD 84 STE 104 DAVIE, FL 33324	26-1710999		100,000.	0.			GENERAL SUPPORT
HAGGAI INTERNATIONAL 4725 PEACHTREE CORNERS CIRCLE, SUITE 200 - PEACHTREE CORNERS, GA 30092	58-0898309		150,000.	0.			GENERAL SUPPORT

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAITI UNDER GOD INC 1414 LADY STREET COLUMBIA, SC 29201	56-2375686		39,177.	0.			GENERAL SUPPORT
HAMMOND SCHOOL 854 GALWAY LANE COLUMBIA, SC 29209	57-0477924		9,979.	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		25,049.	0.			GENERAL SUPPORT
HARRIET HANCOCK CENTER FOUNDATION 1108 WOODROW STREET COLUMBIA, SC 29205	57-0836466		6,075.	0.			GENERAL SUPPORT
HARTSVILLE COMMUNITY CENTER BUILDING COMMISSION - 212 N. 5TH STREET - HARTSVILLE, SC 29550	57-0708420		25,000.	0.			GENERAL SUPPORT
HARVEST HOPE FOOD BANK COLUMBIA BRANCH - 2220 SHOP ROAD - COLUMBIA, SC 29201	57-0725560		97,842.	0.			GENERAL SUPPORT
HAYDEN HURST FAMILY FOUNDATION 3663 AIRLIE LANE JACKSONVILLE, FL 32217	83-1847805		10,000.	0.			GENERAL SUPPORT
HEALING ICONS PO BOX 5194 COLUMBIA, SC 29250	26-3595565		5,130.	0.			GENERAL SUPPORT

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HEALING SPECIES PO BOX 1202 ORANGEBURG, SC 29116	57-1087949		12,485.	0.			GENERAL SUPPORT
HEALTH FOUNDATION OF KERSHAW COUNTY - 2004 WEST DEKALB STREET PO BOX 893 - CAMDEN, SC 29020	57-0900155		19,560.	0.			GENERAL SUPPORT
HEALTHY LEARNERS 2711 MIDDLEBURG DRIVE SUITE 304 COLUMBIA, SC 29204	57-1127197		46,806.	0.			GENERAL SUPPORT
HEART OF LIFE 201 HONEYSUCKLE LANE FLORENCE, SC 29506	84-5141014		10,000.	0.			GENERAL SUPPORT
HEARTWORKS MINISTRY, INC./JUBILEE ACADEMY - P. O. BOX 4476 - COLUMBIA, SC 29240	57-1119456		26,369.	0.			GENERAL SUPPORT
HEATHWOOD HALL EPISCOPAL SCHOOL 3000 SOUTH BELTLINE BOULEVARD COLUMBIA, SC 29201	57-0358065		118,805.	0.			GENERAL SUPPORT
HELPING HEARTS SENIOR SERVICES, INC. - P.O. BOX 153 - LIBERTY HILL, SC 29074	82-4791988		8,295.	0.			GENERAL SUPPORT
HELPING OTHERS PROGRESS THROUGH EDUCATION - 904 FINLEY ROAD - ROCK HILL, SC 29730	46-3398264		25,000.	0.			GENERAL SUPPORT
HISTORIC COLUMBIA FOUNDATION 1601 RICHLAND STREET COLUMBIA, SC 29201	57-6020250		110,490.	0.			GENERAL SUPPORT

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HOLY INNOCENTS EPISCOPAL SCHOOL INC. - 805 MT VERNON HIGHWAY NW - ATLANTA, GA 30327	58-1120296		6,400.	0.			GENERAL SUPPORT
HOME WORKS OF AMERICA INC. 3823 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	56-2027026		25,519.	0.			GENERAL SUPPORT
HOMELESS NO MORE, INC. 2411 TWO NOTCH ROAD COLUMBIA, SC 29204	57-0898981		125,079.	0.			GENERAL SUPPORT
HOMEWARD BOUND PET RESCUE PO BOX 4335 IRMO, SC 29063	27-2693717		11,337.	0.			GENERAL SUPPORT
HOOF AND PAW BENEVOLENT SOCIETY OF FAIRFIELD COUNTY - P.O. BOX 168 - BLYTHEWOOD, SC 29016	45-4287583		9,403.	0.			GENERAL SUPPORT
HOPE IN LANCASTER, INC. P.O. BOX 166 LANCASTER, SC 29721	57-0752150		25,000.	0.			GENERAL SUPPORT
HOPE LUTHERAN CHURCH 1400 KENNERLY ROAD IRMO, SC 29063	57-0635486		42,000.	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
HOPEWELL SENIOR DAY CARE CENTER 1275 BLAKELY ROAD SALTERS, SC 29590	57-1089947		25,000.	0.			GENERAL SUPPORT

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HOSPICE AND PALLIATIVE CARE FOUNDATION - PO BOX 151 - DRAYTON, SC 29333	57-1107253		10,716.	0.			GENERAL SUPPORT
HOWLMORE ANIMAL SANCTUARY PO BOX 61128 COLUMBIA, SC 29260	56-2651115		5,959.	0.			GENERAL SUPPORT
HUMANE SOCIETY FOR THE PREVENTION OF CRUELTY - SC - 405 GREENLAWN DRIVE - COLUMBIA, SC 29209	57-0407367		41,532.	0.			GENERAL SUPPORT
I LIKE GIVING C/O NHF 5550 TECH CENTER DRIVE, SUITE 303 - COLORADO SPRINGS, CO 80919	32-0348113		50,000.	0.			GENERAL SUPPORT
INDIAN WATERS COUNCIL BOY SCOUTS OF AMERICA - 715 BETSY DRIVE - COLUMBIA, SC 29210	57-0314440		21,834.	0.			GENERAL SUPPORT
INTERNATIONAL AFRICAN AMERICAN MUSEUM - P.O. BOX 22761 - CHARLESTON, SC 29413	20-3398254		100,000.	0.			GENERAL SUPPORT
ISLAND DOLPHIN CARE 150 LORELANE PLACE KEY LARGO, FL 33037	65-0728047		10,000.	0.			GENERAL SUPPORT
IT-LOGY FOUNDATION 808 LADY STREET, SUITE D-1 COLUMBIA, SC 29201	47-4933659		9,125.	0.			GENERAL SUPPORT
IVY HERITAGE FOUNDATION OF IRMO, INC. - 7320 BROAD RIVER ROAD, SUITE K-271 - IRMO, SC 29063	46-3853892		9,545.	0.			GENERAL SUPPORT

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JAMES M. HINTON COMMUNITY DEVELOPMENT FOUNDATION - 1110 MASON ROAD - COLUMBIA, SC 29203	55-0831684		9,435.	0.			GENERAL SUPPORT
JOHNS HOPKINS UNIVERSITY JHU PAYMENT PROCESSING 3400 N. CHARLES STREET - BALTIMORE, MD 21218	52-0595110		5,696.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF GREATER SOUTH CAROLINA - 2711 MIDDLEBURG DRIVE, STE. 301 - COLUMBIA, SC 29204	57-0511131		12,072.	0.			GENERAL SUPPORT
JUNIOR LEAGUE OF COLUMBIA, INC. 2926 DEVINE STREET COLUMBIA, SC 29205	57-6021867		5,584.	0.			GENERAL SUPPORT
JUSTIN PEPPER HOUSE PO BOX 122 CHAPIN, SC 29036	47-4592906		8,095.	0.			GENERAL SUPPORT
KATIE & IRWIN KAHN JEWISH COMMUNITY CENTER - 306 FLORA DRIVE - COLUMBIA, SC 29223	57-0369507		146,998.	0.			GENERAL SUPPORT
KATRINA'S KIDS PO BOX 84334 LEXINGTON, SC 29073	47-2090695		5,211.	0.			GENERAL SUPPORT
KERSHAW AREA COMMUNITY RESOURCE EXCHANGE - PO BOX 364 - KERSHAW, SC 29067	57-0789419		10,000.	0.			GENERAL SUPPORT
KERSHAW COUNTY HOUSING AUTHORITY PO BOX 737 CAMDEN, SC 29021	81-5485908		25,000.	0.			GENERAL SUPPORT

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

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KERSHAW COUNTY HUMANE SOCIETY 128 BLACK RIVER ROAD CAMDEN, SC 29020	23-7080463		31,000.	0.			GENERAL SUPPORT
KILLINGSWORTH HOME 1831 PENDLETON STREET COLUMBIA, SC 29212	57-0659510		21,611.	0.			GENERAL SUPPORT
KINDRED HEARTS SOUTH CAROLINA PO BOX 290154 COLUMBIA, SC 29229	83-4643335		7,295.	0.			GENERAL SUPPORT
LAMAR CIVITAN INTERNATIONAL PO BOX 345 LAMAR, SC 29069	57-6029615		10,000.	0.			GENERAL SUPPORT
LANDER UNIVERSITY OFFICE OF FINANCIAL AID 320 STANLEY AVENUE - GREENWOOD, SC 29649	57-0559320		8,550.	0.			GENERAL SUPPORT
LANIER PARKS INC PO BOX 217 LAKELAND, GA 31635	58-2055933		6,000.	0.			GENERAL SUPPORT
LAURENS CEMETERY ASSOCIATION PO BOX 21 LAURENS, SC 29360	51-0196849		7,245.	0.			GENERAL SUPPORT
LAVIE PREGNANCY CARE CENTER 1271 CALKS FERRY ROAD LEXINGTON, SC 29072	38-4081036		9,258.	0.			GENERAL SUPPORT
LEE COUNTY RLI 5 COURTHOUSE SQUARE BISHOPVILLE, SC 29010	46-1043550		33,818.	0.			GENERAL SUPPORT

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LEE COUNTY SCHOOL DISTRICT 310 ROLAND STREET BISHOPVILLE, SC 29010	57-6000377		20,000.	0.			GENERAL SUPPORT
LEEZA'S CARE CONNECTION 201 ST. ANDREWS ROAD COLUMBIA, SC 29210	56-2356697		23,711.	0.			GENERAL SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY SOUTHEAST (GEORGIA - SOUTH CAROLINA) PO BOX 22443 - NEW YORK, NY 10087-2443	13-5644916		32,000.	0.			GENERAL SUPPORT
LEXINGTON RICHLAND ALCOHOL AND DRUG ABUSE COUNCIL INC. - PO BOX 50597 - COLUMBIA, SC 29250	57-0510076		6,500.	0.			GENERAL SUPPORT
LEXINGTON UNITED METHODIST CHURCH 309 E MAIN STREET LEXINGTON, SC 29072	57-0631202		6,834.	0.			GENERAL SUPPORT
LIBERTY UNIVERSITY INC. CASHIERS OFFICE, P.O. BOX 10425 LYNCHBURG, VA 24506	54-0946734		7,750.	0.			GENERAL SUPPORT
LIFE EMPOWERMENT COMMUNITY OUTREACH - 1030 BETHUNE HIGHWAY - BISHOPVILLE, SC 29010	83-1397051		25,510.	0.			GENERAL SUPPORT
LIGHTHOUSE FOR LIFE 7320 BROAD RIVER ROAD, SUITE K #247 IRMO, SC 29063	47-0969132		10,656.	0.			GENERAL SUPPORT
LIGHTHOUSE MINISTRIES PO BOX 6801 FLORENCE, SC 29502	57-1053570		20,000.	0.			GENERAL SUPPORT

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LIMESTONE COLLEGE 1115 COLLEGE DRIVE GAFFNEY, SC 29340	57-0314402		11,000.	0.			GENERAL SUPPORT
LIONS VISION SERVICES 234-C OUTLET POINT BOULEVARD COLUMBIA, SC 29210	23-7105526		65,972.	0.			GENERAL SUPPORT
LOGAN ELEMENTARY FOUNDATION 815 ELMWOOD AVE COLUMBIA, SC 29201	38-3840462		10,218.	0.			GENERAL SUPPORT
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE NORTH CHARLESTON, SC 29405	57-0751835		10,000.	0.			GENERAL SUPPORT
LRADAC FOUNDATION 2711 COLONIAL DRIVE COLUMBIA, SC 29203	45-3949534		5,758.	0.			GENERAL SUPPORT
LYNN BROWN INSPIRES 203 HOOKSTON WAY IRMO, SC 29063	83-2907407		12,596.	0.			GENERAL SUPPORT
MARCH OF DIMES 4711 FOREST DRIVE, SUITE 3 #134 COLUMBIA, SC 29206	13-1846366		25,204.	0.			GENERAL SUPPORT
MARION COUNTY LONG TERM RECOVERY GROUP - PO BOX 1106 - MULLINS, SC 29574	61-1940802		25,000.	0.			GENERAL SUPPORT
MARLBORO SCHOOL COMMUNITY CENTER, INC. - PO BOX 172 - BENNETTSVILLE, SC 29512	47-2221068		20,000.	0.			GENERAL SUPPORT

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MCKISSICK MUSEUM UNIVERSITY OF SOUTH CAROLINA 1027 BARNWELL STREET - COLUMBIA, SC 29201	57-6017985		29,357.	0.			GENERAL SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION - 59 BEE STREET, MSC 201 - CHARLESTON, SC 29425	57-6028985		10,250.	0.			GENERAL SUPPORT
MEDNEED OF SC 121 OAK LANE CAYCE, SC 29033	90-0340073		10,000.	0.			GENERAL SUPPORT
MERCY MEDICINE FREE CLINIC 500 S. COIT STREET FLORENCE, SC 29501	31-1693093		10,000.	0.			GENERAL SUPPORT
MIDLANDS FATHERHOOD COALITION 1420 COLONIAL LIFE BLVD. SUITE 80 COLUMBIA, SC 29210	81-0564753		28,773.	0.			GENERAL SUPPORT
MIDLANDS HOUSING ALLIANCE 2025 MAIN STREET COLUMBIA, SC 29201	20-3524141		45,453.	0.			GENERAL SUPPORT
MIDLANDS TECHNICAL COLLEGE FOUNDATION - OFFICE OF PHILANTHROPY PO BOX 2408 - COLUMBIA, SC 29202	23-7085753		30,280.	0.			GENERAL SUPPORT
MINISTRY OF OUTREACH TO SLAVIC TRIBES - PO BOX 1839 - COLUMBIA, SC 29202	57-1133976		41,747.	0.			GENERAL SUPPORT
MIRCI 1408 GREGG STREET COLUMBIA, SC 29201	57-0984185		47,239.	0.			GENERAL SUPPORT

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MISS RUBY'S KIDS PO BOX 1007 GEORGETOWN, SC 29442	20-3933169		12,600.	0.			GENERAL SUPPORT
MISS SOUTH CAROLINA SCHOLARSHIP ORGANIZATION - PO BOX 297 - HARTSVILLE, SC 29551	27-3688727		37,859.	0.			GENERAL SUPPORT
MISSION LEXINGTON 216 HARMON STREET LEXINGTON, SC 29072	57-0813856		41,810.	0.			GENERAL SUPPORT
MONTESSORI SCHOOL OF COLUMBIA 411 SOUTH MAPLE STREET COLUMBIA, SC 29205	57-0760592		17,642.	0.			GENERAL SUPPORT
MONTREAT CONFERENCE CENTER PO BOX 969 MONTREAT, NC 28757	56-0532142		40,000.	0.			GENERAL SUPPORT
MOREHOUSE COLLEGE ATTN: CASHIER OFFICE ROOM 200 GLOSTER HALL, 830 WESTVIEW DRIVE. S.W. - ATLAN	58-0566205		5,550.	0.			GENERAL SUPPORT
MT. CALVARY MISSIONARY BAPTIST CHURCH - 714 CAMDEN HIGHWAY - BISHOPVILLE, SC 29010	06-1816718		20,000.	0.			GENERAL SUPPORT
MT. HOREB UMC - LEXINGTON 1205 OLD CHEROKEE ROAD LEXINGTON, SC 29072	57-0697574		6,000.	0.			GENERAL SUPPORT
MULTIPLYING GOOD 1400 PICKENS STREET, SUITE 600 COLUMBIA, SC 29201	52-0959336		6,500.	0.			GENERAL SUPPORT

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MY AMIGOS BILINGUAL EDUCATION CENTER - 132 SAINT DAVIDS CHURCH ROAD - WEST COLUMBIA, SC 29170	36-4631695		5,575.	0.			GENERAL SUPPORT
NATIONAL ALLIANCE ON MENTAL ILLNESS - SOUTH CAROLINA - PO BOX 1267 - COLUMBIA, SC 29202	57-0822032		5,304.	0.			GENERAL SUPPORT
NATIONAL FEDERATION OF THE BLIND OF SOUTH CAROLINA - 119 S KILBOURNE ROAD - COLUMBIA, SC 29205	57-0787174		5,434.	0.			GENERAL SUPPORT
NEW MORNING FOUNDATION 1501 MAIN STREET, SUITE 150 COLUMBIA, SC 29201	95-4894776		104,505.	0.			GENERAL SUPPORT
NEWBERRY COLLEGE OFFICE OF ADVANCEMENT 2100 COLLEGE NEWBERRY, SC 29108	57-0314404		16,494.	0.			GENERAL SUPPORT
NEWBERRY MUSEUM PO BOX 343 NEWBERRY, SC 29108	47-0982472		7,019.	0.			GENERAL SUPPORT
NEWBERRY OPERA HOUSE FOUNDATION, INC. - 1201 MCKIBBEN STREET - NEWBERRY, SC 29108	57-0964360		23,636.	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 - RALEIGH,	56-6000756		9,000.	0.			GENERAL SUPPORT

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OCONEE CHRISTIAN ACADEMY 150 HIS WAY SENECA, SC 29672	57-0978451		13,807.	0.			GENERAL SUPPORT
OLIVER GOSPEL MISSION PO BOX 7697 COLUMBIA, SC 29202	57-6027750		152,671.	0.			GENERAL SUPPORT
OMEGA MEN OF COLUMBIA, SOUTH CAROLINA, INC. - P.O. BOX 24122 - COLUMBIA, SC 29224	45-4096309		11,121.	0.			GENERAL SUPPORT
ONE COLUMBIA FOR ARTS AND HISTORY 1219 TAYLOR STREET COLUMBIA, SC 29201	90-0784318		100,884.	0.			GENERAL SUPPORT
ORANGEBURG CALHOUN TECHNICAL COLLEGE FOUNDATION - 3250 ST. MATTHEWS ROAD - ORANGEBURG, SC 29118	57-0657914		100,388.	0.			GENERAL SUPPORT
ORANGEBURG COUNTY FINE ARTS CENTER PO BOX 2106 ORANGEBURG, SC 29116	57-0776091		11,082.	0.			GENERAL SUPPORT
ORANGEBURG COUNTY SCHOOL DISTRICT 102 FOUNDERS COURT ORANGEBURG, SC 29118	83-3861927		30,000.	0.			GENERAL SUPPORT
ORIGINAL DESIGN P.O. BOX 50743 COLUMBIA, SC 29205	86-2391812		26,115.	0.			GENERAL SUPPORT
PALMETTO ANIMAL ASSISTED LIFE SERVICES - 221 N. GRAMPIAN HILLS ROAD - COLUMBIA, SC 29223	20-8666026		47,004.	0.			GENERAL SUPPORT

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PALMETTO CONSERVATION FOUNDATION 722 KING STREET COLUMBIA, SC 29205	57-0907043		14,026.	0.			GENERAL SUPPORT
PALMETTO CYCLING COALITION PO BOX 50066 COLUMBIA, SC 29250	57-1020701		7,546.	0.			GENERAL SUPPORT
PALMETTO MASTERSINGERS P.O. BOX 7441 COLUMBIA, SC 29202	57-0819954		7,925.	0.			GENERAL SUPPORT
PALMETTO PLACE CHILDREN AND YOUTH SERVICES - PO BOX 3395 - COLUMBIA, SC 29230	57-6029097		7,467.	0.			GENERAL SUPPORT
PALMETTO PROJECT INC. 4500 FORT JACKSON BLVD., SUITE 150 COLUMBIA, SC 29209	57-0807801		21,084.	0.			GENERAL SUPPORT
PATHWAYS TO HEALING 3830 FOREST DRIVE, STE. 201 COLUMBIA, SC 29204	57-0763120		7,551.	0.			GENERAL SUPPORT
PATRIOT POINT, LLC 1742 N STREET NW WASHINGTON, DC 20036	26-3268204		20,000.	0.			GENERAL SUPPORT
PATTISON'S ACADEMY 721 WAPPO ROAD CHARLESTON, SC 29407	20-3419262		10,000.	0.			GENERAL SUPPORT
PAWMETTO LIFELINE 1275 BOWER PARKWAY COLUMBIA, SC 29212	56-2146419		7,250.	0.			GENERAL SUPPORT

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PEE DEE INDIAN NATION OF UPPER SOUTH CAROLINA - 3814 HIGHWAY 57N - LITTLE ROCK, SC 29567	11-3643078		14,000.	0.			GENERAL SUPPORT
PENDLETON PLACE 1133 PENDLETON ST. GREENVILLE, SC 29601	57-0624421		5,555.	0.			GENERAL SUPPORT
PETS INC. P.O. BOX 6394 WEST COLUMBIA, SC 29171	57-0950870		36,121.	0.			GENERAL SUPPORT
PICK 42 FOUNDATION 2709 CERAMIC CT MULLINS, SC 29574	47-4339440		16,000.	0.			GENERAL SUPPORT
PIEDMONT WOMENS CENTER 1146 GROVE ROAD GREENVILLE, SC 29605	57-0932285		6,000.	0.			GENERAL SUPPORT
PILOT CLUB OF COLUMBIA 8208 HUNT CLUB ROAD COLUMBIA, SC 29223	57-6021502		13,200.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD SOUTH ATLANTIC 2712 MIDDLEBURG DRIVE, SUITE 107 COLUMBIA, SC 29204	56-1282557		12,281.	0.			GENERAL SUPPORT
POSITIVELY INFLUENCING THE COMMUNITY WITH HEART, INC - 220 SUMMIT SQUARE - COLUMBIA, SC 29229	83-1951479		11,659.	0.			GENERAL SUPPORT
POWER IN CHANGING 2638 TWO NOTCH ROAD SUITE 116 COLUMBIA, SC 29204	47-5060596		65,267.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN COLLEGE ADVANCEMENT OFFICE, 503 SOUTH BROAD CLINTON, SC 29325	57-0314408		252,500.	0.			GENERAL SUPPORT
PRISMA HEALTH - UPSTATE OFFICE OF PHILANTHROPY 300 E. MCBEE AVENUE, STE 503 - GREENVILLE, SC 29601	81-1723202		8,625.	0.			GENERAL SUPPORT
PRISMA HEALTH MEDICAL GROUP-MIDLANDS - DEPARTMENT OF PSYCHIATRY, 3555 HARDEN STREET EXT., SUITE 141 - COLUMBIA, SC	47-1345819		39,300.	0.			GENERAL SUPPORT
PRISMA HEALTH MIDLANDS FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201	57-0725699		15,000.	0.			GENERAL SUPPORT
PROVIDENCE HOME PO BOX 3188 COLUMBIA, SC 29230	57-0618585		75,122.	0.			GENERAL SUPPORT
PROVIDENCE PRESBYTERIAN CHURCH 1112 HUMMINGBIRD DRIVE WEST COLUMBIA, SC 29169	57-0482567		6,240.	0.			GENERAL SUPPORT
PROVISIONBRIDGE PO BOX 157 TALLULAH FALLS, GA 30573	27-4357830		26,000.	0.			GENERAL SUPPORT
RADIUS CHURCH 300 WEST MAIN STREET LEXINGTON, SC 29072	20-2164772		45,000.	0.			GENERAL SUPPORT
RALI DILLON COUNTY 627 ELLEN LANE DILLON, SC 29536	27-0337186		9,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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RANDOLPH COLLEGE DEVELOPMENT OFFICE 2500 RIVERMONT A LYNCHBURG, VA 24503	54-0505941		10,000.	0.			GENERAL SUPPORT
REACH OUT AND READ CAROLINAS PO BOX 474 IRMO, SC 29063	04-3481253		10,965.	0.			GENERAL SUPPORT
REAL CHAMPIONS INC. P.O. BOX 669 RIDGELAND, SC 29936	81-3956956		155,250.	0.			GENERAL SUPPORT
RECONCILIATION MINISTRIES SC 1141 ST. ANDREWS ROAD COLUMBIA, SC 29210	26-0067588		160,352.	0.			GENERAL SUPPORT
REFORMED UNIVERSITY FELLOWSHIP INTERNATIONAL - 1414 LADY STREET - COLUMBIA, SC 29201	58-1713181		13,005.	0.			GENERAL SUPPORT
RICHLAND COUNTY FIRST STEPS 1800 ST. JULIAN PLACE, SUITE 406 COLUMBIA, SC 29204	57-1097865		6,825.	0.			GENERAL SUPPORT
RICHLAND COUNTY RECREATION COMMISSION - ATTN: BRENDA HORTON 7473 PARKLANE ROAD - COLUMBIA, SC 29223	30-0217851		5,910.	0.			GENERAL SUPPORT
RICHLAND LIBRARY FRIENDS AND FOUNDATION - 1431 ASSEMBLY STREET - COLUMBIA, SC 29201-3101	57-0758497		9,694.	0.			GENERAL SUPPORT
RIDE ABILITY THERAPEUTIC RIDING CENTER INC. - 937 STALLION SPIRIT TRAIL - CLOVER, SC 29710	45-4049196		5,556.	0.			GENERAL SUPPORT

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RIVERBANKS SOCIETY PO BOX 1060 COLUMBIA, SC 29202	23-7278668		19,165.	0.			GENERAL SUPPORT
RIVERS EDGE RETREAT 1019 GARDEN VALLEY LANE COLUMBIA, SC 29210	26-2972284		5,149.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF COLUMBIA - 2901 COLONIAL DRIVE - COLUMBIA, SC 29203	57-0725736		24,000.	0.			GENERAL SUPPORT
S.C. JUNIOR GOLF FOUNDATION P.O. BOX 286 IRMO, SC 29063	57-1021847		60,300.	0.			GENERAL SUPPORT
SAFE HARBOR PO BOX 174 GREENVILLE, SC 29602	57-1014137		5,945.	0.			GENERAL SUPPORT
SAINT ANDREW'S LUTHERAN CHURCH 1416 BROAD RIVER ROAD COLUMBIA, SC 29210	57-0971395		6,600.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002		29,500.	0.			GENERAL SUPPORT
SANDHILLS SCHOOL 1500 HALLBROOK DRIVE COLUMBIA, SC 29209	57-0532678		31,632.	0.			GENERAL SUPPORT
SASS GO PO BOX 334 BALLENTINE, SC 29002	82-4064223		6,416.	0.			GENERAL SUPPORT

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SC SCHOOL FOR THE DEAF AND THE BLIND FOUNDATION INC - 355 CEDAR SPRINGS ROAD - SPARTANBURG, SC 29302	57-0693592		12,405.	0.			GENERAL SUPPORT
SC THRIVE PO BOX 23503 COLUMBIA, SC 29224	90-1011409		6,164.	0.			GENERAL SUPPORT
SC WOMEN'S LEADERSHIP NETWORK PO BOX 11974 COLUMBIA, SC 29211	47-4116299		8,634.	0.			GENERAL SUPPORT
SCHOOL MINISTRIES 101 RICE BENT WAY, SUITE 6 COLUMBIA, SC 29229	57-0942086		70,835.	0.			GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF METROLINA INC - 500 B SPRATT STREET - CHARLOTTE, NC 28206	56-1352593		15,000.	0.			GENERAL SUPPORT
SELDEN K SMITH HOLOCAUST EDUCATION FOUNDATION - 18 GLENLAKE ROAD - COLUMBIA, SC 29223	84-4179534		9,591.	0.			GENERAL SUPPORT
SENIOR RESOURCES, INC. 2817 MILLWOOD AVENUE COLUMBIA, SC 29205	57-0484965		38,994.	0.			GENERAL SUPPORT
SERVE & CONNECT PO BOX 6840 COLUMBIA, SC 29260	81-1369953		23,464.	0.			GENERAL SUPPORT
SHANDON BAPTIST CHURCH 5250 FOREST DRIVE COLUMBIA, SC 29206	57-0341196		47,000.	0.			GENERAL SUPPORT

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SHRINERS HOSPITALS FOR CHILDREN P.O. BOX 863765 ORLANDO, FL 32886	36-2193608		5,555.	0.			GENERAL SUPPORT
SISTERCARE, INC. PO BOX 1029 COLUMBIA, SC 29202	57-0722427		32,453.	0.			GENERAL SUPPORT
SOTERIA WORLD OUTREACH MINISTRIES, INC - 210 SHAW STREET - GREENVILLE, SC 29609	58-2475280		5,556.	0.			GENERAL SUPPORT
SOUTH CAROLINA APPLESEED LEGAL JUSTICE CENTER - PO BOX 7187 - COLUMBIA, SC 29202	57-1035023		13,405.	0.			GENERAL SUPPORT
SOUTH CAROLINA AQUARIUM 100 AQUARIUM WHARF CHARLESTON, SC 29401	57-0961897		10,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA BAR FOUNDATION 950 TAYLOR STREET COLUMBIA, SC 29202	23-7181552		15,262.	0.			GENERAL SUPPORT
SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES - 2711 MIDDLEBURG DRIVE, SUITE 111 - COLUMBIA, SC 29204	36-4506347		12,415.	0.			GENERAL SUPPORT
SOUTH CAROLINA CITIZENS FOR LIFE P.O. BOX 5865 COLUMBIA, SC 29250	57-0657406		6,689.	0.			GENERAL SUPPORT
SOUTH CAROLINA FREE CLINIC ASSOCIATION - PO BOX 1378 - CAMDEN, SC 29021	26-0122306		18,000.	0.			GENERAL SUPPORT

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SOUTH CAROLINA GOVERNOR'S SCHOOL FOR SCIENCE & MATHEMATICS FOUNDATION - 2711 MIDDLEBURG DRIVE SUITE 205 - COLUMBIA, SC 29204	57-0881347		15,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA GREENHOUSE GROWERS' ASSOCIATION - 4661 CRYSTAL DRIVE - COLUMBIA, SC 29206	57-0868432		6,400.	0.			GENERAL SUPPORT
SOUTH CAROLINA INDEPENDENT COLLEGES & UNIVERSITIES, INC. - PO BOX 12007 - COLUMBIA, SC 29211	57-0343998		33,250.	0.			GENERAL SUPPORT
SOUTH CAROLINA LUTHERAN RETREAT CENTERS - 6053 TWO NOTCH RD - BATESBURG-LEESVILLE, SC 29070	57-0855630		9,765.	0.			GENERAL SUPPORT
SOUTH CAROLINA PHILHARMONIC 1704 MAIN STREET, SUITE 100 COLUMBIA, SC 29201	57-0742901		39,473.	0.			GENERAL SUPPORT
SOUTH CAROLINA PUBLIC INTEREST FOUNDATION - P.O. BOX 1195 - SIMPSONVILLE, SC 29681	20-2475247		10,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA RAILROAD MUSEUM INC. - P.O. BOX 7246 - COLUMBIA, SC 29202	57-0830457		11,024.	0.			GENERAL SUPPORT
SOUTH CAROLINA STATE MUSEUM FOUNDATION - 301 GERVAIS STREET, LOADING ZONE D - COLUMBIA, SC 29201	57-0713243		23,194.	0.			GENERAL SUPPORT
SOUTH CAROLINA WILDLIFE FEDERATION 455 SAINT ANDREWS RD STE B1 COLUMBIA, SC 29210	57-0602549		8,836.	0.			GENERAL SUPPORT

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SOUTH CAROLINA YOUTH ADVOCATE PROGRAM - 140 STONERIDE DRIVE, STE. 350 - COLUMBIA, SC 29210	34-1652048		10,552.	0.			GENERAL SUPPORT
SOUTHERN INTERSCHOLASTIC PRESS ASSOCIATION - 800 SUMTER STREET, SJMC/USC - COLUMBIA, SC 29208	57-0902917		8,890.	0.			GENERAL SUPPORT
SOWING SEEDS INTO THE MIDLANDS 2111 LADY STREET, SUITE A COLUMBIA, SC 29204	46-4771636		8,957.	0.			GENERAL SUPPORT
SPARTANBURG SCIENCE CENTER 200 EAST ST. JOHN STREET SPARTANBURG, SC 29306	57-0661215		7,500.	0.			GENERAL SUPPORT
SPCA ALBRECHT CENTER FOR ANIMAL WELFARE - 199 WILLOW RUN ROAD - AIKEN, SC 29801	57-0329782		22,000.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS SOUTH CAROLINA 109 OAK PARK DRIVE IRMO, SC 29063	57-0680248		40,289.	0.			GENERAL SUPPORT
SPOLETO FESTIVAL USA ATTN: MS. JULIA FORSTER 14 GEORGE S CHARLESTON, SC 29401	57-0660848		104,500.	0.			GENERAL SUPPORT
SQ RESCUE, INC. PO BOX 291450 COLUMBIA, SC 29229	57-1105376		8,046.	0.			GENERAL SUPPORT
ST. ANASTASIA CATHOLIC CHURCH 5205 A1A S ST. AUGUSTINE, FL 32080	59-3236619		13,500.	0.			GENERAL SUPPORT

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ST. JOHN NEUMANN CATHOLIC SCHOOL 721 POLO ROAD COLUMBIA, SC 29223	57-0812070		14,289.	0.			GENERAL SUPPORT
ST. JOHN'S EPISCOPAL CHURCH 2827 WHEAT STREET COLUMBIA, SC 29205	57-0314412		10,000.	0.			GENERAL SUPPORT
ST. JOSEPH CATHOLIC SCHOOL 3700 DEVINE STREET COLUMBIA, SC 29205	57-0379950		41,489.	0.			GENERAL SUPPORT
ST. JOSEPH'S INDIAN SCHOOL P.O. BOX 326 CHAMBERLAIN, SD 57326	46-0235912		18,250.	0.			GENERAL SUPPORT
ST. LABRE INDIAN SCHOOL 112 ST. LABRE CAMPUS DRIVE ASHLAND, MT 59003	81-0244542		6,000.	0.			GENERAL SUPPORT
ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH - 203 PARK AVE SE - AIKEN, SC 29801	57-6020955		7,750.	0.			GENERAL SUPPORT
ST. PETER'S CATHOLIC SCHOOL 1035 HAMPTON STREET COLUMBIA, SC 29201	57-1002093		35,248.	0.			GENERAL SUPPORT
ST. THOMAS LUTHERAN CHURCH 215 ST. THOMAS CHURCH ROAD CHAPIN, SC 29036	57-0751202		7,100.	0.			GENERAL SUPPORT
ST. THOMAS MORE 1610 GREENE STREET COLUMBIA, SC 29201	57-0872523		16,938.	0.			GENERAL SUPPORT

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SUMPTER FREE HEALTH CLINIC PO BOX 340 SAINT STEPHEN, SC 29479	27-1097304		18,000.	0.			GENERAL SUPPORT
SUMTER COUNTY CULTURAL CENTER 135 HAYNSWORTH STREET SUMTER, SC 29150	57-6000405		22,500.	0.			GENERAL SUPPORT
SUMTER COUNTY GALLERY OF ART PO BOX 1316 SUMTER, SC 29151	23-7130803		93,109.	0.			GENERAL SUPPORT
SUMTER HABITAT FOR HUMANITY, INC. PO BOX 2746 SUMTER, SC 29151	57-0835811		34,587.	0.			GENERAL SUPPORT
SUMTER SENIOR SERVICES PO BOX 832 SUMTER, SC 29151-0832	57-0609664		20,000.	0.			GENERAL SUPPORT
SUNSET FELINES, INC. 105 PEACEFUL LANE WEST COLUMBIA, SC 29170	27-3936900		5,778.	0.			GENERAL SUPPORT
SWEEPAWAY CANCER INC PO BOX 753 PLAINFIELD, IN 46168	47-5252144		5,556.	0.			GENERAL SUPPORT
TALK SERVICES PO BOX 2155 WEST COLUMBIA, SC 29171	27-4606784		5,701.	0.			GENERAL SUPPORT
TEACH FOR AMERICA - SOUTH CAROLINA 1691 TURNBULL AVE. SUITE 203 NORTH CHARLESTON, SC 29405	13-3541913		10,000.	0.			GENERAL SUPPORT

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TEACH MY PEOPLE PO BOX 2848 PAWLEYS ISLAND, SC 29585	57-1075900		25,000.	0.			GENERAL SUPPORT
TEMPLE SINAI 13 CHURCH STREET SUMTER, SC 29151	57-0441116		17,959.	0.			GENERAL SUPPORT
TEXAS TECH UNIVERSITY SCHOLARSHIP OFFICE BOX 45011 LUBBOCK, TX 79409	75-2668014		5,830.	0.			GENERAL SUPPORT
THE ANIMAL MISSION PO BOX 50023 COLUMBIA, SC 29250	57-0921521		12,466.	0.			GENERAL SUPPORT
THE B STRONG GROUP PO BOX 90017 COLUMBIA, SC 29209	81-2185422		10,482.	0.			GENERAL SUPPORT
THE BROOKLAND FOUNDATION P.O. BOX 2026 COLUMBIA, SC 29202	57-0994150		11,557.	0.			GENERAL SUPPORT
THE CENTER FOR BIRDS OF PREY PO BOX 1247 CHARLESTON, SC 29402	57-0966813		35,000.	0.			GENERAL SUPPORT
THE CHURCH OF THE REDEEMER 1606 RUSSELL STREET ORANGEBURG, SC 29115	57-0314431		14,000.	0.			GENERAL SUPPORT
THE COLUMBIA MUSEUM OF ART PO BOX 2068 COLUMBIA, SC 29202	57-6007869		152,034.	0.			GENERAL SUPPORT

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THE COOPERATIVE MINISTRY 3821 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	57-0825025		73,744.	0.			GENERAL SUPPORT
THE FERGUSON MEDITATION GARDEN PO BOX 1338 LAURENS, SC 29360	01-0606438		7,245.	0.			GENERAL SUPPORT
THE FREE MEDICAL CLINIC, INC. PO BOX 4616 COLUMBIA, SC 29240-4616	57-0779279		16,898.	0.			GENERAL SUPPORT
THE FRIENDSHIP 2827 WHEAT STREET COLUMBIA, SC 29205	46-4035107		10,795.	0.			GENERAL SUPPORT
THE HAVEN RETREAT 221 CHEROKEE TRAIL LEXINGTON, SC 29072	85-3586227		10,218.	0.			GENERAL SUPPORT
THE HEARTWORM PROJECT PO BOX 7308 WEST COLUMBIA, SC 29171	61-1463387		11,620.	0.			GENERAL SUPPORT
THE HIVE COMMUNITY CIRCLE 4704 COLONIAL DRIVE COLUMBIA, SC 29203	47-0992295		32,096.	0.			GENERAL SUPPORT
THE HUMANE SOCIETY OF THE UNITED STATES - 1255 23RD STREET, NW, SUITE 450 - WASHINGTON, DC 20037	53-0225390		13,387.	0.			GENERAL SUPPORT
THE JEWISH FEDERATIONS OF NORTH AMERICA INC. - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	13-1624240		6,864.	0.			GENERAL SUPPORT

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THE JULIE VALENTINE CENTER 2905 WHITE HORSE ROAD GREENVILLE, SC 29611	57-0655611		6,000.	0.			GENERAL SUPPORT
THE LUMINAL THEATER 2308 E BOUNDARY ROAD COLUMBIA, SC 29203	81-1509359		11,667.	0.			GENERAL SUPPORT
THE MANNA HOUSE PO BOX 13541 FLORENCE, SC 29504	57-0831385		25,000.	0.			GENERAL SUPPORT
THE NAOMI PROJECT PO BOX 13143 FLORENCE, SC 29504	36-4611487		15,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY 1417 STUART ENGALS BOULEVARD SUITE MT. PLEASANT, SC 29464	53-0242652		16,051.	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		87,530.	0.			GENERAL SUPPORT
THE SALVATION ARMY OF THE MIDLANDS P.O. BOX 2786 COLUMBIA, SC 29202	58-0660607		12,795.	0.			GENERAL SUPPORT
THE SAMARITAN HOUSE OF ORANGEBURG, INC. - PO BOX 2392 - ORANGEBURG, SC 29116	57-1112777		10,169.	0.			GENERAL SUPPORT

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THE SHEPHERD'S CENTER OF SAINT ANDREWS - 2600 ASHLAND ROAD - COLUMBIA, SC 29210	57-0882659		9,139.	0.			GENERAL SUPPORT
THE SMART BOX PO BOX 405 FAIRFAX, SC 29827	81-3212507		10,000.	0.			GENERAL SUPPORT
THE STATE NEWSPAPER 2100 Q STREET SACRAMENTO, CA 95816	85-2383255		30,000.	0.			GENERAL SUPPORT
THE SUMTER COUNTY MUSEUM PO BOX 1456 SUMTER, SC 29151	57-0891753		47,763.	0.			GENERAL SUPPORT
THE SUMTER LITTLE THEATRE 14 MOOD AVENUE SUMTER, SC 29150	57-6028314		22,000.	0.			GENERAL SUPPORT
THE THERAPY PLACE 3620 COVENANT ROAD COLUMBIA, SC 29204	26-2197304		34,128.	0.			GENERAL SUPPORT
THE TRUST FOR PUBLIC LAND 100 MONTGOMERY STREET SUITE 900 SAN FRANCISCO, CA 94104	23-7222333		5,910.	0.			GENERAL SUPPORT
THE UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVENUE SEWANEE, TN 37383	62-0475697		6,000.	0.			GENERAL SUPPORT
THE UNUMB CENTER FOR NEURODEVELOPMENT - PO BOX 7514 - COLUMBIA, SC 29202	27-3190242		12,100.	0.			GENERAL SUPPORT

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THE VILLAGE GROUP PO BOX 700 GEORGETOWN, SC 29442	06-1749252		25,000.	0.			GENERAL SUPPORT
THE WOMEN'S SHELTER 3425 NORTH MAIN STREET COLUMBIA, SC 29203	57-0934329		19,383.	0.			GENERAL SUPPORT
TRAC SUPPORT 2691 WEDGEFIELD RD SUMTER, SC 29154	82-5480926		20,000.	0.			GENERAL SUPPORT
TRENHOLM ROAD UNITED METHODIST CHURCH FOUNDATION - 3401 TRENHOLM ROAD - COLUMBIA, SC 29204	57-1087695		125,000.	0.			GENERAL SUPPORT
TRICOUNTY FAMILY MINISTRIES 2105 COSGROVE AVE. NORTH CHARLESTON, SC 29405	57-0794782		15,000.	0.			GENERAL SUPPORT
TRICOUNTY TECHNICAL COLLEGE POST OFFICE BOX 587 PENDLETON, SC 29670	57-0428018		8,849.	0.			GENERAL SUPPORT
TRINITY EPISCOPAL CATHEDRAL 1100 SUMTER STREET COLUMBIA, SC 29201	57-0314419		25,750.	0.			GENERAL SUPPORT
TRINITY PRESBYTERIAN CHURCH 975 WILLINGTON ROAD ORANGEBURG, SC 29118	57-0827261		15,000.	0.			GENERAL SUPPORT
TRUSTUS THEATRE 520 LADY STREET COLUMBIA, SC 29201	57-0804610		10,488.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURN90 630 BLUE RIDGE TERRACE COLUMBIA, SC 29203	46-0671501		61,787.	0.			GENERAL SUPPORT
TYJASKEY ACADEMIC ENRICHMENT AND MENTORING CENTER - 205 STAFFORD ROAD - COLUMBIA, SC 29223	04-3845791		6,170.	0.			GENERAL SUPPORT
UNITARIAN UNIVERSALIST CHURCH OF SPARTANBURG, SC - PO BOX 1942 - SPARTANBURG, SC 29304-1942	57-0947382		30,000.	0.			GENERAL SUPPORT
UNITED HOUSING CONNECTIONS 135 EDINBURGH CT GREENVILLE, SC 29607	57-1032202		50,000.	0.			GENERAL SUPPORT
UNITED NEGRO COLLEGE FUND, INC. PEE DEE AREA PO BOX 2503 FLORENCE, SC 29503	13-1624241		15,000.	0.			GENERAL SUPPORT
UNITED STATES ASSOCIATION OF BLIND ATHLETES INC. - 1 OLYMPIC PLAZA - COLORADO SPRINGS, CO 80909	31-0977121		13,000.	0.			GENERAL SUPPORT
UNITED WAY OF CHESTERFIELD COUNTY PO BOX 333 CHESTERFIELD, SC 29709	57-0919420		37,485.	0.			GENERAL SUPPORT
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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF HARTSVILLE PO BOX 756 HARTSVILLE, SC 29551	23-7125629		115,615.	0.			GENERAL SUPPORT
UNITED WAY OF KERSHAW COUNTY PO BOX 737 CAMDEN, SC 29021	57-0717334		14,285.	0.			GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396		214,824.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA - COLUMBIA - BURSAR'S OFFICE - 1244 BLOSSOM STREET, SUITE 128 - COLUMBIA, SC 29208	57-6001153		78,167.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA ALUMNI ASSOCIATION - GIFT PROCESSING 1600 HAMPTON STREET, SUITE 736 - COLUMBIA, SC 29208	57-0642395		15,250.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA BEAUFORT - ATTN: BURSARS OFFICE 1 UNIVERSITY BLVD - BLUFFTON, SC 29909	57-6001153		21,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - 1027 BARNWELL STREET - COLUMBIA, SC 29208	57-6017985		977,498.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA SUMTER - BUSINESS OFFICE 200 MILLER ROAD - SUMTER, SC 29150	57-6017985		7,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA UPSTATE - STUDENT ACCOUNT SERVICES OFFICE 800 UNIVERSITY WAY - SPARTANBURG, SC 29303	57-6001153		21,900.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPSTATE FOREVER 507 PETTIGRU ST GREENVILLE, SC 29601	57-1070433		10,000.	0.			GENERAL SUPPORT
VEATRICE VICTORIA REID SCHOOL INC.(V. V. REID SCHOOL INC.) - 704 GABRIEL STREET - COLUMBIA, SC 29204	57-0516128		11,667.	0.			GENERAL SUPPORT
VETERANS WELCOME HOME RESOURCE CENTER - 421 HWY 57 SOUTH - LITTLE RIVER, SC 29566	38-3801214		10,000.	0.			GENERAL SUPPORT
VILLAGE CHURCH 574 RIMER POND ROAD BLYTHEWOOD, SC 29016	57-1130583		6,000.	0.			GENERAL SUPPORT
WATER MISSION PO BOX 63320 CHARLOTTE, NC 28263-3320	57-1116978		55,500.	0.			GENERAL SUPPORT
WEBGYRLZ CODE PO BOX 291916 COLUMBIA, SC 29229	47-2980298		25,974.	0.			GENERAL SUPPORT
WELVISTA, INC. 121 GREYSTONE BLVD. COLUMBIA, SC 29210	56-2034627		52,605.	0.			GENERAL SUPPORT
WILSON HALL SCHOOL 520 WILSON HALL ROAD SUMTER, SC 29150	57-0485507		6,300.	0.			GENERAL SUPPORT
WOFFORD COLLEGE OFFICE OF FINANCIAL AID 429 NORTH CHURCH STREET - SPARTANBURG, SC 29303	57-0314422		64,771.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S RIGHTS AND EMPOWERMENT NETWORK - 1201 MAIN STREET, SUITE 1820 - COLUMBIA, SC 29201	81-0775184		42,904.	0.			GENERAL SUPPORT
YMCA OF THE UPPER PEE DEE 111 EAST CAROLINA AVENUE HARTSVILLE, SC 29550	57-0794011		82,500.	0.			GENERAL SUPPORT
YOUNG LIFE PO BOX 5772 COLUMBIA, SC 29250	84-0385934		208,166.	0.			GENERAL SUPPORT
YOUTH CORPS PO BOX 211126 COLUMBIA, SC 29221	33-1111258		24,726.	0.			GENERAL SUPPORT
YOUTH IMPACT CENTER PO BOX 587 LAKELAND, GA 31635	82-4019263		6,000.	0.			GENERAL SUPPORT
YWCA GOLDEN GATE SILICON VALLEY 375 S. THIRD STREET SAN JOSE, CA 95112	94-1186196		6,000.	0.			GENERAL SUPPORT

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

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

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

PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE UNITED STATES:

FOR ALL GRANTS THAT ARE NOT GENERAL SUPPORT, THE FOUNDATION REQUIRES SIGNED AGREEMENTS, WRITTEN REPORTS AND VERBAL FEEDBACK ON THE PROGRESS AND USE OF THE GRANT DOLLARS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	225,202.	0.	0.	25,582.	0.	250,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR. KEVIN PATTEN VICE PRESIDENT FOR FINANCE	(i)	143,199.	0.	0.	18,741.	0.	161,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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 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	64	6,238,973.	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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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

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.

**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 for instructions and the latest information.

OMB No. 1545-0047

2021

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

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) 2021

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
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

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





Mauldin & Jenkins - Form 990 Tax Return

Final Audit Report

May 15, 2023

Created:	May 15, 2023
By:	Mauldin & Jenkins(csaylor@mjcpa.com)
Status:	ESigned
Transaction ID:	LMJFUD4YA5RML0QKE6A1L582EW
Documents:	CCCF 2021 Form 990.pdf

"Mauldin & Jenkins - Form 990 Tax Return" History

-  Document emailed to (JoAnn@yourfoundation.org) for signature
5/15/2023 16:55:38 PM Eastern Daylight Time
-  Document viewed by (JoAnn@yourfoundation.org)
5/15/2023 18:45:48 PM Eastern Daylight Time - IP address: 99.174.217.221
-  Document e-signed by (JoAnn@yourfoundation.org)
Signature Date: 5/15/2023 18:46:14 PM Eastern Daylight Time - IP address: 99.174.217.221
-  Document Signed
5/15/2023 18:46:14 PM Eastern Daylight Time