

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493291000439

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

PO BOX 31358

City or town, state or province, country, and ZIP or foreign postal code

AUGUSTA, GA 30903

F Name and address of principal officer

SHELL K BERRY
PO BOX 31358
AUGUSTA, GA 30903

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

58-2184345

E Telephone number

(706) 724-1314

G Gross receipts \$ 32,570,549

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CFCSRA.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile GA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO ENCOURAGE AND PROMOTE PHILANTHROPY THROUGH EDUCATION, RESPONSIBLE MANAGEMENT OF CHARITABLE CONTRIBUTIONS AND THE DISTRIBUTION OF THESE FUNDS, AND TO PROVIDE THE STRUCTURE FOR THIS TO BE ACCOMPLISHED BY INDIVIDUALS, COMPANIES, PRIVATE FOUNDATIONS AND ORGANIZATIONS

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

3 Number of voting members of the governing body (Part VI, line 1a)

23

4 Number of independent voting members of the governing body (Part VI, line 1b)

23

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6

6 Total number of volunteers (estimate if necessary)

0

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

5,491,905

9 Program service revenue (Part VIII, line 2g)

0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

-634,788

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

376,825

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

5,233,942

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

7,374,925

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

338,761

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶125,472

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

510,699

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

8,224,385

19 Revenue less expenses Subtract line 18 from line 12

-2,990,443

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

75,119,571

21 Total liabilities (Part X, line 26)

28,888,407

22 Net assets or fund balances Subtract line 21 from line 20

46,231,164

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2019-10-03

Date

SHELL K BERRY PRESIDENT/CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2019-09-24

Check ☐ if self-employed

PTIN P00968513

Firm's name ▶ SEROTTA MADDOCKS EVANS CPAS

Firm's EIN ▶ 58-1107697

Firm's address ▶ 2743 PERIMETER PARKWAY BLDG 100 STE 200
AUGUSTA, GA 30909

Phone no (706) 722-5337

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐ ☒

1 Briefly describe the organization's mission

THE MISSION OF THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA IS TO ENCOURAGE AND PROMOTE PHILANTHROPY THROUGH EDUCATION, RESPONSIBLE MANAGEMENT OF CHARITABLE CONTRIBUTIONS AND THE DISTRIBUTION OF THESE FUNDS, AND TO PROVIDE THE STRUCTURE FOR THIS TO BE ACCOMPLISHED BY INDIVIDUALS, COMPANIES, PRIVATE FOUNDATIONS AND ORGANIZATIONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 7,204,409 including grants of \$ 7,055,061) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 7,204,409

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)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
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? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
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? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	4
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

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 in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
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: GA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ SHELL K BERRY 720 SAINT SEBASTIAN WAY STE 160 AUGUSTA, GA 30901 (706) 724-1314

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES HOUSTON ARMSTRONG BOARD OF DIRECTORS	1 00	X						0	0	0
(2) BARRY L STOREY BOARD OF DIRECTORS	1 00	X						0	0	0
(3) BRAYE C BOARDMAN BOARD OF DIRECTORS	1 00	X						0	0	0
(4) BRIAN J MARKS BOARD OF DIRECTORS	1 00	X						0	0	0
(5) EDDIE BUSSEY BOARD OF DIRECTORS	1 00	X						0	0	0
(6) CHARLES PETE CAYE JR BOARD OF DIRECTORS	1 00	X						0	0	0
(7) R LEE SMITH JR BOARD OF DIRECTORS	1 00	X						0	0	0
(8) CLAYTON P BOARDMAN III BOARD OF DIRECTORS	1 00	X						0	0	0
(9) DUNCAN N JOHNSON JR BOARD OF DIRECTORS	1 00	X						0	0	0
(10) E G MEYBOHM BOARD OF DIRECTORS	1 00	X						0	0	0
(11) H M OSTEN JR BOARD OF DIRECTORS	1 00	X						0	0	0
(12) JAMES B TROTTER BOARD OF DIRECTORS	1 00	X						0	0	0
(13) JAMES J BERNSTEIN BOARD OF DIRECTORS	1 00	X						0	0	0
(14) JAMES M HULL BOARD OF DIRECTORS	1 00	X						0	0	0
(15) KENNETH USRY BOARD OF DIRECTORS	1 00	X						0	0	0
(16) MASON H MCKNIGHT III BOARD OF DIRECTORS	1 00	X						0	0	0
(17) N TURNER SIMKINS BOARD OF DIRECTORS	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RUSSELL V MOBLEY ESQ	1 00	X						0	0	0
BOARD OF DIRECTORS										
(19) SUSAN NICHOLSON	1 00	X						0	0	0
BOARD OF DIRECTORS										
(20) THOMAS M BLANCHARD JR	1 00	X						0	0	0
BOARD OF DIRECTORS										
(21) WILLIAM H TUCKER	1 00	X						0	0	0
BOARD OF DIRECTORS										
(22) ZACK O DAFFIN	1 00	X						0	0	0
BOARD OF DIRECTORS										
(23) JOANN HERBERT	1 00	X						0	0	0
BOARD OF DIRECTORS										
(24) SHELL KNOX BERRY	40 00			X				115,566	0	0
PRESIDENT/CEO										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								115,566	0	0

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c			
d Related organizations	1d			
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f	11,022,187		
g Noncash contributions included in lines 1a - 1f \$				
h Total. Add lines 1a-1f		11,022,187		

Program Service Revenue

	Business Code				
2a					
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)		1,785,492			1,785,492
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
	225,546				
b Less rental expenses	113,394				
c Rental income or (loss)	112,152				
d Net rental income or (loss)		112,152			112,152
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	19,419,891				
b Less cost or other basis and sales expenses	16,800,663				
c Gain or (loss)	2,619,228				
d Net gain or (loss)		2,619,228			2,619,228
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a DONOR ADMINISTRATIVE FEES	900099	117,433	117,433		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		117,433			
12 Total revenue. See Instructions		15,656,492	117,433	0	4,516,872

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.	7,055,061	7,055,061		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	181,230	65,188	58,356	57,686
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.	188,019	67,631	60,547	59,841
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	21,643	6,709	8,221	6,713
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	19,060		19,060	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	44,068		44,068	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.	4,134	2,355	1,706	73
13 Office expenses.	7,458	991	5,476	991
14 Information technology.				
15 Royalties.				
16 Occupancy.	47,756		47,756	
17 Travel.	168			168
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.	1,748		1,748	
23 Insurance.	5,674		5,674	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a DUES AND SUBSCRIPTIONS	29,667		29,667	
b TRAINING AND CONFERENCE	7,043	6,474	569	
c MISCELLANEOUS	593		593	
d FEES AND LICENSES	484		484	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	7,613,806	7,204,409	283,925	125,472
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		812,298	2	1,120,334	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	81,893			
	b	Less: accumulated depreciation	10b	67,523	16,118	10c	14,370
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		74,291,155	12	75,130,664	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		75,119,571	16	76,265,368		
Liabilities	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue		30,884	19	44,727	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		28,802,575	23	21,389,356	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		54,948	25	81,547	
	26	Total liabilities. Add lines 17 through 25		28,888,407	26	21,515,630	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		43,291,164	27	54,365,323	
	28	Temporarily restricted net assets		522,228	28	64,897	
	29	Permanently restricted net assets		2,417,772	29	319,518	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		46,231,164	33	54,749,738		
34	Total liabilities and net assets/fund balances		75,119,571	34	76,265,368		

Part XI Reconciliation of Net AssetsCheck 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	15,656,492
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,613,806
3	Revenue less expenses Subtract line 2 from line 1	3	8,042,686
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,231,164
5	Net unrealized gains (losses) on investments	5	-5,999,549
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,475,437
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,749,738

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in 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 in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 58-2184345

Name: THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA INC

Form 990 (2018)

Form 990, Part III, Line 4a:

TO PROVIDE CONTRIBUTIONS AND GRANTS TO OTHER NONPROFIT ORGANIZATIONS

SCHEDULE A

(Form 990 or 990EZ)

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA INC

Employer identification number

58-2184345

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	5,771,222	7,423,460	10,034,407	5,491,905	11,022,187	39,743,181
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	5,771,222	7,423,460	10,034,407	5,491,905	11,022,187	39,743,181
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)						20,268,915
6	Public support. Subtract line 5 from line 4						19,474,266

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	5,771,222	7,423,460	10,034,407	5,491,905	11,022,187	39,743,181
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,785,828	1,969,772	1,081,270	1,030,385	4,516,872	10,384,127
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.)	193,939	204,818	214,249	231,817	117,433	962,256
11	Total support. Add lines 7 through 10						51,089,564
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 38 120 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 46 750 %
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
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>		
	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?		
	1	
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>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
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>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>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</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 58-2184345
Name: THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA INC

Employer identification number
58-2184345

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	252	
2 Aggregate value of contributions to (during year)	11,768,137	
3 Aggregate value of grants from (during year)	7,055,061	
4 Aggregate value at end of year	75,130,664	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	8,642,165	2,798,826	2,704,194	2,780,301	2,647,145
b Contributions	5,391,886	5,565,492	65,103	2,870	13,950
c Net investment earnings, gains, and losses	-519,350	394,699	139,190	20,361	212,990
d Grants or scholarships	318,111	6,995	7,983	6,586	7,026
e Other expenditures for facilities and programs					
f Administrative expenses	5,849	109,857	101,678	92,752	86,758
g End of year balance	13,190,741	8,642,165	2,798,826	2,704,194	2,780,301

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
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				
b Buildings				
c Leasehold improvements				
d Equipment		81,893	67,523	14,370
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				14,370

Schedule D (Form 990) 2018

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) FIXED INCOME INVESTMENTS	25,741,188	F
(B) EQUITY SECURITIES AND EQUITY FUNDS	38,293,110	F
(C) MONEY MARKET FUNDS	1,859,164	F
(D) ALTERNATIVE INVESTMENTS	9,037,324	F
(E) CERTIFICATES OF DEPOSIT	199,878	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	75,130,664	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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		
OTHER LIABILITIES	81,547	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	81,547	

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 58-2184345
Name: THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION HAS EVALUATED THE EFFECT OF GAAP GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THE FOUNDATION IS TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE FOUNDATION IS SUBJECT TO FEDERAL INCOME TAX ON UNRELATED BUSINESS INCOME MANAG EMENT BELIEVES THAT THE FOUNDATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT O RGANIZATION MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A SIGNIFICAN T EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS AND DETERMINED THE FOUNDATION HAD NO UNC ERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2018

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY FOUNDATION FOR THE CENTRAL
SAVANNAH RIVER AREA INC

Employer identification number
58-2184345

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE FOUNDATION'S UNRESTRICTED GRANTS PROGRAM REQUIRES THAT GRANT RECIPIENTS BE AWARDED FUNDS THROUGH AN APPLICATION AND SELECTION PROCESS ONCE FUNDS ARE AWARDED, AGENCIES ARE REQUIRED TO SUBMIT A 6-MONTH INTERIM AND 1-YEAR FINANCIAL REPORT DETAILING HOW THE FUNDS WERE SPENT AND THE OUTCOMES OF THE PROGRAM DONOR ADVISED GRANT RECIPIENTS RECEIVE LETTERS ADVISING THAT THE FUNDS ARE NOT TO BE USED FOR ANY PERSONAL BENEFIT DONOR ADVISED GRANTS MUST BE APPROVED BY THE FOUNDATION'S GRANTS COMMITTEE WITH NOTIFICATION AND APPROVAL OF THE FULL BOARD OF DIRECTORS ALL DONOR ADVISED AND UNRESTRICTED GRANT RECIPIENTS ARE VERIFIED AS HAVING PUBLIC CHARITY OR 501(C)(3) STATUS THROUGH AN ANNUAL SUBSCRIPTION TO GUIDESTAR, INC IF AGENCIES CANNOT BE VERIFIED VIA GUIDESTAR, THE IRS' NON-PROFIT DIVISION CAN BE CONTACTED AT 1-877-829-5500

Additional Data

Software ID:
Software Version:
EIN: 58-2184345
Name: THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
221 B RESOURCES LLC 250 WEST 40TH STREET 3RD FLOOR NEW YORK, NY 10018			6,799				FEBRUARY DAF GRANTS
221 B RESOURCES LLC 250 WEST 40TH STREET 3RD FLOOR NEW YORK, NY 10018			3,760				MAY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
221 B RESOURCES LLC 250 WEST 40TH STREET 3RD FLOOR NEW YORK, NY 10018			1,760				JULY DAF GRANTS
221 B RESOURCES LLC 250 WEST 40TH STREET 3RD FLOOR NEW YORK, NY 10018			1,280				SEPTEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
221 B RESOURCES LLC 250 WEST 40TH STREET 3RD FLOOR NEW YORK, NY 10018			7,999				MAY DAF GRANTS
ACTION MINISTRIES INC 17 EXECUTIVE PARK DR NE SUITE 540 ATLANTA, GA 30329	58-2070427	501(C)(3)	18,000				WOMEN IN PHILANTHROPY GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION MINISTRIES INC 17 EXECUTIVE PARK DR NE SUITE 540 ATLANTA, GA 30329	58-2070427	501(C)(3)	15,000				UNRESTRICTED GRANTS 2018
ACTION MINISTRIES INC 17 EXECUTIVE PARK DR NE SUITE 540 ATLANTA, GA 30329	58-2070427	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN BATCHELOR CONSTRUCTION 1063 FRANKE INDUSTRIAL DRIVE AUGUSTA, GA 30909			64,856				JULY DAF GRANTS
ALLEN BATCHELOR CONSTRUCTION 1063 FRANKE INDUSTRIAL DRIVE AUGUSTA, GA 30909			14,651				SEPTEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION-GA CHAPTER 106 SRP DRIVE SUITE A EVANS, GA 30809	13-3039601	501(C)(3)	5,000				AUGUSTA NATIONAL EMPLOYEE GIVING
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	47-1606321	501(C)(3)	300,000				AUGUST DAF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 2607 COMMONS BLVD AUGUSTA, GA 30909	13-1788491	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS
AMERICAN HEART ASSOCIATION PO BOX 50045 PRESCOTT, AZ 86304		501(C)(3)	10,000				JANUARY OUT OF CYCLE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO BOX 50045 PRESCOTT, AZ 86304		501(C)(3)	2,100				JUNE DAF GRANTS
AMERICAN HEART ASSOCIATION PO BOX 50045 PRESCOTT, AZ 86304		501(C)(3)	10,000				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS OF AUGUSTA 1322 ELLIS STREET AUGUSTA, GA 30901	53-0196605	501(C)(3)	1,500				AUGUSTA NATIONAL EMPLOYEE GIVING
AMERICAN RED CROSS OF AUGUSTA 1322 ELLIS STREET AUGUSTA, GA 30901	53-0196605	501(C)(3)	6,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELIC COMMUNITY RESOURCE DEVELOPMENT INC 1927 OLIVE ROAD AUGUSTA, GA 30906	02-0786014	501(C)(3)	6,750				UNRESTRICTED GRANTS 2018
AQUINAS HIGH SCHOOL 1920 HIGHLAND AVENUE AUGUSTA, GA 30904	58-0572408		15,060				MAY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AQUINAS HIGH SCHOOL 1920 HIGHLAND AVENUE AUGUSTA, GA 30904	58-0572408		5,000				FEBRUARY DAF GRANTS
AQUINAS HIGH SCHOOL 1920 HIGHLAND AVENUE AUGUSTA, GA 30904	58-0572408		100,000				2018 NOVEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AREA CHURCHES TOGETHER SERVING 340 PARK AVENUE SW AIKEN, SC 29801	57-0826271	501(C)(3)	12,750				UNRESTRICTED GRANTS 2018
AREA CHURCHES TOGETHER SERVING 340 PARK AVENUE SW AIKEN, SC 29801	57-0826271	501(C)(3)	3,500				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AREA CHURCHES TOGETHER SERVING 340 PARK AVENUE SW AIKEN, SC 29801	57-0826271	501(C)(3)	1,000				AUGUSTA NATIONAL EMPLOYEE GIVING
AUGUSTA BALLET INC 1301 GREENE STREET AUGUSTA, GA 30901	58-0944828	501(C)(3)	500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA BALLET INC 1301 GREENE STREET AUGUSTA, GA 30901	58-0944828	501(C)(3)	11,900				UNRESTRICTED GRANTS 2018
AUGUSTA FEDERATION OF JEWISH CHARITIES 898 WEINBERGER WAY EVANS, GA 30809	58-6044144	501(C)(3)	110,000				2018 NOVEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA METRO CHAMBER OF COMMERCE ONE TENTH STREET SUITE 120 AUGUSTA, GA 30901			2,100				2018 NOVEMBER DAF GRANTS
AUGUSTA METRO CHAMBER OF COMMERCE ONE TENTH STREET SUITE 120 AUGUSTA, GA 30901			4,370				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA MINI THEATRE INC 2548 DEANS BRIDGE ROAD AUGUSTA, GA 30906	58-1374032	501(C)(3)	10,500				AUGUSTA NATIONAL EMPLOYEE GIVING
AUGUSTA MINI THEATRE INC 2548 DEANS BRIDGE ROAD AUGUSTA, GA 30906	58-1374032	501(C)(3)	12,750				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA MUSEUM OF HISTORY 560 REYNOLDS STREET AUGUSTA, GA 30901	58-6000097	501(C)(3)	500				JUNE DAF GRANTS
AUGUSTA MUSEUM OF HISTORY 560 REYNOLDS STREET AUGUSTA, GA 30901	58-6000097	501(C)(3)	250				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA MUSEUM OF HISTORY 560 REYNOLDS STREET AUGUSTA, GA 30901	58-6000097	501(C)(3)	2,500				AUGUSTA NATIONAL EMPLOYEE GIVING
AUGUSTA MUSEUM OF HISTORY 560 REYNOLDS STREET AUGUSTA, GA 30901	58-6000097	501(C)(3)	500				APRIL DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA MUSEUM OF HISTORY 560 REYNOLDS STREET AUGUSTA, GA 30901	58-6000097	501(C)(3)	1,000				2018 DEC DAF GRANTS
AUGUSTA MUSEUM OF HISTORY 560 REYNOLDS STREET AUGUSTA, GA 30901	58-6000097	501(C)(3)	500				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA RECREATION & PARKS DEPARTMENT 2027 LUMPKIN RD PO BOX 5605 AUGUSTA, GA 30916			9,000				MAY DAF GRANTS
AUGUSTA REGIONAL COLLABORATION CORP 600 BROAD STREET BOX 1 AUGUSTA, GA 30901	46-4309024		3,268				2018 OCT DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA REGIONAL COLLABORATION CORP 600 BROAD STREET BOX 1 AUGUSTA, GA 30901	46-4309024		5,668				MAY DAF GRANTS
AUGUSTA REGIONAL COLLABORATION CORP 600 BROAD STREET BOX 1 AUGUSTA, GA 30901	46-4309024		3,389				2018 NOVEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA REGIONAL COLLABORATION CORP 600 BROAD STREET BOX 1 AUGUSTA, GA 30901	46-4309024		3,168				2018 DEC DAF GRANTS
AUGUSTA REGIONAL COLLABORATION CORP 600 BROAD STREET BOX 1 AUGUSTA, GA 30901	46-4309024		2,052				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA REGIONAL COLLABORATION CORP 600 BROAD STREET BOX 1 AUGUSTA, GA 30901	46-4309024		2,048				FEBRUARY DAF GRANTS
AUGUSTA REGIONAL COLLABORATION CORP 600 BROAD STREET BOX 1 AUGUSTA, GA 30901	46-4309024		4,711				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA SYMPHONY INC PO BOX 579 AUGUSTA, GA 30903	58-1806334		25,000				2018 OCT DAF GRANTS
AUGUSTA SYMPHONY INC PO BOX 579 AUGUSTA, GA 30903	58-1806334		6,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA SYMPHONY INC PO BOX 579 AUGUSTA, GA 30903	58-1806334		25,000				2018 DEC DAF GRANTS
AUGUSTA SYMPHONY INC PO BOX 579 AUGUSTA, GA 30903	58-1806334		1,000				APRIL DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA SYMPHONY INC PO BOX 579 AUGUSTA, GA 30903	58-1806334		50,000				APRIL DAF GRANTS
AUGUSTA SYMPHONY INC PO BOX 579 AUGUSTA, GA 30903	58-1806334		2,792				JULY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA SYMPHONY INC PO BOX 579 AUGUSTA, GA 30903	58-1806334		7,000				JULY DAF GRANTS
AUGUSTA SYMPHONY INC PO BOX 579 AUGUSTA, GA 30903	58-1806334		1,500				JULY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA SYMPHONY INC PO BOX 579 AUGUSTA, GA 30903	58-1806334		50,000				OUT OF CYCLE JULY DAF
AUGUSTA SYMPHONY INC PO BOX 579 AUGUSTA, GA 30903	58-1806334		7,000				AUGUST DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA SYMPHONY INC PO BOX 579 AUGUSTA, GA 30903	58-1806334		50,000				JULY OUT OF CYCLE DAF
AUGUSTA SYMPHONY INC PO BOX 579 AUGUSTA, GA 30903	58-1806334		1,000				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA TECHNICAL COLLEGE FOUNDATION 3200 AUGUSTA TECH DRIVE AUGUSTA, GA 30906	58-1750663	501(C)(3)	12,750				UNRESTRICTED GRANTS 2018
AUGUSTA TECHNICAL COLLEGE FOUNDATION 3200 AUGUSTA TECH DRIVE AUGUSTA, GA 30906	58-1750663		2,000				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA TECHNICAL COLLEGE FOUNDATION 3200 AUGUSTA TECH DRIVE AUGUSTA, GA 30906	58-1750663		500				2018 NOVEMBER DAF GRANTS
AUGUSTA TRAINING SHOP INC 1704 JENKINS STREET AUGUSTA, GA 30904	58-0632778	501(C)(3)	10,000				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA TRAINING SHOP INC 1704 JENKINS STREET AUGUSTA, GA 30904	58-0632778	501(C)(3)	500				MARCH DAF GRANTS
AUGUSTA UNIVERSITY LITERACY CENTER 1401 MAGNOLIA DR AUGUSTA, GA 30909	58-6038134		6,746				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA UNIVERSITY LITERACY CENTER 1401 MAGNOLIA DR AUGUSTA, GA 30909	58-6038134		2,000				AUGUSTA NATIONAL EMPLOYEE GIVING
AUGUSTA UNIVERSITY RESEARCH INSTITUTE INC PO BOX 945552 ATTN SEQNO 33097A ATLANTA, GA 30394	58-1418202		1,500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA UNIVERSITY RESEARCH INSTITUTE INC PO BOX 945552 ATTN SEQNO 33097A ATLANTA, GA 30394	58-1418202		15,000				UNRESTRICTED GRANTS 2018
AUGUSTA UNIVERSITY- OFFICE OF ADVANCEMENT 1120 15TH STREET FL 1000 AUGUSTA, GA 30912	58-6002053		15,000				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA UNIVERSITY- OFFICE OF ADVANCEMENT 1120 15TH STREET FL 1000 AUGUSTA, GA 30912	58-6002053		1,000				JUNE DAF GRANT
AUGUSTA UNIVERSITY- OFFICE OF ADVANCEMENT 1120 15TH STREET FL 1000 AUGUSTA, GA 30912	58-6002053		8,000				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA UNIVERSITY- OFFICE OF ADVANCEMENT 1120 15TH STREET FL 1000 AUGUSTA, GA 30912	58-6002053		8,000				JUNE DAF GRANTS
BAREFOOT PRODUCTIONS INC - DBA CREATIVE IMPRESSIONS PO BOX 15485 AUGUSTA, GA 30912	58-2336812		1,000				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAREFOOT PRODUCTIONS INC - DBA CREATIVE IMPRESSIONS PO BOX 15485 AUGUSTA, GA 30912	58-2336812		10,000				UNRESTRICTED GRANTS 2018
BETHEL FAMILY CHURCH PO BOX 360384 DECATUR, GA 30036	58-2008296		15,000				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL FAMILY CHURCH PO BOX 360384 DECATUR, GA 30036	58-2008296		500				2018 OCT DAF GRANTS
BOY SCOUTS OF AMERICA GA-CA COUNCIL 4132 MADELINE DRIVE AUGUSTA, GA 30909	58-0566185	501(C)(3)	1,500				MAY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA GA-CA COUNCIL 4132 MADELINE DRIVE AUGUSTA, GA 30909	58-0566185	501(C)(3)	2,500				MAY DAF GRANTS
BOY SCOUTS OF AMERICA GA-CA COUNCIL 4132 MADELINE DRIVE AUGUSTA, GA 30909	58-0566185	501(C)(3)	1,000				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF CSRA 206 MILLEDGE ROAD AUGUSTA, GA 30904	58-0610382	501(C)(3)	25,000				2018 DEC DAF GRANTS
BOYS & GIRLS CLUBS OF CSRA 206 MILLEDGE ROAD AUGUSTA, GA 30904	58-0610382	501(C)(3)	1,500				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF CSRA 206 MILLEDGE ROAD AUGUSTA, GA 30904	58-0610382	501(C)(3)	5,000				2018 DEC DAF GRANTS
BOYS & GIRLS CLUBS OF CSRA 206 MILLEDGE ROAD AUGUSTA, GA 30904	58-0610382	501(C)(3)	2,100				MAY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF CSRA 206 MILLEDGE ROAD AUGUSTA, GA 30904	58-0610382	501(C)(3)	14,000				AUGUSTA NATIONAL EMPLOYEE GIVING
BOYS & GIRLS CLUBS OF CSRA 206 MILLEDGE ROAD AUGUSTA, GA 30904	58-0610382	501(C)(3)	1,000				MAY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF CSRA 206 MILLEDGE ROAD AUGUSTA, GA 30904	58-0610382	501(C)(3)	1,000				MAY DAF GRANTS
BOYS & GIRLS CLUBS OF CSRA 206 MILLEDGE ROAD AUGUSTA, GA 30904	58-0610382	501(C)(3)	50,000				APRIL DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HAPPY DAYS 1 CARRIAGE LANE BUILDING C SUITE 101-2 CHARLESTON, SC 29407	57-0755466		4,250				UNRESTRICTED GRANTS 2018
CAMP HAPPY DAYS 1 CARRIAGE LANE BUILDING C SUITE 101-2 CHARLESTON, SC 29407	57-0755466		1,000				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES 811 12TH STREET AUGUSTA, GA 30901	58-1368093	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501(C)(3)	3,000				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501(C)(3)	12,750				UNRESTRICTED GRANTS 2018
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501(C)(3)	1,500				JULY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501(C)(3)	1,000				FEBRUARY DAF GRANTS
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501(C)(3)	500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501(C)(3)	500				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD EVANGELISM FELLOWSHIP OF AUGUSTA PO BOX 2553 EVANS, GA 30809	38-6091187		10,000				2018 DEC DAF GRANTS
CHILDREN'S PLACE INC 310 BARNWELL AVENUE NE AIKEN, SC 29801	57-0407808	501(C)(3)	5,000				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501(C)(3)	1,000				MARCH DAF GRANTS
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501(C)(3)	25,000				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501(C)(3)	25,000				FEBRUARY DAF GRANTS
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501(C)(3)	25,000				ST JOSEPH FOUNDATION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501(C)(3)	15,000				UNRESTRICTED GRANTS 2018
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501(C)(3)	1,000				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501(C)(3)	2,000				SEPTEMBER DAF GRANTS
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501(C)(3)	5,000				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMSON UNIVERSITY STUDENT FINANCIAL SERVICES OUTSIDE SCHOLARSHIPS G-08 SIKES HALL - BOX 345307 CLEMSON, SC 29634	57-0426335	501(C)(3)	1,000				JUNE DAF GRANT
CLEMSON UNIVERSITY STUDENT FINANCIAL SERVICES OUTSIDE SCHOLARSHIPS G-08 SIKES HALL - BOX 345307 CLEMSON, SC 29634	57-0426335	501(C)(3)	3,000				JUNE DAF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMSON UNIVERSITY STUDENT FINANCIAL SERVICES OUTSIDE SCHOLARSHIPS G-08 SIKES HALL - BOX 345307 CLEMSON, SC 29634	57-0426335	501(C)(3)	1,000				JUNE DAF GRANTS
COMMUNITIES IN SCHOOLS PO BOX 1604 AUGUSTA, GA 30903	58-2246930	501(C)(3)	6,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS PO BOX 1604 AUGUSTA, GA 30903	58-2246930	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS
CONVENTIONS SPORTS & LEISURE 61 BROADWAY SUITE 2400 NEW YORK, NY 10006			14,300				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONVENTIONS SPORTS & LEISURE 61 BROADWAY SUITE 2400 NEW YORK, NY 10006			583				JUNE DAF GRANTS
CONVERSE COLLEGE 580 EAST MAIN STREET SPARTANBURG, SC 29302			25,000				SEPTEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COORDINATED HEALTH SERVICES INC 2110 BROAD STREET AUGUSTA, GA 30904	58-2060572	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS
COVENANT PRESBYTERIAN CHURCH 3131 WALTON WAY AUGUSTA, GA 30909			10,000				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSRA ALLIANCE FOR FORT GORDON INC PO BOX 670 AUGUSTA, GA 30903	20-0109015	501(C)(3)	5,000				APRIL DAF GRANTS
CSRA ALLIANCE FOR FORT GORDON INC PO BOX 670 AUGUSTA, GA 30903	20-0109015	501(C)(3)	400				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSRA ECONOMIC OPPORTUNITY AUTHORITY INC 1261 GREENE STREET AUGUSTA, GA 30901	58-0975667		6,750				UNRESTRICTED GRANTS 2018
CSRA HUMANE SOCIETY PO BOX 14667 AUGUSTA, GA 30919	58-6104064	501(C)(3)	500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSRA HUMANE SOCIETY PO BOX 14667 AUGUSTA, GA 30919	58-6104064	501(C)(3)	20,500				AUGUSTA NATIONAL EMPLOYEE GIVING
CSRA HUMANE SOCIETY PO BOX 14667 AUGUSTA, GA 30919	58-6104064	501(C)(3)	500				MAY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			900				MARCH DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			900				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			3,321				JANUARY DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,692				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			800				JANUARY DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			3,321				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			3,321				APRIL DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			900				SEPTEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			900				FEBRUARY DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			3,321				JULY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,692				APRIL DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			3,321				AUGUST DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			3,321				FEBRUARY DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			800				JULY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,692				JANUARY DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			1,700				JULY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			900				JANUARY DAF GRANT
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			748				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,950				APRIL DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			52				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			800				FEBRUARY DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,692				JULY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,692				MARCH DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,692				AUGUST DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			800				MARCH DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			3,321				MAY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			3,321				MARCH DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			800				MAY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			800				DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,692				MAY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,692				FEBRUARY DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			800				AUGUST DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			900				MAY DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			315				AUGUST DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			900				AUGUST DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			800				SEPTEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			800				2018 DEC DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,692				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,300				2018 NOVEMBER DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,692				SEPTEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			3,321				SEPTEMBER DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			407				2018 NOVEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			900				2018 NOVEMBER DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,692				2018 NOVEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			5,800				2018 DEC DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			3,321				2018 NOVEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			800				2018 OCT DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			3,321				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			900				2018 DEC DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			2,692				2018 OCT DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			900				2018 OCT DAF GRANTS
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			100				2018 OCT DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALZELL DESIGN LANDSCAPING LLC 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860			3,321				2018 OCT DAF GRANTS
DIAMONDS IN THE RUFF CSRA INC - DBA KITTY CONNECTION 3005 LEANING OAK WAY MARTINEZ, GA 30907	27-4614533		6,000				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIAMONDS IN THE RUFF CSRA INC - DBA KITTY CONNECTION 3005 LEANING OAK WAY MARTINEZ, GA 30907	27-4614533		12,750				UNRESTRICTED GRANTS 2018
DOWNTOWN COOPERATIVE CHURCH MINISTRIES INC PO BOX 2482 AUGUSTA, GA 30903	58-1352351	501(C)(3)	12,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN COOPERATIVE CHURCH MINISTRIES INC PO BOX 2482 AUGUSTA, GA 30903	58-1352351	501(C)(3)	1,000				AUGUSTA NATIONAL EMPLOYEE GIVING
DRUID HILLS GOLF CLUB 740 CLIFTON ROAD NE ATLANTA, GA 30307			3,654				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRUID HILLS GOLF CLUB 740 CLIFTON ROAD NE ATLANTA, GA 30307			8,570				APRIL DAF GRANTS
EPISCOPAL DAY SCHOOL 2248 WALTON WAY ATLANTA, GA 30904	58-0566215	501(C)(3)	1,300				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPISCOPAL DAY SCHOOL 2248 WALTON WAY ATLANTA, GA 30904	58-0566215	501(C)(3)	250				FEBRUARY DAF GRANTS
EPISCOPAL DAY SCHOOL 2248 WALTON WAY ATLANTA, GA 30904	58-0566215	501(C)(3)	500				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPISCOPAL DAY SCHOOL 2248 WALTON WAY ATLANTA, GA 30904	58-0566215	501(C)(3)	10,000				2018 OCT DAF GRANTS
EPISCOPAL DAY SCHOOL 2248 WALTON WAY ATLANTA, GA 30904	58-0566215	501(C)(3)	4,000				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPISCOPAL DAY SCHOOL 2248 WALTON WAY ATLANTA, GA 30904	58-0566215	501(C)(3)	250				2018 DEC DAF GRANTS
FAMILY CONNECTION OF COLUMBIA COUNTY 5915 EUCHEE CREEK DRIVE GROVETOWN, GA 30813	58-2658852	501(C)(3)	12,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF AUGUSTA INC 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501(C)(3)	1,000				2018 NOVEMBER DAF GRANTS
FAMILY PROMISE OF AUGUSTA INC 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501(C)(3)	12,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF AUGUSTA INC 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501(C)(3)	2,500				AUGUSTA NATIONAL EMPLOYEE GIVING
FIRESIDE MINISTRIES & INDUSTRIES INC PO BOX 2525 AUGUSTA, GA 30903	84-1724041		500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRESIDE MINISTRIES & INDUSTRIES INC PO BOX 2525 AUGUSTA, GA 30903	84-1724041		15,000				UNRESTRICTED GRANTS 2018
FIRESIDE MINISTRIES & INDUSTRIES INC PO BOX 2525 AUGUSTA, GA 30903	84-1724041		2,500				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST UNITED METHODIST CHURCH OF THOMSON PO BOX 8 THOMSON, GA 30824	58-6012676	501(C)(3)	20,000				MAY DAF GRANTS
FORCES UNITED 701 GREENE STREET SUITE 104 AUGUSTA, GA 30901	26-1176267	501(C)(3)	487				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORCES UNITED 701 GREENE STREET SUITE 104 AUGUSTA, GA 30901	26-1176267	501(C)(3)	7,758				AUGUST DAF GRANTS
FORCES UNITED 701 GREENE STREET SUITE 104 AUGUSTA, GA 30901	26-1176267	501(C)(3)	25,000				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORCES UNITED 701 GREENE STREET SUITE 104 AUGUSTA, GA 30901	26-1176267	501(C)(3)	24,500				AUGUSTA NATIONAL EMPLOYEE GIVING
FORCES UNITED 701 GREENE STREET SUITE 104 AUGUSTA, GA 30901	26-1176267	501(C)(3)	804				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORCES UNITED 701 GREENE STREET SUITE 104 AUGUSTA, GA 30901	26-1176267	501(C)(3)	1,000				SEPTEMBER DAF GRANTS
FORCES UNITED 701 GREENE STREET SUITE 104 AUGUSTA, GA 30901	26-1176267	501(C)(3)	1,273				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORCES UNITED 701 GREENE STREET SUITE 104 AUGUSTA, GA 30901	26-1176267	501(C)(3)	7,518				JUNE DAF GRANTS
FORCES UNITED 701 GREENE STREET SUITE 104 AUGUSTA, GA 30901	26-1176267	501(C)(3)	2,100				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORCES UNITED 701 GREENE STREET SUITE 104 AUGUSTA, GA 30901	26-1176267	501(C)(3)	10,451				2018 NOVEMBER DAF GRANTS
FORCES UNITED 701 GREENE STREET SUITE 104 AUGUSTA, GA 30901	26-1176267	501(C)(3)	1,343				2018 NOVEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORCES UNITED 701 GREENE STREET SUITE 104 AUGUSTA, GA 30901	26-1176267	501(C)(3)	1,500				2018 DEC DAF GRANTS
FORE AUGUSTA FOUNDATION INC 3165 DAMASCUS ROAD AUGUSTA, GA 30909	58-2415361	501(C)(3)	7,500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE AIKEN RAILROAD DEPOT PO BOX 117 AIKEN, SC 29802	57-1089425		500				2018 NOVEMBER DAF GRANTS
FRIENDS OF THE AIKEN RAILROAD DEPOT PO BOX 117 AIKEN, SC 29802	57-1089425		14,000				AUGUST DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE AIKEN RAILROAD DEPOT PO BOX 117 AIKEN, SC 29802	57-1089425		56,000				FEBRUARY DAF GRANTS
FRIENDS OF THE AIKEN RAILROAD DEPOT PO BOX 117 AIKEN, SC 29802	57-1089425		16,800				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP COMMUNITY CENTER 1720 CENTRAL AVENUE AUGUSTA, GA 30904		501(C)(3)	15,000				UNRESTRICTED GRANTS 2018
GAP MINISTRIES OF AUGUSTA INC PO BOX 901 AUGUSTA, GA 30903	27-1485039		10,832				WOMEN IN PHILANTHROPY FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAP MINISTRIES OF AUGUSTA INC PO BOX 901 AUGUSTA, GA 30903	27-1485039		650				2018 NOVEMBER DAF GRANTS
GEORGIA HEALTH SCIENCES FOUNDATION ALUMNI CENTER 1120 15TH STREET FL- 1000 AUGUSTA, GA 30912	35-2310573	501(C)(3)	15,710				WOMEN IN PHILANTHROPY GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA HEALTH SCIENCES FOUNDATION ALUMNI CENTER 1120 15TH STREET FL- 1000 AUGUSTA, GA 30912	35-2310573	501(C)(3)	75,000				2018 OCT DAF GRANTS
GEORGIA HEALTH SCIENCES FOUNDATION ALUMNI CENTER 1120 15TH STREET FL- 1000 AUGUSTA, GA 30912	35-2310573	501(C)(3)	600,000				OUT OF CYCLE JULY DAF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA HEALTH SCIENCES FOUNDATION ALUMNI CENTER 1120 15TH STREET FL- 1000 AUGUSTA, GA 30912	35-2310573	501(C)(3)	600,000				OUT OF CYCLE JULY GRANT
GEORGIA HISTORICAL SOCIETY 104 W GASTON STREET SAVANNAH, GA 31401		501(C)(3)	5,000				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA HISTORICAL SOCIETY 104 W GASTON STREET SAVANNAH, GA 31401		501(C)(3)	100				FEBRUARY DAF GRANTS
GEORGIA ORGANICS 200 A OTTLEY DRIVE ATLANTA, GA 30324	58-2345310		6,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN HARVEST FOOD BANK 3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501(C)(3)	14,000				AUGUSTA NATIONAL EMPLOYEE GIVING
GOLDEN HARVEST FOOD BANK 3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501(C)(3)	1,000				APRIL DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN HARVEST FOOD BANK 3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501(C)(3)	500				SEPTEMBER DAF GRANTS
GOLDEN HARVEST FOOD BANK 3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501(C)(3)	5,000				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN HARVEST FOOD BANK 3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501(C)(3)	20,000				JANUARY DAF GRANTS
GOLDEN HARVEST FOOD BANK 3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501(C)(3)	2,300				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN HARVEST FOOD BANK 3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501(C)(3)	5,000				2018 OCT DAF GRANTS
GOLDEN HARVEST FOOD BANK 3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501(C)(3)	1,000				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES OF MIDDLE GEORGIA INC 3145 WASHINGTON ROAD AUGUSTA, GA 30907	58-1249683	501(C)(3)	5,000				2018 OCT DAF GRANTS
GOODWILL INDUSTRIES OF MIDDLE GEORGIA INC 3145 WASHINGTON ROAD AUGUSTA, GA 30907	58-1249683	501(C)(3)	1,500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY INC - AIKEN PO BOX 8121 NORTH AUGUSTA, SC 29861	57-1094272		6,750				UNRESTRICTED GRANTS 2018
HARRISBURG FAMILY HEALTH CARE INC 423 CRAWFORD AVENUE AUGUSTA, GA 30904	26-4366421	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISBURG FAMILY HEALTH CARE INC 423 CRAWFORD AVENUE AUGUSTA, GA 30904	26-4366421	501(C)(3)	500				MAY DAF GRANTS
HEARTSONG ANIMAL RESCUE AND SANCTUARY INC 421 S BELAIR ROAD 5 MARTINEZ, GA 30907	11-3760901		6,000				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	1,000				JANUARY DAF GRANTS
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	5,500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	50,000				MARCH DAF GRANTS
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	1,000				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	15,000				UNRESTRICTED GRANTS 2018
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	2,500				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	25,000				2018 DEC DAF GRANTS
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	5,470				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	520				2018 DEC DAF GRANTS
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	5,000				MARCH DAF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	929				2018 NOVEMBER DAF GRANTS
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	38,022				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	1,030				2018 DEC DAF GRANTS
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	350				APRIL DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	5,470				2018 NOVEMBER DAF GRANTS
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	22,000				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	290				2018 NOVEMBER DAF GRANTS
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	5,470				AUGUST DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	1,308				AUGUST OUT OF CYCLE DAF
HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	1,500				JULY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE FOR AUGUSTA 624 GREENE STREET AUGUSTA, GA 30901	58-0566181		1,000				AUGUSTA NATIONAL EMPLOYEE GIVING
HOPE FOR AUGUSTA 624 GREENE STREET AUGUSTA, GA 30901	58-0566181		12,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HOUSE INC PO BOX 3597 AUGUSTA, GA 30914	58-2074040	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS
HOPE HOUSE INC PO BOX 3597 AUGUSTA, GA 30914	58-2074040	501(C)(3)	6,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HOUSE INC PO BOX 3597 AUGUSTA, GA 30914	58-2074040	501(C)(3)	1,500				JULY DAF GRANTS
HOPE HOUSE INC PO BOX 3597 AUGUSTA, GA 30914	58-2074040	501(C)(3)	10,000				JULY DFA GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMANI GROUP PO BOX 1666 AIKEN, SC 29802	57-1122166		500				AUGUSTA NATIONAL EMPLOYEE GIVING
IMANI GROUP PO BOX 1666 AIKEN, SC 29802	57-1122166		6,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		500				JULY DAF GRANTS
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		500				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		500				MAY DAF GRANTS
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		450				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		500				SEPTEMBER DAF GRANTS
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		500				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		500				AUGUST DAF GRANTS
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		500				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		500				JUNE DAF GRANTS
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		500				APRIL DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		500				2018 DEC DAF GRANTS
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		500				2018 NOVEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	24-7436110		500				2018 OCT DAF GRANTS
JENKINS COMMUNITY ENRICHMENT CENTER INC 4218 WINDSOR SPRING ROAD HEPHZIBAH, GA 30815	27-2486748		6,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JENNY CLARK MEMORIAL SCHOLARSHIP 3508 GLOUCESTER COURT MARTINEZ, GA 30907	20-3598303	501(C)(3)	7,500				AUGUSTA NATIONAL EMPLOYEE GIVING
JUD C HICKEY CENTER FOR ALZHEIMER'S CARE 1901 CENTRAL AVENUE AUGUSTA, GA 30904	58-1641777	501(C)(3)	3,000				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUD C HICKEY CENTER FOR ALZHEIMER'S CARE 1901 CENTRAL AVENUE AUGUSTA, GA 30904	58-1641777	501(C)(3)	3,000				FEBRUARY DAF GRANTS
JULIE'S HOUSE INC PO BOX 204235 MARTINEZ, GA 30917	33-1090837	501(C)(3)	15,000				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JULIE'S HOUSE INC PO BOX 204235 MARTINEZ, GA 30917	33-1090837	501(C)(3)	3,500				AUGUSTA NATIONAL EMPLOYEE GIVING
KIDS RESTART PO BOX 10001 AUGUSTA, GA 30903	58-2423659	501(C)(3)	31,500				WOMEN IN PHILANTHROPY GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS RESTART PO BOX 10001 AUGUSTA, GA 30903	58-2423659	501(C)(3)	6,750				UNRESTRICTED GRANTS 2018
KOINONIA COMMUNITY DEVELOPMENT CORPORATION PO BOX 31272 AUGUSTA, GA 30903	58-2567101	501(C)(3)	12,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY 4141 COLUMBIA RD STE D AUGUSTA, GA 30907	13-5644916	501(C)(3)	5,000				MARCH DAF GRANTS
LUTHERAN CHURCH OF THE RESURRECTION 825 GREENE STREET AUGUSTA, GA 30901		501(C)(3)	8,000				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN CHURCH OF THE RESURRECTION 825 GREENE STREET AUGUSTA, GA 30901		501(C)(3)	8,000				JULY DAF GRANTS
LUTHERAN CHURCH OF THE RESURRECTION 825 GREENE STREET AUGUSTA, GA 30901		501(C)(3)	15,000				SEPTEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MS SIGNS INC 6 MORRIS STREET PATERSON, NJ 07501			9,583				JANUARY DAF GRANTS
MAKE A WISH FOUNDATION GEORGIA 1775 THE EXCHANGE SE SUITE 200 ATLANTA, GA 30339	58-2146828	501(C)(3)	12,500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCDUFFIE MUSEUM INC PO BOX 539 THOMSON, GA 30824	01-0678012	501(C)(3)	20,000				JULY DAF GRANTS
MCDUFFIE MUSEUM INC PO BOX 539 THOMSON, GA 30824	01-0678012	501(C)(3)	100,000				MAY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEGIDDO DREAM STATION 103 CANAL STREET GRANITEVILLE, SC 29829	45-5592497		2,000				AUGUSTA NATIONAL EMPLOYEE GIVING
MEGIDDO DREAM STATION 103 CANAL STREET GRANITEVILLE, SC 29829	45-5592497		12,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL SLOAN-KETTERING CANCER CENTER 885 SECOND AVENUE 7TH FLOOR NEW YORK, NY 10017	91-2154267	501(C)(3)	150,000				SEPTEMBER DAF GRANTS
MENTAL HEALTH AMERICA OF AIKEN COUNTY PO BOX 1074 AIKEN, SC 29802	57-6026607	501(C)(3)	3,500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH AMERICA OF AIKEN COUNTY PO BOX 1074 AIKEN, SC 29802	57-6026607	501(C)(3)	15,000				UNRESTRICTED GRANTS 2018
MERCY MINISTRIES INC 1739 FENWICK STREET AUGUSTA, GA 30904	03-0391131	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLER LLC 1301 GREENE ST SUITE 200 AUGUSTA, GA 30901			500,000				2018 NOVEMBER DAF GRANTS
MIRACLE MAKING MINISTRIES INC PO BOX 10044 AUGUSTA, GA 30903	58-2358627	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRACLE MAKING MINISTRIES INC PO BOX 10044 AUGUSTA, GA 30903	58-2358627	501(C)(3)	21,240				WOMEN IN PHILANTHROPY GRANTS
MISSION TO THE WORLD PO BOX 2589 SUWANEE, GA 30024		501(C)(3)	5,000				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORRIS MUSEUM OF ART ONE 10TH STREET SUITE 320 AUGUSTA, GA 30901	58-6189260	501(C)(3)	250				SEPTEMBER DAF GRANTS
MORRIS MUSEUM OF ART ONE 10TH STREET SUITE 320 AUGUSTA, GA 30901	58-6189260	501(C)(3)	40,000				MAY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORRIS MUSEUM OF ART ONE 10TH STREET SUITE 320 AUGUSTA, GA 30901	58-6189260	501(C)(3)	3,000				MAY DAF GRANTS
MOSAIC UNITED METHODIST CHURCH PO BOX 2402 EVANS, GA 30809			7,500				2018 NOVEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW BETHLEHEM COMMUNITY CENTER 1336 CONKLIN AVE AUGUSTA, GA 30901	20-0479897	501(C)(3)	1,500				AUGUSTA NATIONAL EMPLOYEE GIVING
NEW BETHLEHEM COMMUNITY CENTER 1336 CONKLIN AVE AUGUSTA, GA 30901	20-0479897	501(C)(3)	15,000				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW COVENANT PRESBYTERIAN CHURCH 526 HITCHCOCK PARKWAY AIKEN, SC 29801	57-0765929		2,000				AUGUST DAF GRANTS
NEW COVENANT PRESBYTERIAN CHURCH 526 HITCHCOCK PARKWAY AIKEN, SC 29801	57-0765929		2,000				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW COVENANT PRESBYTERIAN CHURCH 526 HITCHCOCK PARKWAY AIKEN, SC 29801	57-0765929		2,000				JUNE DAF GRANTS
NEW COVENANT PRESBYTERIAN CHURCH 526 HITCHCOCK PARKWAY AIKEN, SC 29801	57-0765929		2,000				2018 NOVEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW COVENANT PRESBYTERIAN CHURCH 526 HITCHCOCK PARKWAY AIKEN, SC 29801	57-0765929		1,000				2018 OCT DAF GRANTS
OLD FELLA BURKE COUNTY ANIMAL RESCUE PO BOX 1437 WAYNESBORO, GA 30830	58-2327163	501(C)(3)	1,500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLD FELLA BURKE COUNTY ANIMAL RESCUE PO BOX 1437 WAYNESBORO, GA 30830	58-2327163	501(C)(3)	15,000				UNRESTRICTED GRANTS 2018
PAINE COLLEGE 1235 FIFTEENTH STREET AUGUSTA, GA 30901	23-7434499	509(A)1	10,000				MAY OUT OF CYCLE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAINE COLLEGE 1235 FIFTEENTH STREET AUGUSTA, GA 30901	23-7434499	509(A)1	1,000				2018 NOVEMBER DAF GRANTS
PREVENT BLINDNESS GEORGIA 739 WEST PEACHTREE STREET NW SUITE 200 ATLANTA, GA 30308		501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REID MEMORIAL PRESBYTERIAN CHURCH 2261 WALTON WAY AUGUSTA, GA 30904		501(C)(3)	5,000				2018 DEC DAF GRANTS
REID MEMORIAL PRESBYTERIAN CHURCH 2261 WALTON WAY AUGUSTA, GA 30904		501(C)(3)	100				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REID MEMORIAL PRESBYTERIAN CHURCH 2261 WALTON WAY AUGUSTA, GA 30904		501(C)(3)	10,000				2018 DEC DAF GRANTS
REID MEMORIAL PRESBYTERIAN CHURCH 2261 WALTON WAY AUGUSTA, GA 30904		501(C)(3)	15,000				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REID MEMORIAL PRESBYTERIAN CHURCH 2261 WALTON WAY AUGUSTA, GA 30904		501(C)(3)	250				JANUARY DAF GRANTS
REID MEMORIAL PRESBYTERIAN CHURCH 2261 WALTON WAY AUGUSTA, GA 30904		501(C)(3)	500				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REID MEMORIAL PRESBYTERIAN CHURCH 2261 WALTON WAY AUGUSTA, GA 30904		501(C)(3)	5,000				MAY DAF GRANTS
REID MEMORIAL PRESBYTERIAN CHURCH 2261 WALTON WAY AUGUSTA, GA 30904		501(C)(3)	500				AUGUST DAF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENAISSANCE CHARITABLE FOUNDATION INC 8910 PURDUE ROAD SUITE 555 INDIANAPOLIS, IN 46268	35-2129262		87,162				MAY DAF GRANTS
RENAISSANCE CHARITABLE FOUNDATION INC 8910 PURDUE ROAD SUITE 555 INDIANAPOLIS, IN 46268	35-2129262		882				OUT OF CYCLE JULY DAF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESTART AUGUSTA INC PO BOX 370 AUGUSTA, GA 30903	46-5201370		3,000				AUGUSTA NATIONAL EMPLOYEE GIVING
RESTART AUGUSTA INC PO BOX 370 AUGUSTA, GA 30903	46-5201370		12,000				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF AUGUSTA 1442 HARPER STREET AUGUSTA, GA 30901	58-1509465	501(C)(3)	13,000				AUGUSTA NATIONAL EMPLOYEE GIVING
RONALD MCDONALD HOUSE CHARITIES OF AUGUSTA 1442 HARPER STREET AUGUSTA, GA 30901	58-1509465	501(C)(3)	10,000				FEBRUARY DAF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF AUGUSTA 1442 HARPER STREET AUGUSTA, GA 30901	58-1509465	501(C)(3)	2,241				2018 DEC DAF GRANTS
RONALD MCDONALD HOUSE CHARITIES OF AUGUSTA 1442 HARPER STREET AUGUSTA, GA 30901	58-1509465	501(C)(3)	10,000				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HOMES OF AUGUSTA INC PO BOX 3187 AUGUSTA, GA 30914	58-1708717	501(C)(3)	6,750				UNRESTRICTED GRANTS 2018
SAFE HOMES OF AUGUSTA INC PO BOX 3187 AUGUSTA, GA 30914	58-1708717	501(C)(3)	1,000				AUGUST DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HOMES OF AUGUSTA INC PO BOX 3187 AUGUSTA, GA 30914	58-1708717	501(C)(3)	8,000				AUGUSTA NATIONAL EMPLOYEE GIVING
SAFE HOMES OF AUGUSTA INC PO BOX 3187 AUGUSTA, GA 30914	58-1708717	501(C)(3)	5,000				AUGUST DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HOMES OF AUGUSTA INC PO BOX 3187 AUGUSTA, GA 30914	58-1708717	501(C)(3)	1,500				JULY DAF GRANTS
SALVATION ARMY PO BOX 2523 AUGUSTA, GA 30903	13-2923701	501(C)(3)	2,500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY PO BOX 2523 AUGUSTA, GA 30903	13-2923701	501(C)(3)	2,100				JUNE DAF GRANTS
SALVATION ARMY PO BOX 2523 AUGUSTA, GA 30903	13-2923701	501(C)(3)	500				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY PO BOX 2523 AUGUSTA, GA 30903	13-2923701	501(C)(3)	5,000				2018 OCT DAF GRANTS
SARATOGA WARHORSE FOUNDATION 517 SUMTER STREET SE AIKEN, SC 29801	46-2934258		1,500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARATOGA WARHORSE FOUNDATION 517 SUMTER STREET SE AIKEN, SC 29801	46-2934258		1,500				2018 DEC DAF GRANTS
SARATOGA WARHORSE FOUNDATION 517 SUMTER STREET SE AIKEN, SC 29801	46-2934258		12,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF SAINT VINCENT DE PAUL - GEORGIA 1326 WASHINGTON ROAD THOMSON, GA 30824	58-0967972		15,000				UNRESTRICTED GRANTS 2018
SOCIETY OF SAINT VINCENT DE PAUL - GEORGIA 1326 WASHINGTON ROAD THOMSON, GA 30824	58-0967972		1,500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SORBA CSRA PO BOX 1351 EVANS, GA 30809	91-2117108		2,000				AUGUSTA NATIONAL EMPLOYEE GIVING
SORBA CSRA PO BOX 1351 EVANS, GA 30809	91-2117108		12,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH STATE BANK 3530 WHEELER ROAD AUGUSTA, GA 30909			116,860				2018 DECEMBER OUT OF CYCLE GRANT
SOUTHEASTERN FIREFIGHTERS' BURN FOUNDATION 3614 J DEWEY GRAY CIRCLE BUILDING C C AUGUSTA, GA 30909	58-1804007	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN FIREFIGHTERS' BURN FOUNDATION 3614 J DEWEY GRAY CIRCLE BUILDING C C AUGUSTA, GA 30909	58-1804007	501(C)(3)	12,750				UNRESTRICTED GRANTS 2018
SOUTHEASTERN FIREFIGHTERS' BURN FOUNDATION 3614 J DEWEY GRAY CIRCLE BUILDING C C AUGUSTA, GA 30909	58-1804007	501(C)(3)	12,744				WOMEN IN PHILANTHROPY FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN FIREFIGHTERS' BURN FOUNDATION 3614 J DEWEY GRAY CIRCLE BUILDING C C AUGUSTA, GA 30909	58-1804007	501(C)(3)	3,500				AUGUSTA NATIONAL EMPLOYEE GIVING
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			1,665				DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			1,665				MAY DAF GRANTS
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			480				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			3,760				MAY DAF GRANTS
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			1,665				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			3,760				JUNE DAF GRANTS
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			1,665				APRIL DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			3,760				SEPTEMBER DAF GRANTS
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			3,760				APRIL DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			1,665				AUGUST DAF GRANTS
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			1,665				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			3,760				AUGUST DAF GRANTS
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			3,760				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			1,665				JULY DAF GRANTS
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			3,760				MARCH DAF GRANT REQUESTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			3,760				JULY DAF GRANTS
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			3,760				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			1,665				JUNE DAF GRANTS
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			1,665				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			1,665				2018 NOVEMBER DAF GRANTS
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			3,760				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			3,760				2018 OCT DAF GRANTS
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			1,665				2018 OCT DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			3,760				2018 NOVEMBER DAF GRANTS
SPRINGWOOD NURSERIES INC 4545 COX ROAD EVANS, GA 30809			1,665				SEPTEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SRS HERITAGE FOUNDATION INC PO BOX 2226 AIKEN, SC 29802	20-1629370		15,500				AUGUST DAF GRANTS
SRS HERITAGE FOUNDATION INC PO BOX 2226 AIKEN, SC 29802	20-1629370		18,600				JANUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SRS HERITAGE FOUNDATION INC PO BOX 2226 AIKEN, SC 29802	20-1629370		62,000				FEBRUARY DAF GRANTS
ST AUGUSTINE'S EPISCOPAL CHURCH 3321 WHEELER ROAD AUGUSTA, GA 30909		501(C)(3)	5,000				AUGUST OUT OF CYCLE DAF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN UNITED METHODIST CHURCH PO BOX 444 AUGUSTA, GA 30903		501(C)(3)	10,000				MAY DAF GRANTS
ST JOHN UNITED METHODIST CHURCH PO BOX 444 AUGUSTA, GA 30903		501(C)(3)	1,000				AUGUST DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN UNITED METHODIST CHURCH PO BOX 444 AUGUSTA, GA 30903		501(C)(3)	500				APRIL DAF GRANTS
ST JUDES CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	150,000				JULY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LUKE UNITED METHODIST CHURCH 309 CRAWFORD AVE AUGUSTA, GA 30904			20,000				JULY DAF GRANTS
ST PAUL'S EPISCOPAL CHURCH 605 REYNOLDS STREET AUGUSTA, GA 30901	58-0684092	501(C)(3)	2,500				APRIL DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL'S EPISCOPAL CHURCH 605 REYNOLDS STREET AUGUSTA, GA 30901	58-0684092	501(C)(3)	5,000				SEPTEMBER 2018 GRANTS
ST PAUL'S EPISCOPAL CHURCH 605 REYNOLDS STREET AUGUSTA, GA 30901	58-0684092	501(C)(3)	2,500				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL'S EPISCOPAL CHURCH 605 REYNOLDS STREET AUGUSTA, GA 30901	58-0684092	501(C)(3)	2,500				JULY DAF GRANTS
ST PAUL'S EPISCOPAL CHURCH 605 REYNOLDS STREET AUGUSTA, GA 30901	58-0684092	501(C)(3)	3,750				2018 NOVEMBER DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL'S EPISCOPAL CHURCH 605 REYNOLDS STREET AUGUSTA, GA 30901	58-0684092	501(C)(3)	2,500				2018 OCT DAF GRANTS
STORYLAND THEATRE INC PO BOX 14875 AUGUSTA, GA 30919	58-1802169	501(C)(3)	500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STORYLAND THEATRE INC PO BOX 14875 AUGUSTA, GA 30919	58-1802169	501(C)(3)	6,300				UNRESTRICTED GRANTS 2018
THAT'S WHAT FRIENDS ARE FOR INC 1707 HARROGATE PLACE AUGUSTA, GA 30906	26-2223839		6,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE 12 BANDS OF CHRISTMAS INC PO BOX 12623 AUGUSTA, GA 30914	26-3501540	501(C)(3)	6,750				UNRESTRICTED GRANTS 2018
THE 12 BANDS OF CHRISTMAS INC PO BOX 12623 AUGUSTA, GA 30914	26-3501540	501(C)(3)	2,500				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR AFRICAN AMERICAN HISTORY ART AND CULTURE 120 YORK ST NE AIKEN, SC 29801	80-0760009		24,600				JANUARY DAF GRANTS
THE CENTER FOR AFRICAN AMERICAN HISTORY ART AND CULTURE 120 YORK ST NE AIKEN, SC 29801	80-0760009		82,000				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR AFRICAN AMERICAN HISTORY ART AND CULTURE 120 YORK ST NE AIKEN, SC 29801	80-0760009		20,500				AUGUST DAF GRANTS
THE CENTER FOR NEW BEGINNINGS 727 W 6TH STREET WAYNESBORO, GA 30830	51-0533883	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILD ADVOCACY CENTER OF AIKEN COUNTY PO BOX 1763 AIKEN, SC 29802	20-1565539	501(C)(3)	15,000				UNRESTRICTED GRANTS 2018
THE CHILD ADVOCACY CENTER OF AIKEN COUNTY PO BOX 1763 AIKEN, SC 29802	20-1565539	501(C)(3)	500				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION FOR SARASOTA COUNTY 2635 FRUITVILLE RD SARASOTA, FL 34236			28,316				2018 NOVEMBER DAF GRANTS
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	541				CASH DEPOSIT TO BARBEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	671				CASH DONATION TO EMPTY STOCKING
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	733				CASH DEPOSIT TO BARBEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	8,778				CASH DEPOSIT TO MILSP
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	26				NON PROFIT LUNCH PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	1,533				CASH DEPOSIT TO EMPSTO
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	123				CASH DEPOSIT TO PRESS ON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	822				CASH DEPOSIT TO MILSP
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	15,040				CASH DONATION TO EMPTY STOCKING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	239				CASH DEPOSIT TO HOMETOWN HARMONY FUND
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	100				CASH DEPOSIT TO KIWAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	100				CASH DEPOSIT TO KIWAN
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	600				CASH DEPOSIT TO PRESS ON FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	90				CASH DEPOSIT TO ARTHUR
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	1,543				CASH DEPOSIT TO BARBEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION FOR THE CSRA 720 ST SEBASTIAN WAY SUITE 160 AUGUSTA, GA 30901	58-2184345	501(C)(3)	478				CASH DEPOSIT FOR TRAINING LUNCHES
THE FAMILY COUNSELING CENTER OF THE CSRA 3711 EXECUTIVE CENTER DRIVE MARTINEZ, GA 30907	58-1388519	501(C)(3)	15,000				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FAMILY COUNSELING CENTER OF THE CSRA 3711 EXECUTIVE CENTER DRIVE MARTINEZ, GA 30907	58-1388519	501(C)(3)	500				AUGUSTA NATIONAL EMPLOYEE GIVING
THE FOUNDATION FOR THERAPEUTIC OPTIONS - DBA AUGUSTA THERAPY ACADEMY PO BOX 3421 AUGUSTA, GA 30914	20-4497306		15,000				ST JOSEPH FOUNDATION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOUNDATION FOR THERAPEUTIC OPTIONS - DBA AUGUSTA THERAPY ACADEMY PO BOX 3421 AUGUSTA, GA 30914	20-4497306		15,000				UNRESTRICTED GRANTS 2018
THE LYDIA PROJECT INC 1369 INTERSTATE PARKWAY AUGUSTA, GA 30909	30-0240036	501(C)(3)	15,000				ST JOSEPH FOUNDATION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LYDIA PROJECT INC 1369 INTERSTATE PARKWAY AUGUSTA, GA 30909	30-0240036	501(C)(3)	12,750				UNRESTRICTED GRANTS 2018
THE LYDIA PROJECT INC 1369 INTERSTATE PARKWAY AUGUSTA, GA 30909	30-0240036	501(C)(3)	18,000				WOMEN IN PHILANTHROPY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LYDIA PROJECT INC 1369 INTERSTATE PARKWAY AUGUSTA, GA 30909	30-0240036	501(C)(3)	5,000				AUGUSTA NATIONAL EMPLOYEE GIVING
THE RECING CREW PO BOX 7124 NORTH AUGUSTA, SC 29861	26-2858759	501(C)(3)	3,000				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RECING CREW PO BOX 7124 NORTH AUGUSTA, SC 29861	26-2858759	501(C)(3)	15,000				UNRESTRICTED GRANTS 2018
TRINITY ON THE HILL UNITED METHODIST CHURCH 1330 MONTE SANTO AVENUE AUGUSTA, GA 30904	45-3459828	501(C)(3)	26,000				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY ON THE HILL UNITED METHODIST CHURCH 1330 MONTE SANTO AVENUE AUGUSTA, GA 30904	45-3459828	501(C)(3)	2,000				2018 DEC DAF
TURN BACK THE BLOCK PO BOX 3366 AUGUSTA, GA 30914	27-4686556		25,000				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURN BACK THE BLOCK PO BOX 3366 AUGUSTA, GA 30914	27-4686556		2,500				AUGUSTA NATIONAL EMPLOYEE GIVING
UNITED WAY OF THE CSRA INC 1765 BROAD ST AUGUSTA, GA 30904	58-0566155	501(C)(3)	2,100				JUNE DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE CSRA INC 1765 BROAD ST AUGUSTA, GA 30904	58-0566155	501(C)(3)	1,000				FEBRUARY DAF GRANTS
UNITED WAY OF THE CSRA INC 1765 BROAD ST AUGUSTA, GA 30904	58-0566155	501(C)(3)	10,000				FEBRUARY DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE CSRA INC 1765 BROAD ST AUGUSTA, GA 30904	58-0566155	501(C)(3)	12,750				UNRESTRICTED GRANTS 2018
UNITED WAY OF THE CSRA INC 1765 BROAD ST AUGUSTA, GA 30904	58-0566155	501(C)(3)	15,000				MARCH DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY HEALTH CARE FOUNDATION 2100 CENTRAL AVENUE STE D-1 AUGUSTA, GA 30904	58-1343550	501(C)(3)	2,000				MARCH DAF GRANTS
UNIVERSITY HEALTH CARE FOUNDATION 2100 CENTRAL AVENUE STE D-1 AUGUSTA, GA 30904	58-1343550	501(C)(3)	500				APRIL DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY HEALTH CARE FOUNDATION 2100 CENTRAL AVENUE STE D-1 AUGUSTA, GA 30904	58-1343550	501(C)(3)	10,000				SEPTEMBER DAF GRANTS
UNIVERSITY HEALTH CARE FOUNDATION 2100 CENTRAL AVENUE STE D-1 AUGUSTA, GA 30904	58-1343550	501(C)(3)	1,000				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVE SUITE 100 ATHENS, GA 30602	58-6033837	501(C)(3)	5,000				2018 DEC DAF GRANTS
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVE SUITE 100 ATHENS, GA 30602	58-6033837	501(C)(3)	5,000				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVE SUITE 100 ATHENS, GA 30602	58-6033837	501(C)(3)	50,000				2018 DEC DAF GRANTS
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVE SUITE 100 ATHENS, GA 30602	58-6033837	501(C)(3)	750				DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVE SUITE 100 ATHENS, GA 30602	58-6033837	501(C)(3)	1,500				AUGUST DAF GRANTS
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVE SUITE 100 ATHENS, GA 30602	58-6033837	501(C)(3)	750				AUGUST DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SC EDUCATIONAL FOUNDATION 471 UNIVERSITY PARKWAY AIKEN, SC 29801	57-6017985	501(C)(3)	282,718				2018 DEC OUT OF CYCLE GRANT
UNIVERSITY OF SC EDUCATIONAL FOUNDATION 471 UNIVERSITY PARKWAY AIKEN, SC 29801	57-6017985	501(C)(3)	12,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPSIDE OF DOWNS OF AIKEN 7 JULIE ANN COURT AIKEN, SC 29801	27-3358281		8,500				AUGUSTA NATIONAL EMPLOYEE GIVING
VETERANS K9 SOLUTIONS INC 629 FIELDSTONE WAY EVANS, GA 30809	46-2304081		12,500				AUGUSTA NATIONAL EMPLOYEE GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEYAN COLLEGE 4760 FORSYTH ROAD MACON, GA 31210	58-0593438	501(C)(3)	10,000				MAY DAF GRANTS
WESTMINSTER PRESBYTERIAN CHURCH 4303 WHEELER ROAD MARTINEZ, GA 30907	58-1465924		10,000				2018 DEC DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTMINSTER PRESBYTERIAN CHURCH 4303 WHEELER ROAD MARTINEZ, GA 30907	58-1465924		10,000				JANUARY DAF GRANTS
WHEN HELP CAN'T WAIT 3843 MARTINEZ BLVD SUITE 101 MARTINEZ, GA 30907	20-5733010	501(C)(3)	15,000				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE DOVE BILINGUAL CHRISTIAN SCHOOL 1 CUADRA AL SUR DEL ESTADIO SULA HO			5,000				2018 NOVEMBER DAF GRANTS
WHITE DOVE BILINGUAL CHRISTIAN SCHOOL 1 CUADRA AL SUR DEL ESTADIO SULA HO			5,000				AUGUST DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE DOVE BILINGUAL CHRISTIAN SCHOOL 1 CUADRA AL SUR DEL ESTADIO SULA HO			5,000				JUNE DAF GRANTS
WHOLESOME WAVE GEORGIA PO BOX 170118 ATLANTA, GA 30317	45-4816906		6,750				UNRESTRICTED GRANTS 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN IN PHILANTHROPY 720 ST SEBASTIAN RD SUITE 160 AUGUSTA, GA 30904		501(C)(3)	5,000				JANUARY DAF GRANTS
WOMEN IN PHILANTHROPY 720 ST SEBASTIAN RD SUITE 160 AUGUSTA, GA 30904		501(C)(3)	1,000				DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE 2249 B WALTON WAY AUGUSTA, GA 30904	84-0385934	501(C)(3)	2,000				DAF GRANTS
YOUNG LIFE 2249 B WALTON WAY AUGUSTA, GA 30904	84-0385934	501(C)(3)	10,000				DAF GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE 2249 B WALTON WAY AUGUSTA, GA 30904	84-0385934	501(C)(3)	1,000				DAF GRANTS

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Name of the organization

THE COMMUNITY FOUNDATION FOR THE CENTRAL
SAVANNAH RIVER AREA INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

58-2184345

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE FOUNDATION SHALL HAVE A SELF-PERPETUATING BOARD OF DIRECTORS WHICH SHALL CONSIST OF NO T LESS THAN FIVE (5) PERSONS AND NOT MORE THAN TWENTY-FIVE (25) PERSONS, EXCEPT THAT THE N UMBER OF DIRECTORS TO CONSTITUTE THE FIRST BOARD OF DIRECTORS SHALL BE FIVE (5) IF A VACA NCY OCCURS BY REASON OF DEATH, RESIGNATION, OR REMOVAL FROM OFFICE OR OTHERWISE A MAJORITY OF THE REMAINING DIRECTORS MAY ELECT A NEW DIRECTOR TO FILL THE VACANCY FOR THE UN-EXPIRE D TERM PROVIDED SUCH A NEW DIRECTOR WAS FIRST NOMINATED BY THE NOMINATING COMMITTEE THE N OMINATING COMMITTEE LOOKS FOR A DIVERSE MIX OF COMMUNITY LEADERS THAT ARE ACTIVELY INVOLVE D IN AND COMMITTED TO MAKING THE COMMUNITY A BETTER PLACE FOR ALL TO LIVE, LEARN AND WORK

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE FORM 990 WILL BE PROVIDED TO EACH EXECUTIVE BOARD MEMBER PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER IS AWARE OF THEIR DUTIES TO DISCLOSE THE FACTS OF ANY POTENTIAL CONFLICT OF INTEREST TO THE FULL BOARD MEMBERS WITH CONFLICTS OF INTEREST SHALL BE EXCUSED FROM DISCUSSING OR VOTING ON ANY TRANSACTION INVOLVING THE POSSIBLE CONFLICT OF INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	IT IS THE RESPONSIBILITY OF THE AUDIT/FINANCE COMMITTEE TO REVIEW STAFF SALARIES DURING THE ANNUAL BUDGET PREPARATION PROCESS BEGINNING THE NEXT CALENDAR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE COMMUNITY FOUNDATION FOR THE CSRA RECORDS ARE AVAILABLE TO THE PUBLIC AND ARE PROVIDED UPON REQUEST OR CAN BE FOUND ON THE FOUNDATION'S WEBSITE THE FOUNDATION IS IN ACCORDANCE WITH GEORGIA OPEN RECORDS ACT AND GEORGIA SUNSHINE LAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DURING 2018, MANAGEMENT DETERMINED THAT BEGINNING NET ASSETS REQUIRED 6,475,437 CORRECTION DUE TO THE INADVERTENT UNDERSTATEMENT OF NET ASSETS OF \$6,475,437 AS OF JANUARY 1, 2018 AS A RESULT OF THE ADOPTION OF ASU 2014-16, A NUMBER OF OLDER FUNDS WERE RE-EVALUATED AND A NUMBER OF FUNDS THAT WERE DETERMINED TO BE FOUNDATION FUNDS AND NOT AGENCY FUNDS AND CLASSIFIED AS ASSETS HELD FOR OTHERS THE EFFECT OF THIS ADJUSTMENT AS OF JANUARY 1, 2018 WAS AN INCREASE TO NET ASSETS WITHOUT DONOR RESTRICTIONS OF \$6,361,745 AND AN INCREASE TO NET ASSETS WITH DONOR RESTRICTIONS OF \$113,692 THIS ALSO IS REFLECTED AS AN ADJUSTMENT TO 2017 CONTRIBUTIONS ON FORM 990, SCHEDULE D, PART V - ENDOWMENT FUNDS OF \$5,513,129

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

2018

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA INC	Employer identification number 58-2184345
----------------------------------------------------------------------------------------------	----------------------------------------------

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

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
(1)CSRA FOUNDATION PROPERTY HOLDINGS INC PO BOX 31358 AUGUSTA, GA 30903 58-2446343	TO HOLD PROPERTIES GIFTED TO THE CFCSRA	GA	501 (C) (3)	509 (A)(3)	THE COMMUNITY FOUNDATION FOR THE CSRA		No
(2)CSRA PROPERTY HOLDINGS 2 INC PO BOX 31358 AUGUSTA, GA 30903 16-1627615	TO HOLD PROPERTIES GIFTED TO THE CFCSRA	GA	501 (C) (3)	509 (A)(3)	THE COMMUNITY FOUNDATION FOR THE CSRA		No
(3)NORTH AUGUSTA FORWARD PO BOX 6067 NORTH AUGUSTA, SC 29861 57-1086318	COMMUNITY DEVELOPMENT	SC	501 (C) (3)	509 (A)(3)	THE COMMUNITY FOUNDATION FOR THE CSRA		No

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

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) CSRA FOUNDATION PROPERTY HOLDINGS INC	S	132,000	CASH TRANSFERRED
(2) CSRA FOUNDATION PROPERTY HOLDINGS INC	O	181,229	SALARIES PAID
(3) CSRA PROPERTY HOLDINGS 2 INC	O	181,229	SALARIES PAID

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation