

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2024**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public  
Inspection

<b>A</b> For the 2024 calendar year, or tax year beginning _____ and ending _____																										
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA, INC.</b></td> <td><b>D</b> Employer identification number <b>58-2184345</b></td> </tr> <tr> <td colspan="2">Doing business as _____</td> <td rowspan="3"><b>E</b> Telephone number <b>706-724-1314</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>P.O. BOX 31358</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>AUGUSTA, GA 30903</b></td> <td><b>G</b> Gross receipts \$ <b>80,395,933.</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>SHELL K. BERRY</b> <b>SAME AS C ABOVE</b></td> <td> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No            If "No," attach a list. See instructions  <b>H(c)</b> Group exemption number _____         </td> </tr> <tr> <td colspan="3"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527         </td> </tr> <tr> <td colspan="3"><b>J</b> Website: <b>WWW.CFCSRA.ORG</b></td> </tr> <tr> <td colspan="2"> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other         </td> <td> <b>L</b> Year of formation: <b>1995</b> <b>M</b> State of legal domicile: <b>GA</b> </td> </tr> </table>	<b>C</b> Name of organization <b>THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA, INC.</b>		<b>D</b> Employer identification number <b>58-2184345</b>	Doing business as _____		<b>E</b> Telephone number <b>706-724-1314</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>P.O. BOX 31358</b>		City or town, state or province, country, and ZIP or foreign postal code <b>AUGUSTA, GA 30903</b>		<b>G</b> Gross receipts \$ <b>80,395,933.</b>	<b>F</b> Name and address of principal officer: <b>SHELL K. BERRY</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number _____	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: <b>WWW.CFCSRA.ORG</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1995</b> <b>M</b> State of legal domicile: <b>GA</b>
<b>C</b> Name of organization <b>THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA, INC.</b>		<b>D</b> Employer identification number <b>58-2184345</b>																								
Doing business as _____		<b>E</b> Telephone number <b>706-724-1314</b>																								
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite																									
<b>P.O. BOX 31358</b>																										
City or town, state or province, country, and ZIP or foreign postal code <b>AUGUSTA, GA 30903</b>		<b>G</b> Gross receipts \$ <b>80,395,933.</b>																								
<b>F</b> Name and address of principal officer: <b>SHELL K. BERRY</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number _____																								
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																										
<b>J</b> Website: <b>WWW.CFCSRA.ORG</b>																										
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1995</b> <b>M</b> State of legal domicile: <b>GA</b>																								

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ENGAGE, INFORM, AND INSPIRE DONORS AND NONPROFITS TO BUILD A STRONGER AND MORE VIBRANT</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>169</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 17,029,098.	<b>Current Year</b> 25,390,964.
	<b>9</b> Program service revenue (Part VIII, line 2g)	313,238.	346,340.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,034,954.	7,089,887.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,377,290.	32,827,191.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,981,491.	16,597,333.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	936,362.	947,717.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	175,740.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,476,232.	1,603,109.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,394,085.	19,148,159.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,983,205.	13,679,032.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 160,175,077.	<b>End of Year</b> 182,590,923.
	<b>21</b> Total liabilities (Part X, line 26)	41,692,629.	46,793,440.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	118,482,448.	135,797,483.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date <b>11/3/25</b>
	SHELL K. BERRY, PRESIDENT/CEO Type or print name and title	
<b>Paid Preparer Use Only</b>	Preparer's name <b>ELIZABETH MORRISON</b>	Preparer's signature 
	Firm's name <b>CHERRY BEKAERT ADVISORY LLC</b>	Date <b>2025.10.30</b>
	Firm's address <b>1029 GREENE STREET AUGUSTA, GA 30901</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00231389</b>
		Firm's EIN <b>88-2730877</b>
		Phone no. <b>706-724-3557</b>

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

CULTIVATE GENEROSITY BY GIVING DONORS THE TOOLS AND INFORMATION THEY  
NEED TO MAKE A SIGNIFICANT DIFFERENCE IN OUR COMMUNITY. STRENGTHEN  
NON-PROFITS BY CONNECTING ORGANIZATIONS TO FINANCIAL RESOURCES,  
TRAINING AND OPPORTUNITIES FOR MEANINGFUL COLLABORATION. ENGAGE OUR

**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 \$ 18,207,347. including grants of \$ 16,597,333. ) (Revenue \$ 346,340. )

WE ARE EMBEDDED IN OUR COMMUNITY IN WAYS THAT HELP CONVEY, CONNECT,  
AND GROW OUR COLLECTIVE IMPACT ON ISSUES THAT MATTER TO US ALL. OUR  
EXPERTISE AND KNOWLEDGE OF THE LOCAL NONPROFIT COMMUNITY HELPS US  
UNDERSTAND WHAT A GOOD NONPROFIT LOOKS LIKE AND HOW TO MEASURE ITS  
SUCCESS. THAT EXPERTISE IS BUILT UPON 20-PLUS YEARS OF EXPERIENCE IN  
AWARDING COMPETITIVE GRANTS FROM OUR UNRESTRICTED DOLLARS TO A VARIETY  
OF NONPROFITS IN OUR REGION. WITH THAT KNOWLEDGE, WE STRIVE TO INVEST  
PHILANTHROPIC DOLLARS IN THE SMARTEST, MOST IMPACTFUL WAY.

THE COMMUNITY FOUNDATION'S COMPETITIVE GRANTS PROGRAMS INCLUDE  
COMMUNITY GRANTS, HARRISBURG LITERACY INITIATIVE AND MULTIPLE

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 18,207,347.

Form 990 (2024)

THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.

Form 990 (2024)

58-2184345 Page 3

**Part IV Checklist of Required Schedules**

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

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

Form 990 (2024)

58-2184345 Page 4

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

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

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

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

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

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

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

Form 990 (2024)

58-2184345 Page 5

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 9		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country <b>CAYMAN ISLANDS</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations. Enter:</b>			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		



THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.

Form 990 (2024)

58-2184345 Page 6

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

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

☒

**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	24		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	23		
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?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

SHELL K. BERRY - 706-724-1314

720 SAINT SEBASTIAN WAY, STE 160, AUGUSTA, GA 30901

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

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHELL KNOX BERRY PRESIDENT/CEO	40.00 1.00			X				222,600.	0.	12,800.
(2) ELIZABETH FINCH VICE PRESIDENT OF FINANCE	40.00 1.00					X		140,000.	0.	8,050.
(3) REBECCA WALLANCE VICE PRESIDENT OF PROGRAMS	40.00 1.00					X		100,170.	0.	13,063.
(4) JAMES B. TROTTER CHAIR	1.00 1.00	X		X				0.	0.	0.
(5) SUSAN E. NICHOLSON VICE ELECT	1.00 1.00	X		X				0.	0.	0.
(6) FAYE HARGROVE VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(7) JOHN CATES SECRETARY/TREASURER	1.00 1.00	X		X				0.	0.	0.
(8) CHARLES G. CAYE, JR. PAST CHAIR	1.00 1.00	X						0.	0.	0.
(9) FRANK ANDERSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(10) JAMES (JIM) HOUSTON ARMSTRONG DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) WILLIAM H. BARRETT, JR. DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) JAMES J. BERNSTEIN DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) THOMAS M. BLANCHARD, JR. DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) BRAYE C. BOARDMAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) CLAYTON P. BOARDMAN III DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) EDDIE BUSSEY DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) NATALIE SCHWEERS COGHILL DIRECTOR	1.00 1.00	X						0.	0.	0.

THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.

Form 990 (2024)

58-2184345 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ZACK O. DAFFIN DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) JAMES M. HULL DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) DUNCAN N. JOHNSON, JR. DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) RUTH A. KNOX DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) BRIAN MARKS DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) H. MONTAGUE OSTEN, JR. DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) N. TURNER SIMKINS DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) BARRY L. STOREY DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) WILLIAM H. TUCKER DIRECTOR	1.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b>								462,770.	0.	33,913.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								462,770.	0.	33,913.

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

3

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORGAN STANLEY GRAYSTONE CONSULTING 300 LIDEN OAKS, ROCHESTER, NY 14625	INVESTMENT FEES	395,459.

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

1

Form 990 (2024)



THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.

Form 990 (2024)

58-2184345 Page 9

**Part VIII** Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	25,390,964.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 16,879,949.			
	h	Total. Add lines 1a-1f		25,390,964.			
	Program Service Revenue	2 a	DONOR ADMINISTRATIVE FEES	Business Code	523000	191,630.	191,630.
b		INVESTMENT INCOME - NOTE RECEIVAB	523000	143,210.	143,210.		
c							
d							
e							
f		All other program service revenue	523000	11,500.	11,500.		
g		Total. Add lines 2a-2f		346,340.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		2,847,839.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
		b	Less: rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
	d	Net gain or (loss)		4,242,048.		4242048.	
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b	Less: direct expenses	8b			
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
		b	Less: direct expenses	9b			
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		32,827,191.	346,340.	0.	7089887.	

THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.

Form 990 (2024)

58-2184345 Page 10

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,597,333.	16,597,333.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	235,400.	188,320.	23,540.	23,540.
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	570,087.	319,127.	155,144.	95,816.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,256.	17,261.	9,099.	6,896.
9 Other employee benefits	50,249.	32,300.	8,670.	9,279.
10 Payroll taxes	58,725.	36,015.	13,652.	9,058.
11 Fees for services (nonemployees):				
a Management	395,459.		395,459.	
b Legal				
c Accounting	44,731.		44,731.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	82,256.	39,762.	36,239.	6,255.
12 Advertising and promotion	47,275.	12,970.	19,701.	14,604.
13 Office expenses	6,283.		6,283.	
14 Information technology				
15 Royalties				
16 Occupancy	48,068.	23,417.	20,748.	3,903.
17 Travel	4,246.	2,379.		1,867.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,263.	9,263.		
20 Interest	697,922.	697,922.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	204,065.	204,065.		
23 Insurance	9,207.		9,207.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL DEVELOPMENT	32,294.	20,961.	6,811.	4,522.
b DUES AND SUBSCRIPTIONS	15,883.	6,094.	9,789.	
c				
d				
e All other expenses	6,157.	158.	5,999.	
25 Total functional expenses. Add lines 1 through 24e	19,148,159.	18,207,347.	765,072.	175,740.
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)				

THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.

Form 990 (2024)

58-2184345 Page 11

**Part X** Balance Sheet

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing		1
	2 Savings and temporary cash investments	4,825,377.	2 10,490,224.
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net		4
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7 Notes and loans receivable, net	11,934.	7 11,934.
	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	10c
	b Less: accumulated depreciation	10b	
	11 Investments - publicly traded securities	118,545,105.	11 128,156,458.
	12 Investments - other securities. See Part IV, line 11	16,470,570.	12 23,850,210.
	13 Investments - program-related. See Part IV, line 11	14,321,000.	13 14,321,000.
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	6,001,091.	15 5,761,097.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	160,175,077.	16 182,590,923.	
Liabilities	17 Accounts payable and accrued expenses	23,384.	17 6,847.
	18 Grants payable	14,000.	18 17,059.
	19 Deferred revenue		19 2,500.
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	34,705,461.	21 39,337,210.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		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	6,949,784.	25 7,429,824.
	26 <b>Total liabilities.</b> Add lines 17 through 25	41,692,629.	26 46,793,440.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	109,980,510.	27 127,046,184.
	28 Net assets with donor restrictions	8,501,938.	28 8,751,299.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds		29
	30 Paid-in or capital surplus, or land, building, or equipment fund		30
	31 Retained earnings, endowment, accumulated income, or other funds		31
	32 <b>Total net assets or fund balances</b>	118,482,448.	32 135,797,483.
33 <b>Total liabilities and net assets/fund balances</b>	160,175,077.	33 182,590,923.	

Form 990 (2024)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,827,191.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,148,159.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,679,032.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	118,482,448.
5	Net unrealized gains (losses) on investments	5	3,636,003.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	135,797,483.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13674786.	28617303.	18414012.	17029098.	25390964.	103126163
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	13674786.	28617303.	18414012.	17029098.	25390964.	103126163
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26388291.
<b>6 Public support.</b> Subtract line 5 from line 4.						76737872.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	13674786.	28617303.	18414012.	17029098.	25390964.	103126163
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1496737.	1753133.	2063743.	2425383.	2847839.	10586835.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on		392,560.				392,560.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						114105558
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,381,636.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	67.25	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	67.55	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990) 2024



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV** Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

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

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

	Yes	No
1		
2		
3		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

**2** Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer lines 3a and 3b below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <i>Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**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.)



**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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

Organization type (check one):

- |                    |  |
|--------------------|--|
| <b>Filers of:</b>  | <b>Section:</b>  |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                       |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation     |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                      |

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

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ \_\_\_\_\_

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

Name of organization

THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.

Employer identification number

58-2184345

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>8,890,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>991,386.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>4,220,638.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>652,977.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.

Employer identification number

58-2184345

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 816,638.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.

Employer identification number

58-2184345

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	PUBLICLY-TRADED - 7/18/24 - 507,934, 7/23/24 - 4,880,081, 9/17/24 - 951,024, 10/22/24 - 2,426,780	\$ <u>8,765,819.</u>	<u>07/23/24</u>
<u>2</u>	PUBLICLY-TRADED SECURITIES - 11/14/2024 - 161,196, 11/20/2024 - 20,504, 11/21/2024 - 809,686	\$ <u>991,386.</u>	<u>11/21/24</u>
<u>3</u>	PUBLICLY-TRADED SECURITIES - 3/22/2024 115,605, 2/27/2024 - 4,105,033	\$ <u>4,220,638.</u>	<u>02/27/24</u>
<u>7</u>	PUBLICLY-TRADED SECURITIES 12/19/2024 - 811,638	\$ <u>811,638.</u>	<u>12/19/24</u>
		\$ _____	_____
		\$ _____	_____

Name of organization

THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.

Employer identification number

58-2184345

**Part III**

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

Use duplicate copies of Part III if additional space is needed.

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

Supplemental Financial Statements

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

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

OMB No. 1545-0047

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	138	0
2 Aggregate value of contributions to (during year)	15,102,715.	
3 Aggregate value of grants from (during year)	9,972,435.	
4 Aggregate value at end of year	81,329,434.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.

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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$



## THE COMMUNITY FOUNDATION FOR THE CENTRAL

Schedule D (Form 990) (Rev. 12-2024) SAVANNAH RIVER AREA, INC.

58-2184345 Page 2

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

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

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations  
d ☐ Loan or exchange program  
e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

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

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	27,321,225.	23,099,706.	25,763,389.	20,604,217.	16,283,825.
b Contributions	1,579,637.	1,764,148.	1,385,818.	2,334,288.	3,040,623.
c Net investment earnings, gains, and losses	2,565,594.	3,299,769.	-3,414,339.	3,010,107.	1,731,162.
d Grants or scholarships	1,059,699.	842,398.	635,162.	185,223.	451,393.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	30,406,757.	27,321,225.	23,099,706.	25,763,389.	20,604,217.

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

a Board designated or quasi-endowment 87.7300 %

b Permanent endowment 12.2700 %

c Term endowment %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

Schedule D (Form 990) (Rev. 12-2024)

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) ALTERNATIVE INVESTMENTS,		
(B) HEDGE FUNDS	11,018,420.	END-OF-YEAR MARKET VALUE
(C) ALTERNATIVE INVESTMENTS,		
(D) REAL ESTATE INVESTMENT		
(E) TRUST	12,831,790.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	23,850,210.	

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) NMTC LEVERAGE LOAN	14,321,000.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	14,321,000.	

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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	7,429,824.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,429,824.

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

Schedule D (Form 990) (Rev. 12-2024)

## THE COMMUNITY FOUNDATION FOR THE CENTRAL

Schedule D (Form 990) (Rev. 12-2024) SAVANNAH RIVER AREA, INC.

58-2184345 Page 4

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

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

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

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

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

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

**Part XIII** Supplemental Information

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

**PART IV, LINE 2B:**

THE FOUNDATION HAS ENTERED INTO AGREEMENTS WHEREBY IT ACTS AS AN AGENT, OR AN INTERMEDIARY, ON BEHALF OF A DONOR OR DONEE. THE AGENCY RELATIONSHIP IS ESTABLISHED WHEN THE FOUNDATION HAS RECEIVED ASSETS FROM THE DONOR AND AGREED TO USE OR TRANSFER THOSE ASSETS, THE RETURN ON INVESTMENT OF THOSE ASSETS, OR BOTH TO A GRANTEE BENEFICIARY SPECIFIED BY THE DONOR. THESE INCLUDE ARRANGEMENTS IN WHICH THE FOUNDATION'S BOARD DOES NOT HAVE THE UNILATERAL POWER (I.E., VARIANCE POWER) TO REDIRECT THE USE OF THE TRANSFERRED ASSETS TO ANOTHER BENEFICIARY, OR WHEN THE FOUNDATION RECEIVES ASSETS TRANSFERRED TO THE FOUNDATION BY A NOT-FOR-PROFIT ORGANIZATION THAT SPECIFIES ITSELF AS THE DESIGNATED GRANTEE OF THE FUND OR ENDOWMENT.

**PART V, LINE 4:**

THE FOUNDATION'S ENDOWMENT CONSISTS OF 107 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING ENDOWMENT FUNDS WITH DONOR RESTRICTIONS (8); ENDOWMENT FUNDS WITHOUT DONOR RESTRICTIONS (31), FUNDS HELD FOR THE BENEFIT OF OTHERS (68), AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

**PART X, LINE 2:**

THE FOUNDATION HAS EVALUATED THE EFFECT OF U.S. GAAP GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION IS TAX EXEMPT

THE COMMUNITY FOUNDATION FOR THE CENTRAL

Schedule D (Form 990) (Rev. 12-2024) SAVANNAH RIVER AREA, INC.

58-2184345 Page 5

**Part XIII** Supplemental Information (continued)

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS  
SUBJECT TO FEDERAL INCOME TAX ON UNRELATED BUSINESS INCOME. MANAGEMENT  
BELIEVES THE FOUNDATION CONTINUES TO SATISFY THE REQUIREMENTS OF A  
TAX-EXEMPT ORGANIZATION. MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS  
THAT COULD HAVE A SIGNIFICANT EFFECT ON THE CONSOLIDATED FINANCIAL  
STATEMENTS AND DETERMINED THE FOUNDATION HAD NO UNCERTAIN INCOME TAX  
POSITIONS AT DECEMBER 31, 2024 AND 2023.

SCHEDULE F  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

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** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☒ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		12,113,072.
3 a Subtotal .....	0	0			12,113,072.
b Total from continuation sheets to Part I .....	0	0			0.
c Totals (add lines 3a and 3b) .....	0	0			12,113,072.

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

Schedule F (Form 990) (Rev. 12-2024)

## 58-2184345

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]





THE COMMUNITY FOUNDATION FOR THE CENTRAL

Schedule F (Form 990) (Rev. 12-2024) SAVANNAH RIVER AREA, INC.

58-2184345 Page 4

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

THE COMMUNITY FOUNDATION FOR THE CENTRAL

Schedule F (Form 990) (Rev. 12-2024) SAVANNAH RIVER AREA, INC.

58-2184345 Page 5

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART IV, LINE 3**

WHILE THE FOUNDATION HAD INVESTMENTS IN FOREIGN CORPORATIONS DUE TO  
VARIOUS ALTERNATIVE INVESTMENTS, THE OWNERSHIP INTERESTS WERE BELOW THE  
FILING THRESHOLDS FOR FORM 5471.

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

OMB NO. 1545-0047

Open to Public  
Inspection

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

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

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 BLACK MEN OF AUGUSTA, INC., 211 PLEASANT HOME RD SUITE C2 AUGUSTA, GA 30907	58-2095878	501(C)(3)	33,000.	0.			CHARITABLE PURPOSE
143 MINISTRIES INTERNATIONAL, INC., PO BOX 211143 AUGUSTA, GA 30917	81-4016029	501(C)(3)	44,000.	0.			CHARITABLE PURPOSE
ACTS (AREA CHURCHES TOGETHER SERVING) - 340 PARK AVENUE SW - AIKEN, SC 29801	57-0826271	501(C)(3)	19,100.	0.			CHARITABLE PURPOSE
ADAMSON, MS. SUSAN RICE 880 NORTHCREEPE DRIVE NW ATLANTA, GA 30318			20,000.	0.			CHARITABLE PURPOSE
AIKEN JUNIOR GOLF FOUNDATION DBA FIRST TEE OF AIKEN - 650 TROLLEY LINE ROAD - GRANITEVILLE, SC 29829	26-4784141	501(C)(3)	25,000.	0.			CHARITABLE PURPOSE
AIKEN TECHNICAL COLLEGE FOUNDATION PO DRAWER 696 AIKEN, SC 29802	57-0804746	501(C)(3)	16,000.	0.			CHARITABLE PURPOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **176.**

3 Enter total number of other organizations listed in the line 1 table **20.**

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

Schedule I (Form 990) (Rev. 12-2024)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

58 - 2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL IN FOR MILLER, INC. 2910 ADMORE LANE EVANS, GA 30809	83-0611711	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
ALZHEIMER'S ASSOCIATION 41 PERIMETER CENTER EAST, SUITE 550 ATLANTA, GA 30346	13-3039601	501(C)(3)	5,100.	0.			CHARITABLE PURPOSE
AMERICAN HEART ASSOCIATION - CSRA 2801 WASHINGTON ROAD AUGUSTA, GA 30909	13-5613797	501(C)(3)	7,500.	0.			CHARITABLE PURPOSE
AMERICAN RED CROSS OF GEORGIA 1322 ELLIS STREET AUGUSTA, GA 30901	53-0196605	501(C)(3)	797,500.	0.			CHARITABLE PURPOSE
APPARO ACADEMY 3104 SKINNER MILL ROAD AUGUSTA, GA 30909	20-4497306	501(C)(3)	269,750.	0.			CHARITABLE PURPOSE
AQUINAS HIGH SCHOOL 1920 HIGHLAND AVENUE AUGUSTA, GA 30904	58-0572408	501(C)(3)	67,500.	0.			CHARITABLE PURPOSE
ARTS AND HERITAGE CENTER OF NORTH AUGUSTA - 100 GEORGIA AVENUE - NORTH AUGUSTA, SC 29841-3843	56-2588020	501(C)(3)	15,500.	0.			CHARITABLE PURPOSE
AUGUSTA CANAL NATIONAL HERITAGE AREA INC - PO BOX 2367 - AUGUSTA, GA 30903	04-3640043	501(C)(3)	21,500.	0.			CHARITABLE PURPOSE
AUGUSTA CARE PREGNANCY CENTER PO BOX 1775 AUGUSTA, GA 30903	58-1461982	501(C)(3)	6,000.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

**58-2184345**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA CHRISTIAN SCHOOLS 313 BASTON ROAD AUGUSTA, GA 30907	58-0913314	501(C)(3)	17,000.	0.			CHARITABLE PURPOSE
AUGUSTA DREAM CENTER 3364 PEACH ORCHARD ROAD AUGUSTA, GA 30906	82-1762691	501(C)(3)	15,000.	0.			CHARITABLE PURPOSE
AUGUSTA HERITAGE ACADEMY, INC. 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501(C)(3)	217,460.	0.			CHARITABLE PURPOSE
AUGUSTA JEWISH MUSEUM, INC. 525 TELFAIR STREET AUGUSTA, GA 30901	47-4044432	501(C)(3)	80,000.	0.			CHARITABLE PURPOSE
AUGUSTA LOCALLY GROWN PO BOX 31063 AUGUSTA, GA 30903	45-3581329	501(C)(3)	46,500.	0.			CHARITABLE PURPOSE
AUGUSTA METRO CHAMBER OF COMMERCE PO BOX 1837 AUGUSTA, GA 30903	58-0188650	501(C)(6)	30,000.	0.			CHARITABLE PURPOSE
AUGUSTA MINI THEATRE, INC. 2548 DEANS BRIDGE ROAD AUGUSTA, GA 30906-2202	58-1374032	501(C)(3)	23,500.	0.			CHARITABLE PURPOSE
AUGUSTA MUSEUM OF HISTORY 560 REYNOLDS STREET AUGUSTA, GA 30901	58-6000097	501(C)(3)	14,500.	0.			CHARITABLE PURPOSE
AUGUSTA PARTNERSHIP FOR CHILDREN, INC. 435 TELFAIR STREET AUGUSTA, GA 30901	58-1651611	501(C)(3)	25,000.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA PREPARATORY DAY SCHOOL 285 FLOWING WELLS ROAD MARTINEZ, GA 30907	58-1874724	501(C)(3)	357,208.	0.			CHARITABLE PURPOSE
AUGUSTA RICHMOND COUNTY PUBLIC LIBRARY - 823 TELFAIR STREET - AUGUSTA, GA 30901	58-6003347	501(C)(3)	8,000.	0.			CHARITABLE PURPOSE
AUGUSTA SYMPHONY, INC. PO BOX 579 AUGUSTA, GA 30903-0579	58-1806334	501(C)(3)	75,825.	0.			CHARITABLE PURPOSE
AUGUSTA TECHNICAL COLLEGE STUDENT ACCOUNTS AUGUSTA, GA 30906	57-1723458	501(C)(3)	11,030.	0.			CHARITABLE PURPOSE
AUGUSTA TECHNICAL COLLEGE FOUNDATION, INC. - 3200 AUGUSTA TECH DRIVE - AUGUSTA, GA 30906	58-1750663	501(C)(3)	18,000.	0.			CHARITABLE PURPOSE
AUGUSTA UNIVERSITY - FINANCIAL AID OFFICE - 1120 15TH STREET - AUGUSTA, GA 30912	58-6002053	501(C)(3)	49,246.	0.			CHARITABLE PURPOSE
AUGUSTA UNIVERSITY FOUNDATION, INC. - 1120 15TH STREET - AUGUSTA, GA 30912	58-6038134	501(C)(3)	412,800.	0.			CHARITABLE PURPOSE
AUGUSTA WESTOBOW FESTIVAL, INC. 1129 BROAD STREET AUGUSTA, GA 30901	26-3416729	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
BECK ARCHITECTURE GEORGIA, LLC 1601 ELM STREET, SUITE 2800 DALLAS, TX 75201	27-2885389		88,345.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOCK BY BLOCK PO BOX 643873 CINCINNATI, OH 45264	31-1332763		487,016.	0.			CHARITABLE PURPOSE
BOYS & GIRLS CLUBS OF GREATER AUGUSTA - 624 CHAPPE AVENUE - AUGUSTA, GA 30904	58-0610382	501(C)(3)	1,434,819.	0.			CHARITABLE PURPOSE
BRANDON WILDE LLC 4275 OWENS ROAD EVANS, GA 30809	83-0666542		5,002.	0.			CHARITABLE PURPOSE
BROAD STREET MINISTRY CENTER 20 BROAD STREET AUGUSTA, GA 30901	26-2087052	501(C)(3)	20,000.	0.			CHARITABLE PURPOSE
BROADVIEW TALENT PARTNERS, INC. 500 POST ROAD EAST, 2ND FLOOR WESTPORT, CT 06880	86-1352419		20,000.	0.			CHARITABLE PURPOSE
BURKE COUNTY BOARD OF EDUCATION SCHOOL NUTRITION PROGRAM - 789 BURKE VETERANS PARKWAY - WAYNESBORO, GA 30830	58-6000198	501(C)(3)	25,116.	0.			CHARITABLE PURPOSE
BURKE COUNTY FAMILY CONNECTION INC. - POST OFFICE BOX 418 - WAYNESBORO, GA 30830	58-1960654	501(C)(3)	260,000.	0.			CHARITABLE PURPOSE
BURN FOUNDATION OF AMERICA 3614 J. DEWEY GRAY CIRCLE, BUILDING AUGUSTA, GA 30909	58-1804007	501(C)(3)	29,500.	0.			CHARITABLE PURPOSE
CAMPING MINISTRIES OF THE CAROLINAS INC - 457 CAMP FELLOWSHIP RD - WATERLOO, SC 29384	82-1582933	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)



**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER SUPPORT SERVICES 1369 INTERSTATE PARKWAY AUGUSTA, GA 30909	30-0240036	501(C)(3)	98,000.	0.			CHARITABLE PURPOSE
CANINE RESCUE, INC. PO BOX 7025 NORTH AUGUSTA, SC 29861	27-0203699	501(C)(3)	40,500.	0.			CHARITABLE PURPOSE
CANOPY LIFE INTERNATIONAL INC PO BOX 500942 ATLANTA, GA 31150	47-2207010	501(C)(3)	90,000.	0.			CHARITABLE PURPOSE
CATHOLIC CHARITIES OF SOUTH CAROLINA - GLOVERVILLE - PO BOX 358 - GLOVERVILLE, SC 29828	57-0314369	501(C)(3)	19,000.	0.			CHARITABLE PURPOSE
CHALLENGE PREPARATORY ACADEMY 1948 ELLIS STREET AUGUSTA, GA 30904	47-4230865	501(C)(3)	27,609.	0.			CHARITABLE PURPOSE
CHILD ENRICHMENT, INC. PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501(C)(3)	77,750.	0.			CHARITABLE PURPOSE
CHILDREN'S PLACE, INC. 310 BARNWELL AVENUE NE AIKEN, SC 29801	57-0407808	501(C)(3)	7,500.	0.			CHARITABLE PURPOSE
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA - PO BOX 2344 - AUGUSTA, GA 30903	20-5404353	501(C)(3)	90,000.	0.			CHARITABLE PURPOSE
CHRISTIAN LEARNING CENTERS OF AUGUSTA - PO BOX 931 - AUGUSTA, GA 30903	58-2644784	501(C)(3)	5,200.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE GOOD SHEPHERD 2230 WALTON WAY AUGUSTA, GA 30904	58-6010060	501(C)(3)	22,500.	0.			CHARITABLE PURPOSE
CLEMSON UNIVERSITY STUDENT FINANCIAL SERVICES, OUTSIDE SCHOLARSHIPS - CLEMSON, SC 29634	57-0426335	501(C)(3)	7,250.	0.			CHARITABLE PURPOSE
COLUMBIA COUNTY BOARD OF COMMISSIONERS - 630 RONALD REAGAN DRIVE, BUILDING B 2ND FLOOR - EVANS, GA 30809	58-6000807	501(C)(3)	7,579.	0.			CHARITABLE PURPOSE
COLUMBIA COUNTY SCHOOL DISTRICT FOUNDATION INC - 4781 HEREFORD FARM ROAD - EVANS, GA 30809	92-3613424	501(C)(3)	101,000.	0.			CHARITABLE PURPOSE
COMMUNITY FOUNDATION OF SARASOTA COUNTY - 2635 FRUITVILLE ROAD - SARASOTA, FL 34236	59-1956886	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
COMMUNITY MEDICAL CLINIC OF AIKEN COUNTY - 244 GREENVILLE ST. NW - AIKEN, SC 29801	57-1063263	501(C)(3)	19,500.	0.			CHARITABLE PURPOSE
COMMUNITY MINISTRY OF NORTH AUGUSTA - PO BOX 7152 - NORTH AUGUSTA, SC 29861-7152	57-0928055	501(C)(3)	13,053.	0.			CHARITABLE PURPOSE
CONGAREE FOUNDATION 1375 ENCLAVE PARKWAY HOUSTON, TX 77077	81-1718705	501(C)(3)	7,000.	0.			CHARITABLE PURPOSE
COOPER RIDGE INCORPORATED 2203 PLEMONS ROAD APPLING, GA 30208	84-2630394	501(C)(3)	22,800.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

Schedule I (Form 990)

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRAWFORD, MR. JAIR 3309 WESTCLIFFE COURT AUGUSTA, GA 30907			8,100.	0.			CHARITABLE PURPOSE
CREATIVE IMPRESSIONS PO BOX 15485 AUGUSTA, GA 30919	58-2336812	501(C)(3)	13,500.	0.			CHARITABLE PURPOSE
CROUCH, MS. TERESA S. 479 SUGARCREEK DRIVE GROVETOWN, GA 30813			6,525.	0.			CHARITABLE PURPOSE
CSRA ECONOMIC OPPORTUNITY AUTHORITY, INC. - 1261 GREENE STREET - AUGUSTA, GA 30901	58-0975667	501(C)(3)	249,000.	0.			CHARITABLE PURPOSE
CSRA REGIONAL EDUCATION SERVICE AGENCY - 4683 AUGUSTA HIGHWAY SE - DEARING, GA 30808	58-1138620	501(C)(3)	80,000.	0.			CHARITABLE PURPOSE
CULPEPPER LUMBER COMPANY INC. PO BOX 1016 THOMSON, GA 30824			7,504.	0.			CHARITABLE PURPOSE
DEL SILENCIO A LA LIBERTAD, INC. 126 W. WIEUCA ROAD NE ATLANTA, GA 30342	92-2744588	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
DOWNTOWN COOPERATIVE CHURCH MINISTRIES, INC. - PO BOX 2482 - AUGUSTA, GA 30903	58-1352351	501(C)(3)	13,625.	0.			CHARITABLE PURPOSE
DREAM VIEW LANDSCAPE & MAINTENANCE, LLC - 237 MIMS ROAD - NORTH AUGUSTA, SC 29860	85-2718027		9,533.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAB PO BOX 603519 CHARLOTTE, NC 28260	82-2931750		458,539.	0.			CHARITABLE PURPOSE
EASTER SEALS EAST GEORGIA 1930 B HIGHLAND AVENUE AUGUSTA, GA 30904	58-1918315	501(C)(3)	15,500.	0.			CHARITABLE PURPOSE
EDGEFIELD COUNTY CHURCHES HELPING OTHERS (ECCHO) - 300 GRAY STREET - EDGEFIELD, SC 29824	30-0028007	501(C)(3)	12,000.	0.			CHARITABLE PURPOSE
EDGEFIELD COUNTY YOUTH EMPOWERMENT CENTER - PO BOX 224 - JOHNSTON, SC 29832	68-0655851	501(C)(3)	65,000.	0.			CHARITABLE PURPOSE
ELEVATE AUGUSTA 3712 PEBBLE BEACH DRIVE AUGUSTA, GA 30907	99-0637794	501(C)(3)	11,000.	0.			CHARITABLE PURPOSE
ELEVATE USA 18475 W COLFAX AVENUE GOLDEN, CO 80401	46-3637392	501(C)(3)	11,111.	0.			CHARITABLE PURPOSE
EPISCOPAL DAY SCHOOL 2248 WALTON WAY AUGUSTA, GA 30904	58-0566215	501(C)(3)	113,250.	0.			CHARITABLE PURPOSE
FAMILY CONNECTION OF COLUMBIA COUNTY, INC. - 5915 EUCHEE CREEK DRIVE - GROVETOWN, GA 30813	58-2658852	501(C)(3)	155,000.	0.			CHARITABLE PURPOSE
FAMILY COUNSELING CENTER OF THE CSRA - 1120 MARKS CHURCH RD. - AUGUSTA, GA 30909	58-1388519	501(C)(3)	15,000.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

**58-2184345**

Page 1

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

<b>Part II</b>	<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of noncash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
	FAMILY PROMISE OF AUGUSTA 4211 WHEELER RD MARTINEZ, GA 30907	58-2279801	501(C)(3)	43,600.	0.			CHARITABLE PURPOSE
	FAMILY YMCA OF GREATER AUGUSTA 1058 CLAUSSEN ROAD AUGUSTA, GA 30907	58-0566254	501(C)(3)	95,645.	0.			CHARITABLE PURPOSE
	FIGHTING TO WIN, INC. DBA DAY ONE FITNESS - 257 BEECH ISLAND AVENUE - BEECH ISLAND, SC 29842	47-5315340	501(C)(3)	20,700.	0.			CHARITABLE PURPOSE
	FIRESIDE MINISTRIES AND INDUSTRIES, INC. - PO BOX 2525 - AUGUSTA, GA 30903	84-1724041	501(C)(3)	45,000.	0.			CHARITABLE PURPOSE
	FIRST BAPTIST CHURCH OF AUGUSTA 3500 WALTON WAY AUGUSTA, GA 30909	58-0644905	501(C)(3)	31,600.	0.			CHARITABLE PURPOSE
	FIRST PRESBYTERIAN CHURCH OF ORLANDO - FINANCE TEAM - ORLANDO, FL 32801	59-0624394	501(C)(3)	26,000.	0.			CHARITABLE PURPOSE
	FISHER HOUSE 1 FREEDOM WAY AUGUSTA, GA 30904	11-3158401	501(C)(3)	14,178.	0.			CHARITABLE PURPOSE
	FORE! AUGUSTA FOUNDATION INC. DBA FIRST TEE - AUGUSTA - 3165 DAMASCUS ROAD - AUGUSTA, GA 30909	58-2415361	501(C)(3)	150,000.	0.			CHARITABLE PURPOSE
	FOUNDATION OF WESLEY WOODS, INC 1817 CLIFTON ROAD NE ATLANTA, GA 30329	58-1543164	501(C)(3)	19,500.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE ANIMAL SHELTER, INC. - PO BOX 2207 - AITKEN, SC 29802	27-0609272	501(C)(3)	5,500.	0.			CHARITABLE PURPOSE
GAMECHANGERS FOUNDATION 175 SWEETWATER ROAD NORTH AUGUSTA, GA 29860	83-3079351	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
GAP MINISTRIES OF AUGUSTA, INC. PO BOX 901 AUGUSTA, GA 30903	27-1485039	501(C)(3)	49,650.	0.			CHARITABLE PURPOSE
GEHL STUDIO INC 1211 FOLSOM STREET, 4TH FLOOR SAN FRANCISCO, CA 94103	46-4779787		302,500.	0.			CHARITABLE PURPOSE
GEORGIA JUSTICE PROJECT 438 EDGEWOOD AVENUE SE ATLANTA, GA 30312	58-1917659	501(C)(3)	16,500.	0.			CHARITABLE PURPOSE
GEORGIA SOUTHERN UNIVERSITY PO BOX 8065 STATESBORO, GA 30460-8024	58-6034031	501(C)(3)	5,500.	0.			CHARITABLE PURPOSE
GEORGIA-CAROLINA COUNCIL BOY SCOUTS OF AMERICA - 4316 THREE J ROAD - EVANS, GA 30809	58-0566185	501(C)(3)	27,000.	0.			CHARITABLE PURPOSE
GOLDEN HARVEST FOOD BANK, INC. 3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501(C)(3)	657,871.	0.			CHARITABLE PURPOSE
GOOD NEIGHBOR MINISTRIES, INC. 309 CRANFORD AVENUE AUGUSTA, GA 30904	26-2808280	501(C)(3)	11,500.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT OAK EQUINE ASSISTED PROGRAM PO BOX 1288 AIKEN, SC 29802	57-1049733	501(C)(3)	27,500.	0.			CHARITABLE PURPOSE
HARRISBURG FAMILY HEALTH CARE, INC. - 631 CHAFEE AVENUE - AUGUSTA, GA 30904	26-4366421	501(C)(3)	183,391.	0.			CHARITABLE PURPOSE
HISTORIC AUGUSTA, INC. PO BOX 37 AUGUSTA, GA 30903	58-6072126	501(C)(3)	27,433.	0.			CHARITABLE PURPOSE
HOME BUILDERS OF GREATER AIKEN-AUGUSTA REGION, INC - PO BOX 211685 - AUGUSTA, GA 30917	58-6066394	501(C)(6)	31,000.	0.			CHARITABLE PURPOSE
HOPE HOUSE, INC. PO BOX 3597 AUGUSTA, GA 30914	58-2074040	501(C)(3)	52,100.	0.			CHARITABLE PURPOSE
HUB FOR COMMUNITY INNOVATION, INC. 631 CHAFEE AVENUE AUGUSTA, GA 30904	88-3240858	501(C)(3)	761,043.	0.			CHARITABLE PURPOSE
IMMACULATE CONCEPTION CATHOLIC SCHOOL - 811 TELFAIR STREET - AUGUSTA, GA 30901	58-0566196	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
IMPERIAL COMMUNITY THEATRE, INC. 749 BROAD STREET AUGUSTA, GA 30901	58-1950583	501(C)(3)	11,000.	0.			CHARITABLE PURPOSE
JACOBS LAND MANAGEMENT 733 SCOTT NIXON MEMORIAL DRIVE AUGUSTA, GA 30907	20-8198938		9,820.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA, INC.**

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAMES HENRY SWEAT FOUNDATION 3774 BURNS ROAD APPLING, GA 30802	83-1916578	501(C)(3)	19,234.	0.			CHARITABLE PURPOSE
JUNIOR ACHIEVEMENT OF GEORGIA, INC. - 275 NORTHSIDE DRIVE NW, - ATLANTA, GA 30314	58-0598050	501(C)(3)	47,500.	0.			CHARITABLE PURPOSE
KELLEY APPLIANCE CENTER, INC 191 BASTON ROAD MARTINEZ, GA 30907			16,830.	0.			CHARITABLE PURPOSE
KIDS CANCER CAST COMPANY 1356 N. DECATUR ROAD ATLANTA, GA 30306	99-0882516	501(C)(3)	50,000.	0.			CHARITABLE PURPOSE
KIDS RESTART, INC. 1751 BROAD ST. AUGUSTA, GA 30904	58-2423659	501(C)(3)	71,500.	0.			CHARITABLE PURPOSE
KINGSMILL, MS. ALTHEA GILBERT 1238 BELMONT DRIVE AUGUSTA, GA 30909			30,000.	0.			CHARITABLE PURPOSE
KIOKEE BAPTIST CHURCH PO BOX 430 APPLING, GA 30802	58-1215613	501(C)(3)	25,300.	0.			CHARITABLE PURPOSE
KROHU, INC. 1242 BROAD STREET AUGUSTA, GA 30901	01-0964118		10,407.	0.			CHARITABLE PURPOSE
LE CHAT NOIR 304 EIGHTH STREET AUGUSTA, GA 30901	75-3256985	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)



**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

**58-2184345**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY PO BOX 22324 NEW YORK, NY 10087-2324	13-5644916	501(C)(3)	130,300.	0.			CHARITABLE PURPOSE
LIBERTY UNIVERSITY STUDENT ACCOUNTS OFFICE LYNCHBURG, VA 24506	54-0946734	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
LIONS VISION SERVICES 234-C OUTLET POINTE BOULEVARD COLUMBIA, SC 29210	23-7105526	501(C)(3)	15,000.	0.			CHARITABLE PURPOSE
LIVING IN PURPOSE 5001 GATEWAY BLVD. GROVETOWN, GA 30813	27-1425229	501(C)(3)	21,000.	0.			CHARITABLE PURPOSE
LUTHERAN CHURCH OF THE RESURRECTION - 825 GREENE STREET - AUGUSTA, GA 30901	58-0593396	501(C)(3)	16,000.	0.			CHARITABLE PURPOSE
MACH ACADEMY, INC. 1850 CHESTER AVENUE AUGUSTA, GA 30906	58-2013645	501(C)(3)	16,000.	0.			CHARITABLE PURPOSE
MAKE A WISH FOUNDATION GEORGIA 1775 THE EXCHANGE SE ATLANTA, GA 30339	58-2146828	501(C)(3)	21,500.	0.			CHARITABLE PURPOSE
MC CONSTRUCTION SERVICES INC. 5400 BURKS MOUNTAIN ROAD APPLING, GA 30892	45-5208611		10,757.	0.			CHARITABLE PURPOSE
MCDUFFIE CARE, INC. (MANNA) PO BOX 295 THOMSON, GA 30824	58-1867047	501(C)(3)	19,625.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL COLLEGE OF GEORGIA FOUNDATION INC. - 720 ST. SEBASTIAN WAY - AUGUSTA, GA 30901	58-0706796	501(C)(3)	1,311,724.	0.			CHARITABLE PURPOSE
MIRACLE MAKING MINISTRIES, INC. 1127 DRUID PARK AVENUE AUGUSTA, GA 30904	58-2358627	501(C)(3)	19,900.	0.			CHARITABLE PURPOSE
MISSION NEXTGEN INC 3361 RAVENWOOD DR AUGUSTA, GA 30907	88-3887993	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
MODOC VOLUNTEER FIRE DEPARTMENT PO BOX 6 MODOC, SC 29838	57-0702919	501(C)(3)	6,000.	0.			CHARITABLE PURPOSE
MORRIS MUSEUM OF ART ONE 10TH STREET AUGUSTA, GA 30901	58-6189260	501(C)(3)	18,250.	0.			CHARITABLE PURPOSE
MURPHY-HARPEST CHILDREN'S CENTERS INC. - 740 FLETCHER STREET - CEDARTOWN, GA 30125	58-1543388	501(C)(3)	17,000.	0.			CHARITABLE PURPOSE
NEW BETHLEHEM COMMUNITY CENTER, INC. - 1336 CONKLIN AVENUE - AUGUSTA, GA 30901	20-0479897	501(C)(3)	17,000.	0.			CHARITABLE PURPOSE
NEW COVENANT PRESBYTERIAN CHURCH 526 HITCHCOCK PARKWAY AIKEN, SC 29801	57-0765929	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
NEW THOMSON UNITED METHODIST CHURCH - 218 JACKSON STREET - THOMSON, GA 30824	93-4734722	501(C)(3)	25,000.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

**58-2184345**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH AUGUSTA FORWARD PO BOX 6067 NORTH AUGUSTA, SC 29861	57-1086318	501(C)(3)	365,000.	0.			CHARITABLE PURPOSE
OAKS MINISTRIES, INC. PO BOX 2341 AUGUSTA, GA 30901	92-0747918	501(C)(3)	20,200.	0.			CHARITABLE PURPOSE
OLD DOMINION UNIVERSITY ATTN: ACCOUNTS RECEIVABLE NORFOLK, VA 23501	54-6000884	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
PAINE COLLEGE 1235 FIFTEENTH STREET AUGUSTA, GA 30901	23-7434499	501(C)(3)	8,000.	0.			CHARITABLE PURPOSE
PHILANTHROPY SOUTHEAST 100 PEACHTREE STREET, SUITE 2080 ATLANTA, GA 30303	56-0995114	501(C)(3)	5,100.	0.			CHARITABLE PURPOSE
PHINIZY CENTER FOR WATER SCIENCES 1858 LOCK AND DAM ROAD AUGUSTA, GA 30906	58-2247999	501(C)(3)	23,050.	0.			CHARITABLE PURPOSE
PHOENIX PRINTING 601 11TH STREET AUGUSTA, GA 30901	58-1249024		15,664.	0.			CHARITABLE PURPOSE
PIEDMONT AUGUSTA FOUNDATION 2260 WRIGHTSBORO ROAD AUGUSTA, GA 30904	58-1343550	501(C)(3)	20,000.	0.			CHARITABLE PURPOSE
PREGNANT CHOICES 4325 WASHINGTON RD. EVANS, GA 30809	47-5449130	501(C)(3)	27,000.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

58 - 2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENT BLINDNESS GEORGIA 270 CARPENTER DRIVE, STE 606 SANDY SPRINGS, GA 30328	58-6050305	501(C)(3)	15,000.	0.			CHARITABLE PURPOSE
PROJECT REFRESH INC. 803 CARRIAGE COURT AUGUSTA, GA 30909	85-2306323	501(C)(3)	6,200.	0.			CHARITABLE PURPOSE
PROS FORT CLOTHES FOUNDATION INC 404 WEST 5TH AVENUE CONSHOHOCKEN, PA 19428	27-1149476	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
REID MEMORIAL PRESBYTERIAN CHURCH 2261 WALTON WAY AUGUSTA, GA 30904	58-0615169	501(C)(3)	69,000.	0.			CHARITABLE PURPOSE
RENFORT 246 ROBERT C DANIEL JR PKWY, #1061 AUGUSTA, GA 30908	84-4701572	501(C)(3)	16,000.	0.			CHARITABLE PURPOSE
RESTART AUGUSTA INC. PO BOX 370 AUGUSTA, GA 30903	46-5201370	501(C)(3)	15,100.	0.			CHARITABLE PURPOSE
RICHMOND COUNTY SCHOOL SYSTEM 864 BROAD STREET AUGUSTA, GA 30901	58-6000310	501(C)(3)	246,000.	0.			CHARITABLE PURPOSE
RISE AUGUSTA POST OFFICE BOX 1604 AUGUSTA, GA 30903	58-2246930	501(C)(3)	268,726.	0.			CHARITABLE PURPOSE
RONALD McDONALD HOUSE CHARITIES OF AUGUSTA - 1442 HARPER STREET - AUGUSTA, GA 30901	58-1509465	501(C)(3)	31,100.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

**58-2184345**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HOMES OF AUGUSTA INC. PO BOX 3187 AUGUSTA, GA 30914	58-1708717	501(C)(3)	227,300.	0.			CHARITABLE PURPOSE
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	27,250.	0.			CHARITABLE PURPOSE
SAVANNAH RIVER ACADEMY 213 SOUTH BELAIR ROAD GROVETOWN, GA 30813	82-3287890	501(C)(3)	13,600.	0.			CHARITABLE PURPOSE
SAVANNAH RIVERKEEPER PO BOX 60 AUGUSTA, GA 30903	58-2630660	501(C)(3)	5,500.	0.			CHARITABLE PURPOSE
SOMETHING FOR ALEX 603 BEECHWOOD DR. THOMSON, GA 30824	58-2184345	501(C)(3)	5,800.	0.			CHARITABLE PURPOSE
SPRINGWOOD NURSERIES, INC 4545 COX ROAD EVANS, GA 30809			189,000.	0.			CHARITABLE PURPOSE
ST. JOHN UNITED METHODIST CHURCH PO BOX 444 AUGUSTA, GA 30903	58-0670004	501(C)(3)	16,500.	0.			CHARITABLE PURPOSE
ST. MARY HELP OF CHRISTIANS 203 PARK AVENUE SE AIKEN, SC 29801	57-6020955	501(C)(3)	26,500.	0.			CHARITABLE PURPOSE
ST. PAUL'S CHURCH 605 REYNOLDS STREET AUGUSTA, GA 30901	58-0684092	501(C)(3)	138,500.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. STEPHENS EPISCOPAL CHURCH PO BOX 26 RIDGEWAY, SC 29130	57-0770543	501(C)(3)	27,600.	0.			CHARITABLE PURPOSE
ST. VINCENT DE PAUL SOCIETY GEORGIA - 1326 WASHINGTON ROAD - THOMSON, GA 30824	58-0967972	501(C)(3)	30,000.	0.			CHARITABLE PURPOSE
STOKER, MR. DACRE C. 331 KERSHAW STREET SE AIKEN, SC 29801			40,687.	0.			CHARITABLE PURPOSE
SUCCESSTEAM P.O. BOX 86 MONTMORENCI, SC 29839	82-1831059	501(C)(3)	15,000.	0.			CHARITABLE PURPOSE
THAT'S WHAT FRIENDS ARE FOR, INC. 1707 HARROGATE PLACE AUGUSTA, GA 30906	26-2223839	501(C)(3)	18,500.	0.			CHARITABLE PURPOSE
THE AUGUSTA PLAYERS 1301 GREENE ST. SUITE 304 AUGUSTA, GA 30901	58-0535036	501(C)(3)	42,750.	0.			CHARITABLE PURPOSE
THE CENTER FOR NEW BEGINNINGS 727 W 6TH STREET WAYNESBORO, GA 30830	51-0533883	501(C)(3)	30,500.	0.			CHARITABLE PURPOSE
THE CHILD ADVOCACY CENTER OF AIKEN COUNTY - 4231 TROLLEY LINE ROAD - AIKEN, SC 29801	20-1565539	501(C)(3)	5,500.	0.			CHARITABLE PURPOSE
THE CITY OF AUGUSTA 535 TELFAIR STREET AUGUSTA, GA 30901		501(C)(3)	391,000.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA, INC.**

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE EMPTY STOCKING FUND 693 HUMPHRIES STREET SW ATLANTA, GA 30319	23-7159125	501(C)(3)	55,000.	0.			CHARITABLE PURPOSE
THE HALE FOUNDATION, INC. 402 WALKER STREET AUGUSTA, GA 30901	58-1947946	501(C)(3)	46,175.	0.			CHARITABLE PURPOSE
THE JAMES BROWN FAMILY FOUNDATION, INC. - PO BOX 635 - AUGUSTA, GA 30903	26-0785728	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
THE JESSYE NORMAN SCHOOL OF THE ARTS, INC. - 739 GREENE STREET - AUGUSTA, GA 30901	31-1776667	501(C)(3)	27,000.	0.			CHARITABLE PURPOSE
THE JO-NATHAN FOUNDATION PO BOX 611 EDGEFIELD, SC 29824	45-2592941	501(C)(3)	14,500.	0.			CHARITABLE PURPOSE
THE REICING CREW 516 GEORGIA AVENUE NORTH AUGUSTA, SC 29841	26-2858759	501(C)(3)	35,500.	0.			CHARITABLE PURPOSE
THE SALVATION ARMY - SOUTHERN TERRITORY - 1833 BROAD STREET - AUGUSTA, GA 30904	58-0660607	501(C)(3)	383,098.	0.			CHARITABLE PURPOSE
THE SENIOR CITIZENS COUNCIL OF GREATER AUGUSTA AND THE CSRA, GEORGIA, INC. - 525 ELLIS STREET - AUGUSTA, GA 30901	58-1519107	501(C)(3)	8,500.	0.			CHARITABLE PURPOSE
THOMAS JEFFERSON ACADEMY INC 2264 US HIGHWAY 1 N LOUISVILLE, GA 30434	58-1083257	501(C)(3)	100,000.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

**58-2184345**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY ON THE HILL 1330 MONTE SANTO AVENUE AUGUSTA, GA 30904	45-3459828	501(C)(3)	30,000.	0.			CHARITABLE PURPOSE
TRUENORTH CHURCH 1297 W MARTINTOWN RD NORTH AUGUSTA, SC 29841	04-3785857	501(C)(3)	5,600.	0.			CHARITABLE PURPOSE
TUTTLE-NEWTON HOME INC. 2196 CENTRAL AVENUE AUGUSTA, GA 30904	58-0566249	501(C)(3)	8,500.	0.			CHARITABLE PURPOSE
UNITED WAY OF AIKEN COUNTY, INC. P.O. BOX 699 AIKEN, SC 29802	57-0360086	501(C)(3)	150,000.	0.			CHARITABLE PURPOSE
UNITED WAY OF THE CENTRAL SAVANNAH RIVER AREA - 1765 BROAD STREET - AUGUSTA, GA 30904	58-0566155	501(C)(3)	371,178.	0.			CHARITABLE PURPOSE
UNIVERSITY OF GEORGIA OFFICE OF STUDENT FINANCIAL AID ATHENS, GA 30602-6114	26-6593571	501(C)(3)	6,250.	0.			CHARITABLE PURPOSE
UNIVERSITY OF SOUTH CAROLINA AIKEN 471 UNIVERSITY PARKWAY AIKEN, SC 29801	57-6017985	501(C)(3)	23,000.	0.			CHARITABLE PURPOSE
UNIVERSITY OF SOUTH CAROLINA 471 UNIVERSITY PARKWAY AIKEN, SC 29801	57-6001153	501(C)(3)	18,202.	0.			CHARITABLE PURPOSE
URBAN INSTITUTE 500 L'ENFANT PLZ SW WASHINGTON, DC 20024	52-0880375	501(C)(3)	25,000.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)



**THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.**

58-2184345

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS K9 SOLUTIONS, INC. PO BOX 2895 EVANS, GA 30809	46-2304081	501(C)(3)	51,500.	0.			CHARITABLE PURPOSE
VIA COGNITIVE HEALTH, INC. 105 LUTHERAN DRIVE AUGUSTA, GA 30907	58-1641777	501(C)(3)	307,300.	0.			CHARITABLE PURPOSE
VITALI MUSICIANS LLC 6756 BRIDLEWOOD COURT BOCA RATON, FL 33433	92-1728258		5,900.	0.			CHARITABLE PURPOSE
WARREN BAPTIST CHURCH 3203 WASHINGTON ROAD AUGUSTA, GA 30907	58-0659897	501(C)(3)	102,000.	0.			CHARITABLE PURPOSE
WESLEY UNITED METHODIST CHURCH 825 N BELAIR ROAD EVANS, GA 30809	58-1868017	501(C)(3)	12,950.	0.			CHARITABLE PURPOSE
WEST POINT ASSOCIATION OF GRADUATES - ATTN: GIFT OPERATIONS - WEST POINT, NY 10996	14-1260763	501(C)(3)	10,000.	0.			CHARITABLE PURPOSE
WESTABOU MONTESSORI SCHOOL, INC. 309 CRAWFORD AVENUE AUGUSTA, GA 30904	81-1026624	501(C)(3)	46,000.	0.			CHARITABLE PURPOSE
WESTMINSTER SCHOOLS OF AUGUSTA 3067 WHEELER ROAD AUGUSTA, GA 30909	58-1139804	501(C)(3)	55,000.	0.			CHARITABLE PURPOSE
WOMEN IN UNITY 3 PECAN PARK EDGEFIELD SC 29824 EDGEFIELD, SC 29824	54-2063955	501(C)(3)	80,000.	0.			CHARITABLE PURPOSE

Schedule I (Form 990)

## 58-2184345

Page 1

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
--	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	----

[illegible]

## 58-2184345

---

[illegible]

.....

\_\_\_\_\_

SCHEDULE J  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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 Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,

Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) (Rev. 12-2024)

## Page 2

[illegible]

Part III Supplemental Information

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

Area with horizontal lines for supplemental information.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	73	16,879,949	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

## Supplemental Information.

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



SCHEDULE O  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

THE COMMUNITY FOUNDATION FOR THE CENTRAL  
SAVANNAH RIVER AREA, INC.

Employer identification number  
58-2184345

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
COMMUNITY AROUND ISSUES THAT MATTER TO US ALL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
SCHOLARSHIPS. OTHER LOCAL GRANT MAKING FUNDS, SUCH AS WOMEN IN  
PHILANTHROPY, MARY WARREN FUND AND THE ST. JOSEPH FOUNDATION, WORK WITH  
OUR TEAM TO AWARD FUNDS THROUGH A COMPETITIVE GRANT PROCESS. ALL OF  
THESE PROGRAMS HAVE A RIGOROUS REVIEW PROCESS AND TRACK THE OUTCOMES  
AND IMPACT OF THEIR GRANTMAKING EACH YEAR AND EACH HAVE MADE A  
MEASURABLE, POSITIVE IMPACT ON THE CSRA.

WE PARTNER WITH MANY OF OUR LOCAL NONPROFITS BY MANAGING THEIR  
ENDOWMENT ASSETS.

FORM 990, PART VI, SECTION A, LINE 2:  
BRAYE C. BOARDMAN AND CLAYTON P. BOARDMAN III HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:  
THE FORM 990 IS REVIEWED BY THE PRESIDENT, CEO, VICE PRESIDENT OF FINANCE  
AND THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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.

FORM 990, PART VI, SECTION B, LINE 15:  
IT IS THE RESPONSIBILITY OF THE EXECUTIVE COMMITTEE TO REVIEW STAFF  
SALARIES DURING THE ANNUAL BUDGET PREPARATION PROCESS BEGINNING THE NEXT  
CALENDAR YEAR.

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.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**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.

[illegible]

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
CSRA FOUNDATION PROPERTY HOLDINGS INC - 58-2446343, P. O. BOX 31358, AUGUSTA, GA 30903	TO HOLD PROPERTIES GIFTED TO THE CFCSPA	GEORGIA	501(C)(3)	LINE 12A, I	THE COMMUNITY FOUNDATION FOR THE CSRA	X	
HUB AUGUSTA COLLABORATIVE INC - 87-1694356 631 CHAFEE AVENUE AUGUSTA, GA 30904	SEE SCHEDULE R SUPPLEMENTAL EXPLANATIONS	GEORGIA	501(C)(3)	LINE 12A, I	THE COMMUNITY FOUNDATION FOR THE CSRA	X	
HUB FOR COMMUNITY INNOVATION INC - 88-3240858, 631 CHAFEE AVENUE, AUGUSTA, GA 30904	SEE SCHEDULE R SUPPLEMENTAL EXPLANATIONS	GEORGIA	501(C)(3)	LINE 12A, I	THE COMMUNITY FOUNDATION FOR THE CSRA	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) (Rev. 1-2025)

**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.

[illegible][illegible][illegible]

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

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

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

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

1a

Yes

No

b

Gift, grant, or capital contribution to related organization(s)

1b

X

c

Gift, grant, or capital contribution from related organization(s)

1c

X

d

Loans or loan guarantees to or for related organization(s)

1d

X

e

Loans or loan guarantees by related organization(s)

1e

X

f

Dividends from related organization(s)

1f

X

g

Sale of assets to related organization(s)

1g

X

h

Purchase of assets from related organization(s)

1h

X

i

Exchange of assets with related organization(s)

1i

X

j

Lease of facilities, equipment, or other assets to related organization(s)

1j

X

k

Lease of facilities, equipment, or other assets from related organization(s)

1k

X

l

Performance of services or membership or fundraising solicitations for related organization(s)

1l

X

m

Performance of services or membership or fundraising solicitations by related organization(s)

1m

X

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

X

o

Sharing of paid employees with related organization(s)

1o

X

p

Reimbursement paid to related organization(s) for expenses

1p

X

q

Reimbursement paid by related organization(s) for expenses

1q

X

r

Other transfer of cash or property to related organization(s)

1r

X

s

Other transfer of cash or property from related organization(s)

1s

X

**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)	HUB FOR COMMUNITY INNOVATION INC	B	761,043.	AUDITED FS
(2)				
(3)				
(4)				
(5)				
(6)				

44

al assets or gross rev

100

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

CSRA FOUNDATION PROPERTY HOLDINGS INC

EIN: 58-2446343

P. O. BOX 31358

AUGUSTA, GA 30903

PRIMARY ACTIVITY: TO HOLD PROPERTIES GIFTED TO THE CFCSRA

DIRECT CONTROLLING ENTITY: THE COMMUNITY FOUNDATION FOR THE CSRA

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HUB AUGUSTA COLLABORATIVE INC

EIN: 87-1694356

631 CHAFEE AVENUE

AUGUSTA, GA 30904

PRIMARY ACTIVITY: SEE SCHEDULE R SUPPLEMENTAL EXPLANATIONS

DIRECT CONTROLLING ENTITY: THE COMMUNITY FOUNDATION FOR THE CSRA

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HUB FOR COMMUNITY INNOVATION INC

EIN: 88-3240858

631 CHAFEE AVENUE

AUGUSTA, GA 30904

PRIMARY ACTIVITY: SEE SCHEDULE R SUPPLEMENTAL EXPLANATIONS

DIRECT CONTROLLING ENTITY: THE COMMUNITY FOUNDATION FOR THE CSRA

SCH R, PART II, LINE 2 AND 3

TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF THE

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH AREA, INC., BOYS & GIRLS  
CLUBS OF GREATER AUGUSTA, INC. AND MEDICAL COLLEGE OF GEORGIA  
FOUNDATION, INC.