

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COASTAL COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 635 RUTLEDGE AVENUE 201 City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, SC 29403-4464 F Name and address of principal officer: DARRIN GOSS 635 RUTLEDGE AVENUE, CHARLESTON, SC 29403	D Employer identification number 23-7390313 E Telephone number 843-723-3635 G Gross receipts \$ 68,533,661. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.COASTALCOMMUNITYFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1974 M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COASTAL COMMUNITY FOUNDATION IS A PUBLIC FOUNDATION WORKING TO ADDRESS THE (CONINUATION ON SCH O) 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 23 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 38 6 Total number of volunteers (estimate if necessary) 6 77 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b -207,586.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">19,383,797.</td> <td style="text-align: right;">24,939,290.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">304,073.</td> <td style="text-align: right;">375,180.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">21,134,226.</td> <td style="text-align: right;">5,344,606.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">196,199.</td> <td style="text-align: right;">293,875.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">41,018,295.</td> <td style="text-align: right;">30,952,951.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	19,383,797.	24,939,290.	9 Program service revenue (Part VIII, line 2g)	304,073.	375,180.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,134,226.	5,344,606.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	196,199.	293,875.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,018,295.	30,952,951.						
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Part II Signature Block

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

Sign Here	Signature of officer DARRIN GOSS, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MELONIE HAMMOND-TRACE, CP	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00497186
	Firm's name ▶ ELLIOTT DAVIS DECOSIMO, LLC / PLLC Firm's address ▶ 100 CALHOUN STREET, SUITE 300 CHARLESTON, SC 29401	Firm's EIN ▶ 57-0381582 Phone no. 843-577-7040

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: COASTAL COMMUNITY FOUNDATION IS A PUBLIC GRANT MAKING FOUNDATION FOSTERING PHILANTHROPY FOR THE LASTING GOOD OF THE COMMUNITY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,615,311. including grants of \$ 3,345,296.) (Revenue \$) RELIGION AND OTHER PHILANTHROPY- DISPURSED 266 GRANTS IN SUPPORT OF RELIGIOUS AND OTHER PHILANTHROPY EFFORTS.

4b (Code:) (Expenses \$ 3,081,772. including grants of \$ 2,851,606.) (Revenue \$) HUMAN SERVICES, HEALTH AND SOCIAL JUSTICE - DISPURSED 667 GRANTS TO YOUTH, HEALTH, SENIOR AND SOCIAL JUSTICE PROGRAMS

4c (Code:) (Expenses \$ 4,655,468. including grants of \$ 4,307,768.) (Revenue \$) ENVIRONMENTAL, HISTORIC, ARTS, PUBLIC & CIVIC- DISPURSED 463 GRANTS TO ORGANIZATIONS IN SUPPORT OF ARTISTIC, CIVIC, ENVIRONMENTAL, HISTORIC PRESERVATION EFFORTS, AND NEIGHBORHOOD AND COMMUNITY DEVELOPMENT

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,810,715. including grants of \$ 2,600,793.) (Revenue \$)

4e Total program service expenses 14,163,266.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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 in Schedule O how this was done	X	
12c		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 in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **BRIAN HUSSAIN - 843-723-3635**
635 RUTLEGE AVENUE, CHARLESTON, SC 29403

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID JENSEN CHAIRMAN	4.00	X		X				0.	0.	0.
(2) C MICHAEL BRANHAM VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(3) PAUL KOHLHEIM TREASURER	1.00	X		X				0.	0.	0.
(4) J. ELIZABETH BRADHAM DIRECTOR	1.00	X						0.	0.	0.
(5) TODD ABEDON DIRECTOR	1.00	X						0.	0.	0.
(6) STEVEN E. GOLDBERG DIRECTOR	1.00	X						0.	0.	0.
(7) PAUL K. HOOKER, JR. DIRECTOR	1.00	X						0.	0.	0.
(8) CHRIS VOLF DIRECTOR	1.00	X						0.	0.	0.
(9) SCOTT PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(10) AMY ARMSTRONG DIRECTOR	1.00	X						0.	0.	0.
(11) JAMES MARKS DIRECTOR	1.00	X						0.	0.	0.
(12) ANITA ZUCKER DIRECTOR	1.00	X						0.	0.	0.
(13) BONNIE A KAPP DIRECTOR	1.00	X						0.	0.	0.
(14) GORDON GRANGER DIRECTOR	1.00	X						0.	0.	0.
(15) D CABELL GILLEY DIRECTOR	1.00	X						0.	0.	0.
(16) RACHEL HUTCHINSON DIRECTOR	1.00	X						0.	0.	0.
(17) WILLIAM STANFIELD DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM MEDICH DIRECTOR	1.00	X					0.	0.	0.	
(19) TERRY STINSON DIRECTOR	1.00	X					0.	0.	0.	
(20) LAWTON SMITH DIRECTOR	1.00	X					0.	0.	0.	
(21) LINDA PLUNKETT DIRECTOR	1.00	X					0.	0.	0.	
(22) LIBBY STEADMAN DIRECTOR	1.00	X					0.	0.	0.	
(23) RAY SMITH TREASURER	1.00	X		X			0.	0.	0.	
(24) BRIAN HUSSAIN VP OF FINANCE	50.00			X			125,438.	0.	10,823.	
(25) GEORGE STEVENS PRESIDENT	50.00			X			44,937.	0.	5,745.	
1b Sub-total							170,375.	0.	16,568.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							170,375.	0.	16,568.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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
FUND EVALUATION GROUP 201 EAST FIFTH ST, CINCINNATI, OH 45202	INVESTMENT CONSULTANT	148,115.

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**

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 13,714.				
	b Membership dues	1b				
	c Fundraising events	1c 369,571.				
	d Related organizations	1d 102,948.				
	e Government grants (contributions)	1e 14,527.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 24,438,530.				
	g Noncash contributions included in lines 1a-1f: \$	8,654,850.				
	h Total. Add lines 1a-1f	▶ 24,939,290.				
	Program Service Revenue	2 a MANAGEMENT FEE INCOME	Business Code 561000	366,394.	366,394.	
b INTEREST INCOME		522292	8,786.	8,786.		
c						
d						
e						
f All other program service revenue		900099				
g Total. Add lines 2a-2f		▶ 375,180.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶ 2,339,704.			2,339,704.
	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)	▶ 3,004,902.			3,004,902.	
	8 a Gross income from fundraising events (not including \$ 369,571. of contributions reported on line 1c). See Part IV, line 18	a 549,479.				
		b Less: direct expenses	b 255,604.			
c Net income or (loss) from fundraising events		▶ 293,875.			293,875.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	30,952,951.	375,180.	0.	5,638,481.	

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	12,752,330.	12,752,330.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	353,133.	353,133.		
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	313,073.	55,951.	204,504.	52,618.
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	733,209.	290,244.	330,316.	112,649.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,398.	14,012.	15,947.	5,439.
9 Other employee benefits	98,583.	38,505.	43,821.	16,257.
10 Payroll taxes	76,586.	29,982.	34,121.	12,483.
11 Fees for services (non-employees):				
a Management				
b Legal	14,980.		855.	14,125.
c Accounting	41,940.		41,940.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	94,722.		94,722.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	27,487.	2,721.	7,619.	17,147.
13 Office expenses	64,171.	27,395.	32,801.	3,975.
14 Information technology	88,627.	29,325.	45,303.	13,999.
15 Royalties				
16 Occupancy	110,776.	36,654.	56,625.	17,497.
17 Travel	19,544.	8,795.	5,472.	5,277.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	67,896.	16,089.	19,669.	32,138.
20 Interest	351.	116.	179.	56.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,606.	15,421.	23,823.	7,362.
23 Insurance	71,306.	23,594.	36,449.	11,263.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	460,640.	460,640.		
b CONTINGENCY/SEARCH EXPE	67,120.		65,620.	1,500.
c DUES & SUBSCRIPTIONS	25,262.	8,359.	12,913.	3,990.
d CONSULTING FEES	18,750.		18,750.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,582,490.	14,163,266.	1,091,449.	327,775.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,786,972.	1	2,632,295.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,045.	9	3,293.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,063,677.		
	b Less: accumulated depreciation	10b 399,989.	216,623.	10c 663,688.
	11 Investments - publicly traded securities	145,289,019.	11	156,693,019.
	12 Investments - other securities. See Part IV, line 11	46,137,266.	12	64,426,568.
	13 Investments - program-related. See Part IV, line 11	1,806,161.	13	309,250.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,543,384.	15	4,482.
16 Total assets. Add lines 1 through 15 (must equal line 34)	198,782,470.	16	224,732,595.	
Liabilities	17 Accounts payable and accrued expenses	72,390.	17	134,584.
	18 Grants payable		18	
	19 Deferred revenue	58,008.	19	56,890.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		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	59,471,523.	25	80,597,730.
	26 Total liabilities. Add lines 17 through 25	59,601,921.	26	80,789,204.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	137,768,123.	27	142,506,312.
	28 Temporarily restricted net assets	1,412,426.	28	1,437,079.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	139,180,549.	33	143,943,391.	
34 Total liabilities and net assets/fund balances	198,782,470.	34	224,732,595.	

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	30,952,951.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,582,490.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,370,461.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	139,180,549.
5	Net unrealized gains (losses) on investments	5	-10,607,619.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	143,943,391.

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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,325,093.	15,029,535.	20,345,996.	19,383,797.	24,939,290.	92,023,711.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12,325,093.	15,029,535.	20,345,996.	19,383,797.	24,939,290.	92,023,711.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,832,992.
6 Public support. Subtract line 5 from line 4.						74,190,719.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	12,325,093.	15,029,535.	20,345,996.	19,383,797.	24,939,290.	92,023,711.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,982,079.	2,059,402.	1,888,361.	3,768,788.	2,348,489.	12,047,119.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	68,423.					68,423.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						104,139,253.
12 Gross receipts from related activities, etc. (see instructions)					12	207,035.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	71.24 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	70.72 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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 (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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.		
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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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.)

Lined area for supplemental information with a large diagonal 'COPY' watermark.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

23-7390313

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization COASTAL COMMUNITY FOUNDATION **Employer identification number** 23-7390313

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	249	2
2 Aggregate value of contributions to (during year)	14,819,811.	2,564,310.
3 Aggregate value of grants from (during year)	9,366,722.	621,137.
4 Aggregate value at end of year	60,757,480.	18,476,115.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2015

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11-02-15

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	104,751,979.	98,131,710.	82,368,717.	73,125,893.	76,143,381.
b Contributions	5,388,653.	6,322,722.	5,584,591.	5,064,141.	2,403,944.
c Net investment earnings, gains, and losses	-4,245,645.	4,356,500.	14,300,645.	8,365,418.	-1,746,502.
d Grants or scholarships	3,920,638.	3,144,309.	3,264,839.	3,446,637.	3,017,987.
e Other expenditures for facilities and programs	2,854,790.	2,361.	2,556.	9,121.	15.
f Administrative expenses	912,950.	912,283.	854,848.	730,977.	656,928.
g End of year balance	98,206,609.	104,751,979.	98,131,710.	82,368,717.	73,125,893.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment %
- c Temporarily restricted endowment %

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

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

- (i) unrelated organizations
- (ii) related organizations

	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		300,000.		300,000.
b Buildings		175,000.	41,563.	133,437.
c Leasehold improvements		237,010.	152,140.	84,870.
d Equipment				
e Other		351,667.	206,286.	145,381.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				663,688.

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) LIFE INSURANCE POLICIES	935,608.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	52,899,664.	END-OF-YEAR MARKET VALUE
(C) NOTE RECEIVABLE	496,665.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE	853,858.	END-OF-YEAR MARKET VALUE
(E) LIMITED PARTNERSHIP UNITS	8,359,250.	END-OF-YEAR MARKET VALUE
(F) BENEFICIAL INT REMAINDER		
(G) TRUST	881,523.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	64,426,568.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASES PAYABLE	24,439.
(3) FUNDS HELD AND MANAGED FOR SUPPORTING ORGANIZATIONS	79,439,926.
(4) FUNDS HELD AND MANAGED FOR CHARITABLE TRUSTS	1,133,365.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	80,597,730.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

IN ACCORDANCE WITH GAAP, THE FOUNDATION DISCLOSES THE EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE OF THE FACTS OF THE FOUNDATION'S POSITION AND RECORDS UNRECOGNIZED TAX BENEFITS AND LIABILITIES FOR KNOWN, OR ANTICIPATED TAX ISSUES BASED ON THE FOUNDATION'S ANALYSIS OF WHETHER ADDITIONAL TAXES WOULD BE DUE TO THE AUTHORITY GIVEN THEIR FULL KNOWLEDGE OF THE TAX POSITION. THE FOUNDATION HAS COMPLETED ITS ASSESSMENT AND DETERMINED THAT THERE WERE NO TAX POSITIONS WHICH WOULD REQUIRE RECOGNITION UNDER THE INTERPRETATION. THE FOUNDATION'S INCOME TAX RETURNS FOR YEARS SINCE 2008 REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.

Part XIII Supplemental Information (continued)

PART V, LINE 4

THE FOUNDATION INVESTS THE ENDOWMENT FUNDS WITH THE GOAL OF PRESERVING THE REAL PURCHASING POWER OF THESE PERMANENT ASSETS. THE FOUNDATION USES THE DISTRIBUTION FROM THESE ASSETS TO FUND ONGOING GRANTMAKING PROGRAMS TO ADDRESS THE CHARITABLE NEEDS OF THE COMMUNITY.



Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SPECIAL EVENT (event type)	SPECIAL EVENT (event type)	9 (total number)		
Revenue	1	Gross receipts	249,511.	206,204.	463,335.	919,050.
	2	Less: Contributions	460.	153,625.	215,486.	369,571.
	3	Gross income (line 1 minus line 2)	249,051.	52,579.	247,849.	549,479.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	203,288.	11,464.	40,852.	255,604.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				255,604.
11	Net income summary. Subtract line 10 from line 3, column (d)				293,875.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **COASTAL COMMUNITY FOUNDATION** Employer identification number **23-7390313**

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADDLESTONE HEBREW ACADEMY 1675 RAOUL WALLENBERG BOULEVARD CHARLESTON, SC 29407	57-0409223	501(C)(3)	0.	8,382.			GENERAL OPERATING SUPPORT
AGAPE FAMILY LIFE CENTER, INC. 5855 SOUTH OKATIE HIGHWAY HARDEEVILLE, SC 29927-7953	57-1106874	501(C)(3)	0.	6,500.			SPECIAL PROJECT SUPPORT
ALL SAINTS LUTHERAN CHURCH 2107 NORTH HIGHWAY 17 MOUNT PLEASANT, SC 29464	57-6070114	501(C)(3)	0.	7,000.			GENERAL OPERATING SUPPORT
ALSTON WILKES SOCIETY 325 EAST MAIN STREET MONCKS CORNER, SC 29461	57-0477907	501(C)(3)	0.	10,000.			SPECIAL PROJECT SUPPORT
ALVIN AILEY DANCE FOUNDATION, INC. 405 WEST 55TH STREET NEW YORK, NY 10010-4402	13-2584273	501(C)(3)	0.	10,000.			SPECIAL PROJECT SUPPORT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 4124 CLEMSON BOULEVARD, SUITE L - ANDERSON, SC 29621	13-3039601	501(C)(3)	0.	10,062.			GENERAL OPERATING SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS FAMILY SERVICES OF GREATER BEAUFORT - P.O. BOX 1514 - BEAUFORT, SC 29901-1514	57-0879175	501(C)(3)	0.	12,500.			SPECIAL PROJECT SUPPORT
AMERICAN CANCER SOCIETY 5900 CORE ROAD, SUITE 504 NORTH CHARLESTON, SC 29406	13-1788491	501(C)(3)	0.	116,351.			GENERAL OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF SOUTH CAROLINA FOUNDATION - P.O. BOX 20998 - CHARLESTON, SC 29413	57-0688466	501(C)(3)	0.	30,000.			GENERAL OPERATING SUPPORT
AMERICAN COLLEGE OF THE BUILDING ARTS - 21 MAGAZINE STREET - CHARLESTON, SC 29401	57-1075250	501(C)(3)	0.	7,695.			SCHOLARSHIP
AMERICAN RED CROSS, CAROLINA LOWCOUNTRY CHAPTER - 2424A CITY HALL LANE - NORTH CHARLESTON, SC 29406-6538	53-0196605	501(C)(3)	0.	339,184.			SPECIAL PROJECT SUPPORT
ANDERSON UNIVERSITY OFFICE OF INSTITUTIONAL ADVANCEMENT, 316 BOULEVARD - ANDERSON, SC 29621	57-0324906	501(C)(3)	0.	6,000.			SCHOLARSHIP
ANTIOCH EDUCATIONAL CENTER P.O. BOX 1930 RIDGELAND, SC 29936	76-0818789	501(C)(3)	0.	15,000.			SPECIAL PROJECT SUPPORT
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	0.	10,400.			SPECIAL PROJECT SUPPORT
ASHLEY HALL FOUNDATION 172 RUTLEDGE AVENUE CHARLESTON, SC 29403	57-0314364	501(C)(3)	0.	58,350.			SCHOLARSHIP

Schedule I (Form 990)

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

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ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED, INC. - 1071 MORRISON DRIVE, SUITE A - CHARLESTON, SC 29403	57-0324912	501(C)(3)	0.	31,205.			SPECIAL PROJECT SUPPORT
AVIAN CONSERVATION CENTER P O BOX 1247 CHARLESTON, SC 29402	57-0966813	501(C)(3)	0.	14,767.			GENERAL OPERATING SUPPORT
BARRIER ISLANDS FREE MEDICAL CLINIC, INC. - 3226 MAYBANK HIGHWAY, SUITE A1 - JOHNS ISLAND, SC 29455	20-5628911	501(C)(3)	0.	25,478.			GENERAL OPERATING SUPPORT
BEAUFORT COUNTY FIRST STEPS P.O. BOX 6421 BEAUFORT, SC 29903	57-1097779	501(C)(3)	0.	10,000.			SPECIAL PROJECT SUPPORT
BEAUFORT COUNTY OPEN LAND TRUST, INC. - P.O. BOX 75 - BEAUFORT, SC 29901	23-7114992	501(C)(3)	0.	16,000.			GENERAL OPERATING SUPPORT
BEAUFORT COUNTY SCHOOL DISTRICT POST OFFICE DRAWER 309 BEAUFORT, SC 29901		OTHER	0.	70,000.			GENERAL OPERATING SUPPORT
BEAUFORT WOMEN'S CENTER P.O. BOX 1483 BEAUFORT, SC 29901	57-0811972	501(C)(3)	0.	6,600.			SPECIAL PROJECT SUPPORT
BERKELEY COUNTY RESCUE SQUAD 202 FACTORY LANE MONCKS CORNER, SC 29401	57-0673489	501(C)(3)	0.	9,800.			GENERAL OPERATING SUPPORT
BETHEL UNITED METHODIST CHURCH 57 PITT STREET CHARLESTON, SC 29401	36-2167731	501(C)(3)	0.	20,000.			SPECIAL PROJECT SUPPORT

Schedule I (Form 990)

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

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BIG BROTHERS AND BIG SISTERS OF NEW YORK CITY, INC., DEVELOPMENT DEPARTMENT - 223 EAST 30TH STREET - NEW YORK, NY 10016	13-5600383	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
BISHOP ENGLAND HIGH SCHOOL 363 SEVEN FARMS DRIVE CHARLESTON, SC 29492-7534		SCHOOL	0.	43,824.			SCHOLARSHIP
BLACK RIVER UNITED WAY P.O. BOX 1065 GEORGETOWN, SC 29442	57-0526145	501(C)(3)	0.	15,200.			GENERAL OPERATING SUPPORT
BOY SCOUTS - COASTAL CAROLINA COUNCIL - 1025 SAM RITTENBERG BOULEVARD - CHARLESTON, SC 29407-3365	57-0327870	501(C)(3)	0.	21,340.			GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC. - 10 PINCKNEY COLONY ROAD, SUITE 103 - BLUFFTON, SC 29909	57-0811876	501(C)(3)	0.	37,200.			GENERAL OPERATING SUPPORT
BRIDGES FOR END-OF-LIFE P.O. BOX 417 MOUNT PLEASANT, SC 29465	57-0701359	501(C)(3)	0.	8,404.			SPECIAL PROJECT SUPPORT
CAMP HAPPY DAYS, INC. 1622 ASHLEY HALL ROAD CHARLESTON, SC 29407	57-0755466	501(C)(3)	0.	42,840.			GENERAL OPERATING SUPPORT
CAMP SUMMERHOUSE P.O. BOX 31295 CHARLESTON, SC 29417	27-0545990	501(C)(3)	0.	12,450.			GENERAL OPERATING SUPPORT
CAMP WILDWOOD, INC. P.O. BOX 123 HAMPTON, SC 29924	57-1059635	501(C)(3)	0.	26,423.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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CAMP HILL SPECIAL SCHOOL 1784 FAIRVIEW ROAD GLENMOORE, PA 19343	23-1443766	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
CANNON STREET YMCA 61 CANNON STREET CHARLESTON, SC 29403	57-0935533	501(C)(3)	0.	287,000.			GENERAL OPERATING SUPPORT
CAROLINA ART ASSOCIATION 135 MEETING STREET CHARLESTON, SC 29401	57-0323047	501(C)(3)	0.	52,965.			GENERAL OPERATING SUPPORT
CAROLINA STUDIOS CORPORATION 125D WAPPOO CREEK DRIVE, SUITE 1 CHARLESTON, SC 29412	57-1126611	501(C)(3)	0.	20,000.			GENERAL OPERATING SUPPORT
CASA FAMILY SYSTEMS 658 JOHN C. CALHOUN DRIVE, P.O. BOX ORANGEBURG, SC 29116	57-0731202	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD, SUITE 420 CHARLOTTE, NC 28209	58-1969605	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
CEDARS-SINAI MEDICAL CENTER, THE BRAIN TRUST - 8700 BEVERLY BOULEVARD, SUITE 2416 - LOS ANGELES, CA 90048	95-1644600	501(C)(3)	0.	12,500.			SPECIAL PROJECT SUPPORT
CENTENARY UNITED METHODIST CHURCH 1707 HERITAGE PARK ROAD CHARLESTON, SC 29407		OTHER	0.	5,250.			GENERAL OPERATING SUPPORT
CENTER FOR HEIRS' PROPERTY PRESERVATION - 1535 SAM RITTENBERG, SUITE D - CHARLESTON, SC 29407	52-2452879	501(C)(3)	0.	20,500.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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CENTER FOR WOMEN 129 CANNON STREET CHARLESTON, SC 29403	57-0921549	501(C)(3)	0.	6,250.			SPECIAL PROJECT SUPPORT
CHABAD OF CHARLESTON 734 YORK STREET MOUNT PLEASANT, SC 29464	20-8546631	501(C)(3)	0.	12,000.			GENERAL OPERATING SUPPORT
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406	57-6021863	501(C)(3)	0.	802,426.			GENERAL OPERATING SUPPORT
CHARLESTON AREA THERAPEUTIC RIDING, INC. - P.O. BOX 146 - JOHNS ISLAND, SC 29457	57-0937061	501(C)(3)	0.	34,950.			SPECIAL PROJECT SUPPORT
CHARLESTON AUTISM ACADEMY 930 PINE HOLLOW ROAD MOUNT PLEASANT, SC 29464	51-0654146	501(C)(3)	0.	6,000.			SPECIAL PROJECT SUPPORT
CHARLESTON COLLEGIATE SCHOOL 2024 ACADEMY DRIVE JOHNS ISLAND, SC 29455	57-0524957	501(C)(3)	0.	37,000.			GENERAL OPERATING SUPPORT
CHARLESTON COMMUNITY RESEARCH TO ACTION BOARD - 2125 DORCHESTER ROAD - NORTH CHARLESTON, SC 29405	46-1521161	501(C)(3)	0.	11,882.			SPECIAL PROJECT SUPPORT
CHARLESTON COUNTY LIBRARY 68 CALHOUN STREET CHARLESTON, SC 29401		OTHER	0.	10,000.			SPECIAL PROJECT SUPPORT
CHARLESTON DAY SCHOOL 15 ARCHDALE STREET CHARLESTON, SC 29401	57-0524184	501(C)(3)	0.	23,000.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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CHARLESTON HABITAT FOR HUMANITY 731 MEETING STREET, P.O. BOX 21479 CHARLESTON, SC 29413	57-0889919	501(C)(3)	0.	9,300.			GENERAL OPERATING SUPPORT
CHARLESTON HORTICULTURAL SOCIETY 46 WINDERMERE BOULEVARD CHARLESTON, SC 29407	56-2211468	501(C)(3)	0.	5,500.			GENERAL OPERATING SUPPORT
CHARLESTON JEWISH FEDERATION 1645 RAOUL WALLENBERG BOULEVARD CHARLESTON, SC 29417	57-6000188	501(C)(3)	0.	26,800.			GENERAL OPERATING SUPPORT
CHARLESTON LIBRARY SOCIETY 164 KING STREET CHARLESTON, SC 29401	57-0314372	501(C)(3)	0.	13,950.			GENERAL OPERATING SUPPORT
CHARLESTON MIRACLE LEAGUE, INC. P.O. BOX 22072 CHARLESTON, SC 29413	86-1086199	501(C)(3)	0.	6,500.			GENERAL OPERATING SUPPORT
CHARLESTON MOVES 1630 MEETING STREET, SUITE 105 CHARLESTON, SC 29405	38-3714959	501(C)(3)	0.	11,000.			GENERAL OPERATING SUPPORT
CHARLESTON ORPHAN HOUSE, INC., CAROLINA YOUTH DEVELOPMENT CENTER - 5055 LACKAWANNA BOULEVARD - NORTH CHARLESTON, SC 29405	57-0669877	501(C)(3)	0.	51,528.			GENERAL OPERATING SUPPORT
CHARLESTON PARKS CONSERVANCY, INC. P.O. BOX 21000 CHARLESTON, SC 29413	20-8375561	501(C)(3)	0.	7,944.			SPECIAL PROJECT SUPPORT
CHARLESTON PROMISE NEIGHBORHOOD 1819 MEETING STREET, SUITE B CHARLESTON, SC 29405	80-0597710	501(C)(3)	0.	41,100.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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CHARLESTON SOUTHERN UNIVERSITY 9200 UNIVERSITY BOULEVARD CHARLESTON, SC 29423	57-0474291	501(C)(3)	0.	35,300.			GENERAL OPERATING SUPPORT
CHARLESTON SYMPHONY ORCHESTRA 756 SAINT ANDREWS BLVD. CHARLESTON, SC 29407-7169	57-6000192	501(C)(3)	0.	117,289.			GENERAL OPERATING SUPPORT
CHARLESTON URBAN SQUASH, INC. P.O. BOX 22731 CHARLESTON, SC 29413	27-0771548	501(C)(3)	0.	34,250.			GENERAL OPERATING SUPPORT
CHILD ABUSE PREVENTION ASSOCIATION P.O. BOX 531 BEAUFORT, SC 29901-0531	57-0722206	501(C)(3)	0.	16,500.			GENERAL OPERATING SUPPORT
CHILDREN IN CRISIS OF DORCHESTER COUNTY INC - 303 E. RICHARDSON AVE. - SUMMERVILLE, SC 29483	57-1078099	501(C)(3)	0.	27,636.			SPECIAL PROJECT SUPPORT
CHILDREN'S MUSEUM OF THE LOWCOUNTRY - 25 ANN STREET - CHARLESTON, SC 29403	57-1014498	501(C)(3)	0.	9,127.			GENERAL OPERATING SUPPORT
CHILDREN'S RIGHTS, INC. 330 SEVENTH AVENUE, 4TH FLOOR NEW YORK, NY 10001	13-3801864	501(C)(3)	0.	105,000.			GENERAL OPERATING SUPPORT
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 28704	56-0615187	501(C)(3)	0.	7,500.			SCHOLARSHIP
CIRCLE OF HOPE MINISTRIES, INC. P.O. BOX 554 BEAUFORT, SC 29901	27-3678596	501(C)(3)	0.	13,000.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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CITIZENS OPPOSED TO DOMESTIC ABUSE P.O. BOX 1775 BEAUFORT, SC 29901-1775	57-0814522	501(C)(3)	0.	26,000.			SPECIAL PROJECT SUPPORT
CLEMSON UNIVERSITY FOUNDATION P.O. BOX 1889 CLEMSON, SC 29633	57-0426335	501(C)(3)	0.	13,500.			GENERAL OPERATING SUPPORT
CLEMSON UNIVERSITY, OFFICE OF STUDENT FINANCIAL AID - BOX 345307 - CLEMSON, SC 29634		OTHER	0.	15,500.			GENERAL OPERATING SUPPORT
COASTAL CRISIS CHAPLAINCY P.O. BOX 21833 CHARLESTON, SC 29413	57-0989842	501(C)(3)	0.	59,150.			SCHOLARSHIP
COLLABORATIVE ORGANIZATION OF SERVICES FOR YOUTH - POST OFFICE DRAWER 1228 - BEAUFORT, SC 29901	57-6000311	501(C)(3)	0.	17,550.			GENERAL OPERATING SUPPORT
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON, SC 29424	23-7069236	501(C)(3)	0.	65,000.			GENERAL OPERATING SUPPORT
COLLEGE OF CHARLESTON - OFFICE OF FINANCIAL ASSISTANCE AND VETERANS AFFAIRS - 66 GEORGE STREET - CHARLESTON, SC 29424-0001	23-7069236	501(C)(3)	0.	15,150.			SCHOLARSHIP
COLLETON CENTER P.O. BOX 468 WALTERBORO, SC 29488	20-4536007	501(C)(3)	0.	6,000.			GENERAL OPERATING SUPPORT
COLLETON COUNTY ARTS COUNCIL, INC. P.O. BOX 1035 WALTERBORO, SC 29488	57-0966741	501(C)(3)	0.	18,300.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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COLLETON COUNTY COUNCIL ON AGING, INC. - 39 SENIOR AVENUE - WALTERBORO, SC 29488	57-0571436	501(C)(3)	0.	12,500.			SPECIAL PROJECT SUPPORT
COLLETON COUNTY FIRST STEPS 609 COLLETON LOOP WALTERBORO, SC 29488	57-1097790	501(C)(3)	0.	19,100.			GENERAL OPERATING SUPPORT
COLLETON COUNTY MEMORIAL LIBRARY 600 HAMPTON STREET WALTERBORO, SC 29488		OTHER	0.	13,500.			SPECIAL PROJECT SUPPORT
COLUMBIA COLLEGE 1301 COLUMBIA COLLEGE DRIVE COLUMBIA, SC 29203-5998	57-0324915	501(C)(3)	0.	7,500.			SPECIAL PROJECT SUPPORT
COMMUNITIES IN SCHOOLS OF THE CHARLESTON AREA INC. - 1090 EAST MONTAGUE AVENUE - NORTH CHARLESTON, SC 29405	57-0915384	501(C)(3)	0.	43,705.			GENERAL OPERATING SUPPORT
CONSERVATION VOTERS OF SOUTH CAROLINA EDUCATION FUND - P.O. BOX 50632 - COLUMBIA, SC 29250	20-0335383	501(C)(3)	0.	12,500.			GENERAL OPERATING SUPPORT
CONVERSE COLLEGE 580 EAST MAIN STREET SPARTANBURG, SC 29302-1931	57-0314380	501(C)(3)	0.	12,000.			GENERAL OPERATING SUPPORT
COOPER SCHOOL 13 OAKDALE PLACE CHARLESTON, SC 29407	20-8818159	501(C)(3)	0.	6,000.			GENERAL OPERATING SUPPORT
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC. - 151 ELLIS STREET NE - ATLANTA, GA 30303	13-1685039	501(C)(3)	0.	10,200.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUSABO NATION LACROSSE P.O. BOX 20040 CHARLESTON, SC 29413	46-4331181	501(C)(3)	0.	5,500.			GENERAL OPERATING SUPPORT
DEE NORTON LOWCOUNTRY CHILDREN'S CENTER, INC. - 1061 KING STREET - CHARLESTON, SC 29403	57-0905724	501(C)(3)	0.	69,851.			GENERAL OPERATING SUPPORT
DIOCESE OF CHARLESTON P.O. BOX 300 CHARLESTON, SC 29402	57-0314369	501(C)(3)	0.	8,250.			GENERAL OPERATING SUPPORT
DISABILITIES BOARD OF CHARLESTON COUNTY - POST OFFICE BOX 22708 - CHARLESTON, SC 29413	57-0516401	501(C)(3)	0.	8,000.			SPECIAL PROJECT SUPPORT
DONORSCHOOSE.ORG 134 WEST 37TH STREET, FLOOR 11 NEW YORK, NY 10018	13-4129457	501(C)(3)	0.	11,689.			GENERAL OPERATING SUPPORT
DORCHESTER HABITAT FOR HUMANITY P.O. BOX 1685 SUMMERVILLE, SC 29484	91-1914868	501(C)(3)	0.	9,200.			SPECIAL PROJECT SUPPORT
DRAWING NEAR TO GOD P.O. BOX 1274 MOUNT PLEASANT, SC 29464	13-4210412	501(C)(3)	0.	20,000.			GENERAL OPERATING SUPPORT
DUKE UNIVERSITY BOX 90581 DURHAM, NC 27708-0581	56-0532129	501(C)(3)	0.	159,000.			GENERAL OPERATING SUPPORT
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE ROAD MOUNT PLEASANT, SC 29466	57-0939280	501(C)(3)	0.	72,745.			GENERAL OPERATING SUPPORT

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EAST COOPER HABITAT FOR HUMANITY P.O. BOX 1990 MOUNT PLEASANT, SC 29465	57-0903917	501(C)(3)	0.	15,103.			GENERAL OPERATING SUPPORT
EAST COOPER MEALS ON WHEELS P.O. BOX 583 MOUNT PLEASANT, SC 29465	57-0804618	501(C)(3)	0.	45,595.			GENERAL OPERATING SUPPORT
EASTSIDE COMMUNITY DEVELOPMENT CORPORATION - 60-A AMERICA STREET - CHARLESTON, SC 29403	51-0448669	501(C)(3)	0.	6,625.			GENERAL OPERATING SUPPORT
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400MS: 097 ATLANTA, GA 30322	58-0566256	501(C)(3)	0.	8,500.			SCHOLARSHIP
FAMILY RESOURCE CENTER FOR DISABILITIES AND SPECIAL NEEDS - 1575 SAVANNAH HIGHWAY, SUITE 6 - CHARLESTON, SC 29407	57-1127412	501(C)(3)	0.	8,500.			GENERAL OPERATING SUPPORT
FLORENCE CRITTENTON PROGRAMS OF SOUTH CAROLINA - 19 SAINT MARGARET STREET - CHARLESTON, SC 29403	57-0342030	501(C)(3)	0.	20,500.			GENERAL OPERATING SUPPORT
FOLLY BEACH WAHINE CLASSIC SURFER'S HEALING - P.O. BOX 740 - FOLLY BEACH, SC 29439	61-1723311	501(C)(3)	0.	6,000.			GENERAL OPERATING SUPPORT
FRANCES R. WILLIS SPCA PO BOX 1116 SUMMERVILLE, SC 29484	57-0620182	501(C)(3)	0.	32,782.			GENERAL OPERATING SUPPORT
FRESH FUTURE FARM, INC. P.O. BOX 22194 CHARLESTON, SC 29413	46-5699947	501(C)(3)	0.	7,550.			#NAME?

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FRIENDS OF CAROLINE HOSPICE OF BEAUFORT, INC. - 1110 13TH STREET - PORT ROYAL, SC 29935	57-0725866	501(C)(3)	0.	16,000.			GENERAL OPERATING SUPPORT
FRIENDS OF COASTAL SOUTH CAROLINA 5821 NORTH HIGHWAY 17, P.O. BOX 1131 - MOUNT PLEASANT, SC 29465-1131	57-1039362	501(C)(3)	0.	10,250.			GENERAL OPERATING SUPPORT
FRIENDS OF COLLETON COUNTY ANIMAL SHELTER - 33 POOR FARM ROAD - WALTERBORO, SC 29488	26-4474266	501(C)(3)	0.	7,247.			GENERAL OPERATING SUPPORT
FRIENDSHIP PLACE, INC. P.O. BOX 282 GEORGETOWN, SC 29442	57-1073276	501(C)(3)	0.	19,700.			GENERAL OPERATING SUPPORT
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 29613	57-0314395	501(C)(3)	0.	5,500.			GENERAL OPERATING SUPPORT
GAILLARD PERFORMANCE HALL FOUNDATION - 40 CALHOUN STREET, SUITE 230 - CHARLESTON, SC 29401	90-0616040	501(C)(3)	0.	24,425.			GENERAL OPERATING SUPPORT
GEORGETOWN PRESBYTERIAN CHURCH 558 BLACK RIVER ROAD GEORGETOWN, SC 29440	57-0648722	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
GEORGIA FORESTWATCH INC 81 CROWN MOUNTAIN PLACE, BUILDING C DAHLONEGA, GA 30533	58-2188475	501(C)(3)	0.	15,000.			GENERAL OPERATING SUPPORT
GOOD NEIGHBOR FREE MEDICAL CLINIC 30 PROFESSIONAL VILLAGE CIRCLE BEAUFORT, SC 29901	26-0335357	501(C)(3)	0.	22,000.			GENERAL OPERATING SUPPORT

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GRACE EPISCOPAL CHURCH 98 WENTWORTH STREET CHARLESTON, SC 29401	57-0362059	501(C)(3)	0.	21,378.			GENERAL OPERATING SUPPORT
GREEN HEART PROJECT, INC. 124 MAGNOLIA AVENUE CHARLESTON, SC 29403	46-0829120	501(C)(3)	0.	13,000.			GENERAL OPERATING SUPPORT
GREEN RIVER PRESERVE 301 GREEN RIVER ROAD CEDAR MOUNTAIN, NC 28718	56-1554526	501(C)(3)	0.	10,000.			SPECIAL PROJECT SUPPORT
GRENADINES PARTNERSHIP FUND 808 LADY STREET, SUITE C COLUMBIA, SC 29201	27-1329191	501(C)(3)	0.	265,000.			GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY OF BERKELEY COUNTY - 408 SOUTH LIVE OAK DRIVE - MONCKS CORNER, SC 29461-7215	57-0907019	501(C)(3)	0.	33,000.			GENERAL OPERATING SUPPORT
HAMPTON COUNTY FIRST STEPS 301 FIRST STREET WEST HAMPTON, SC 29924	57-1097816	501(C)(3)	0.	15,000.			SPECIAL PROJECT SUPPORT
HAMPTON COUNTY LITERACY COUNCIL, INC. - POST OFFICE BOX 1249 - VARNVILLE, SC 29944	57-0899724	501(C)(3)	0.	16,600.			GENERAL OPERATING SUPPORT
HAMPTON FRIENDS OF THE ARTS, INC. 109 LEE AVENUE HAMPTON, SC 29924	26-0824879	501(C)(3)	0.	12,500.			GENERAL OPERATING SUPPORT
HARLEM SCHOOL OF THE ARTS, INC. 645 ST. NICHOLAS AVENUE NEW YORK, NY 10030	13-2552500	501(C)(3)	0.	13,000.			GENERAL OPERATING SUPPORT

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HEALTHY LEARNERS 2749 LAUREL STREET COLUMBIA, SC 29204	57-1127197	501(C)(3)	0.	8,900.			GENERAL OPERATING SUPPORT
HEIFER INTERNATIONAL FOUNDATION POST OFFICE BOX 8058 LITTLE ROCK, AK 72203	71-0699939	501(C)(3)	0.	15,000.			GENERAL OPERATING SUPPORT
HELP OF BEAUFORT P.O. BOX 472 BEAUFORT, SC 29901	57-0721545	501(C)(3)	0.	13,500.			SPECIAL PROJECT SUPPORT
HELP OF SUMMERVILLE 316 WEST CAROLINA AVENUE, P.O. BOX SUMMERVILLE, SC 29484	57-0624976	501(C)(3)	0.	9,200.			GENERAL OPERATING SUPPORT
HELPING AND LENDING OUTREACH SUPPORT - 3366 RIVERS AVENUE - NORTH CHARLESTON, SC 29405	20-0858549	501(C)(3)	0.	28,000.			GENERAL OPERATING SUPPORT
HISTORIC BEAUFORT FOUNDATION P.O. BOX 11 BEAUFORT, SC 29901	23-7005532	501(C)(3)	0.	9,169.			GENERAL OPERATING SUPPORT
HISTORIC CHARLESTON FOUNDATION 40 EAST BAY STREET P.O. BOX 1120 CHARLESTON, SC 29402-1120	57-6000599	501(C)(3)	0.	20,950.			GENERAL OPERATING SUPPORT
HOLE IN THE WALL GANG FUND, INC. 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	06-1157655	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
HOME OF MONTCLAIR ECUMENICAL CORP. 1 WOODLAND AVENUE MONTCLAIR, NJ 07042	22-2904529	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT

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HOPE HAVEN OF THE LOWCOUNTRY, INC. P.O. BOX 2502 BEAUFORT, SC 29901-2502	57-1063332	501(C)(3)	0.	30,500.			GENERAL OPERATING SUPPORT
HUMAN NEEDS FOOD PANTRY, INC. 9 LABEL STREET MONTCLAIR, NJ 07042	22-3057065	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
INCREASING H.O.P.E. P.O. BOX 2914 SUMMERVILLE, SC 29484	75-3070026	501(C)(3)	0.	5,500.			GENERAL OPERATING SUPPORT
INTERNATIONAL AFRICAN AMERICAN MUSEUM - 25 CALHOUN STREET, SUITE 320 - CHARLESTON, SC 29401	20-3398254	501(C)(3)	0.	27,100.			CAPITAL/BUILDING SUPPORT
IRAQ AND AFGHANISTAN VETERANS OF AMERICA, INC. - 292 MADISON AVENUE, 10TH FLOOR - NEW YORK, NY 10017	20-1664531	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
JDRF INTERNATIONAL PALMETTO CHAPTER - 1122 LADY STREET, SUITE 1000 - COLUMBIA, SC 29201	23-1907729	501(C)(3)	0.	21,476.			GENERAL OPERATING SUPPORT
JENKINS INSTITUTE FOR CHILDREN, INC. - 3923 AZALEA DRIVE - NORTH CHARLESTON, SC 29405	57-6025599	501(C)(3)	0.	5,514.			GENERAL OPERATING SUPPORT
JEWISH COMMUNITY CENTER OF CHARLESTON, SC - P.O. BOX 31298 - CHARLESTON, SC 29407	57-0352253	501(C)(3)	0.	12,627.			GENERAL OPERATING SUPPORT
JEWISH STUDIES CENTER, INC. 66 GEORGE STREET CHARLESTON, SC 29424-0001	57-1094139	501(C)(3)	0.	6,200.			GENERAL OPERATING SUPPORT

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JOHN PAUL II CATHOLIC SCHOOL P.O. BOX 1260 BLUFFTON, SC 29910	26-0414610	501(C)(3)	0.	25,000.			GENERAL OPERATING SUPPORT
KAHAL KADOSH BETH ELOHIM 90 HASELL STREET CHARLESTON, SC 29401	57-0406806	501(C)(3)	0.	49,736.			GENERAL OPERATING SUPPORT
KISKIMINETAS SPRINGS SCHOOL 1888 BRETT LANE SALTSBURG, PA 15681-8951	25-0995765	501(C)(3)	0.	60,000.			SPECIAL PROJECT SUPPORT
LIMBS WITHOUT LIMITS P.O. BOX 2702, 416 TAMMIE AVENUE GOOSE CREEK, SC 29445	46-1771802	501(C)(3)	0.	6,000.			SPECIAL PROJECT SUPPORT
LITERACY VOLUNTEERS OF THE LOWCOUNTRY, INC. - P.O. BOX 3725 - BLUFFTON, SC 29910	57-0727884	501(C)(3)	0.	13,976.			GENERAL OPERATING SUPPORT
LITTLE RED DOG FOUNDATION 55 WOODLAND RIDGE CIRCLE BEAUFORT, SC 29907	41-2213102	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
LOUIE'S KIDS, INC. P.O. BOX 21291 CHARLESTON, SC 29413	20-1031569	501(C)(3)	0.	12,500.			GENERAL OPERATING SUPPORT
LOWCOUNTRY AIDS SERVICES 3547 MEETING STREET ROAD NORTH CHARLESTON, SC 29405	57-0905550	501(C)(3)	0.	25,500.			GENERAL OPERATING SUPPORT
LOWCOUNTRY FOOD BANK, INC. 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501(C)(3)	0.	60,461.			GENERAL OPERATING SUPPORT

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LOWCOUNTRY HABITAT FOR HUMANITY 616 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	57-0920920	501(C)(3)	0.	13,000.			SPECIAL PROJECT SUPPORT
LOWCOUNTRY LAND TRUST, INC. 43 WENTWORTH STREET CHARLESTON, SC 29401	57-0809313	501(C)(3)	0.	49,200.			GENERAL OPERATING SUPPORT
LOWCOUNTRY LEGAL VOLUNTEERS P.O. BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
LOWCOUNTRY LOCAL FIRST 1630 MEETING STREET ROAD, BLDG 2 CHARLESTON, SC 29405	87-0792700	501(C)(3)	0.	6,250.			GENERAL OPERATING SUPPORT
MCCLELLANVILLE ARTS COUNCIL P.O. BOX 594 MCCLELLANVILLE, SC 29458	57-0650676	501(C)(3)	0.	10,000.			SPECIAL PROJECT SUPPORT
MEALS ON WHEELS OF SUMMERVILLE POST OFFICE BOX 592 SUMMERVILLE, SC 29484	57-0730993	501(C)(3)	0.	19,500.			GENERAL OPERATING SUPPORT
MEALS ON WHEELS, BLUFFTON-HILTON HEAD, INC. - P.O. BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
MED-I-ASSIST, INC. P.O. BOX 413 RIDGELAND, SC 29936	32-0212924	501(C)(3)	0.	15,000.			GENERAL OPERATING SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION - 18 BEE STREET - CHARLESTON, SC 29425	57-6028985	501(C)(3)	0.	211,035.			GENERAL OPERATING SUPPORT

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MEET THE NEEDS CHARLESTON 275 BEECH HILL MOUNT PLEASANT, SC 29464	47-2703106	501(C)(3)	0.	7,210.			GENERAL OPERATING SUPPORT
MEPKIN ABBEY CATHOLIC CONFERENCE 1098 MEPKIN ABBEY ROAD MONCKS CORNER, SC 29461	57-0416728	501(C)(3)	0.	10,500.			GENERAL OPERATING SUPPORT
MESOTHELIOMA APPLIED RESEARCH FOUNDATION - 1317 KING STREET - ALEXANDRIA, VA 22314	75-2816066	501(C)(3)	0.	35,000.			GENERAL OPERATING SUPPORT
METANOIA 2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405	20-0310400	501(C)(3)	0.	59,476.			GENERAL OPERATING SUPPORT
MONCKS CORNER BAPTIST CHURCH 496 EAST MAIN STREET MONCKS CORNER, SC 29461	57-0956220	501(C)(3)	0.	5,300.			SPECIAL PROJECT SUPPORT
MONTCLAIR FILM FESTIVAL, INC. 41 WATCHUNG PLAZA, #345 MONTCLAIR, NJ 07042	27-1732322	501(C)(3)	0.	125,000.			GENERAL OPERATING SUPPORT
MONTCLAIR FREE PUBLIC LIBRARY FOUNDATION, INC. - 50 SOUTH FULLERTON AVENUE - MONTCLAIR, NJ 07042	82-0558746	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
MONTCLAIR KIMBERLY ACADEMY FOUNDATION - 201 VALLEY ROAD - MONTCLAIR, NJ 07042	23-7365263	501(C)(3)	0.	145,000.			SPECIAL PROJECT SUPPORT
MOUNT CARMEL BAPTIST CHURCH 367 KEANS NECK ROAD SEABROOK, SC 29940		OTHER	0.	15,000.			SPECIAL PROJECT SUPPORT

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MOUNT HERR VILLAGE SUMMER CAMP P.O. BOX 247 HOLLYWOOD, SC 29449	53-0204696	501(C)(3)	0.	5,550.			GENERAL OPERATING SUPPORT
MY SISTER'S HOUSE, INC. P.O. BOX 71171 NORTH CHARLESTON, SC 29415-1171	57-0730861	501(C)(3)	0.	15,170.			GENERAL OPERATING SUPPORT
NAMI LOWCOUNTRY P.O. BOX 24128 HILTON HEAD, SC 29926	57-0920882	501(C)(3)	0.	10,000.			SPECIAL PROJECT SUPPORT
NATIONAL AUDUBON SOCIETY, INC. 336 SANCTUARY ROAD HARLEYVILLE, SC 29448	13-1624102	501(C)(3)	0.	9,500.			GENERAL OPERATING SUPPORT
NATIONAL CATHEDRAL SCHOOL 3612 WOODLEY ROAD NW WASHINGTON, DC 20016		OTHER	0.	6,000.			SPECIAL PROJECT SUPPORT
NATURE CONSERVANCY, INC. 32 SOUTH EWING HELENA, MT 59601	53-0242652	501(C)(3)	0.	8,500.			GENERAL OPERATING SUPPORT
NAZARENE COMPASSIONATE MINISTRIES, INC. - 17001 PRAIRIE STAR PARKWAY, SUITE 100 - LENEXA, KS 66220	43-1550318	501(C)(3)	0.	150,000.			SPECIAL PROJECT SUPPORT
NEIGHBORHOOD OUTREACH CONNECTION P.O. BOX 23558 HILTON HEAD ISLAND, SC 29925	54-2083947	501(C)(3)	0.	12,500.			GENERAL OPERATING SUPPORT
NEMOURS PLANTATION WILDLIFE FOUNDATION - 161 NEMOURS PLANTATION ROAD - YEMASSE, SC 29945	57-0985138	501(C)(3)	0.	38,000.			GENERAL OPERATING SUPPORT

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NEW MORNING FOUNDATION 807 GERVAIS STREET, SUITE 102 COLUMBIA, SC 29201	95-4894776	501(C)(3)	0.	1,561,000.			GENERAL OPERATING SUPPORT
NEW YORK PUBLIC RADIO P.O. BOX 1550 NEW YORK, NY 10116-1550	13-3015230	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
NEW-YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024	13-1624124	501(C)(3)	0.	10,000.			SPECIAL PROJECT SUPPORT
NORTH CHARLESTON DENTAL OUTREACH 2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405	27-1629125	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
NORTHWESTERN UNIVERSITY 2020 RIDGE AVENUE EVANSTON, IL 60208	36-2167817	501(C)(3)	0.	50,000.			SPECIAL PROJECT SUPPORT
ONE HUNDRED MILES P.O. BOX 2056 BRUNSWICK, GA 31520	45-5260656	501(C)(3)	0.	100,000.			GENERAL OPERATING SUPPORT
ONE-EIGHTY PLACE P.O. BOX 20038 CHARLESTON, SC 29413-0038	57-0789483	501(C)(3)	0.	61,500.			GENERAL OPERATING SUPPORT
ONEWORLD HEALTH 21-D GAMECOCK AVENUE CHARLESTON, SC 29407	26-3717278	501(C)(3)	0.	20,000.			GENERAL OPERATING SUPPORT
OPERATION HOME, INC. 2120 NOISETTE BOULEVARD, SUITE 124 NORTH CHARLESTON, SC 29405	62-1745925	501(C)(3)	0.	33,182.			GENERAL OPERATING SUPPORT

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OPERATION SIGHT 1101 CLARITY ROAD, SUITE 100 MOUNT PLEASANT, SC 29464	45-3449443	501(C)(3)	0.	8,000.			GENERAL OPERATING SUPPORT
OUR LADY OF MERCY OUTREACH P.O. BOX 607 JOHNS ISLAND, SC 29457	57-0905488	501(C)(3)	0.	36,675.			GENERAL OPERATING SUPPORT
PALMETTO PROJECT, INC. 6296 RIVERS AVENUE, SUITE 100 NORTH CHARLESTON, SC 29406	57-0807801	501(C)(3)	0.	92,721.			GENERAL OPERATING SUPPORT
PARENTS AND GUARDIANS ASSOCIATION OF THE COASTAL CENTER - 9995 JAMISON ROAD - SUMMERVILLE, SC 29485	57-0735284	501(C)(3)	0.	6,136.			GENERAL OPERATING SUPPORT
PARKLANDS FOUNDATION OF CHARLESTON COUNTY, INC. - 2090 EXECUTIVE HALL ROAD, SUITE 170 - CHARLESTON, SC 29407	57-0913949	501(C)(3)	0.	11,136.			GENERAL OPERATING SUPPORT
PAWLEYS ISLAND FESTIVAL OF MUSIC AND ART, INC. - P.O. BOX 1975 - PAWLEYS ISLAND, SC 29585	57-1061600	501(C)(3)	0.	6,500.			SPECIAL PROJECT SUPPORT
PENN CENTER, INC. P O BOX 126 ST HELENAS ISLAND, SC 29920	57-0324930	501(C)(3)	0.	6,000.			SPECIAL PROJECT SUPPORT
PEOPLE AGAINST RAPE 2154 NORTH CENTER STREET, SUITE 302 NORTH CHARLESTON, SC 29406	23-7415034	501(C)(3)	0.	5,040.			SPECIAL PROJECT SUPPORT
PI KAPPA ALPHA FOUNDATION 8347 WEST RANGE COVE MEMPHIS, TN 38125	62-6039877	501(C)(3)	0.	31,250.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD HEALTH SYSTEMS, INC. - 100 SOUTH BOYLAN AVENUE - RALEIGH, NC 27603	56-1282557	501(C)(3)	0.	52,132.			GENERAL OPERATING SUPPORT
PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922	501(C)(3)	0.	8,000.			GENERAL OPERATING SUPPORT
PORTER-GAUD FOUNDATION 300 ALBEMARLE ROAD CHARLESTON, SC 29407	45-2701202	501(C)(3)	0.	55,100.			GENERAL OPERATING SUPPORT
PORTER-GAUD SCHOOL 300 ALBEMARLE POINT CHARLESTON, SC 29407	57-0342032	501(C)(3)	0.	8,500.			SCHOLARSHIP
POSSE FOUNDATION 14 WALL STREET, SUITE 8A-60 NEW YORK, NY 10005	13-3840394	501(C)(3)	0.	20,000.			GENERAL OPERATING SUPPORT
POST AND COURIER FOUNDATION 134 COLUMBUS STREET CHARLESTON, SC 29403	57-6020356	501(C)(3)	0.	11,400.			GENERAL OPERATING SUPPORT
PRESERVATION SOCIETY OF CHARLESTON P.O. BOX 521 CHARLESTON, SC 29402	57-0439524	501(C)(3)	0.	31,537.			GENERAL OPERATING SUPPORT
PURE THEATRE 477 KING STREET CHARLESTON, SC 29412	13-4240676	501(C)(3)	0.	6,100.			GENERAL OPERATING SUPPORT
REACH OUT AND READ, INC. 7 MEDICAL PARK DRIVE COLUMBIA, SC 29203	04-3481253	501(C)(3)	0.	9,000.			SPECIAL PROJECT SUPPORT

Schedule I (Form 990)

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

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READING PARTNERS CHARLESTON 6296 RIVERS AVENUE, SUITE 305 CHARLESTON, SC 29406-4973	77-0568469	501(C)(3)	0.	64,450.			GENERAL OPERATING SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON SC, INC. - 81 GADSDEN STREET - CHARLESTON, SC 29401-1156	57-0724845	501(C)(3)	0.	36,375.			GENERAL OPERATING SUPPORT
ROPER ST. FRANCIS FOUNDATION 125 DOUGHTY STREET, STE 790 CHARLESTON, SC 29403	57-0831165	501(C)(3)	0.	13,343.			GENERAL OPERATING SUPPORT
ROSCOE READING PROGRAM P.O. BOX 2095 MONCKS CORNER, SC 29461	20-3034430	501(C)(3)	0.	20,750.			GENERAL OPERATING SUPPORT
RURAL MISSION, INC. POST OFFICE BOX 235 JOHNS ISLAND, SC 29457	57-0519864	501(C)(3)	0.	6,155.			GENERAL OPERATING SUPPORT
S.C. GOVERNOR'S SCHOOL FOR SCIENCE & MATH FOUNDATION, INC. - 1122 LADY STREET SUITE 700 - COLUMBIA, SC 29201	57-0881347	501(C)(3)	0.	14,975.			GENERAL OPERATING SUPPORT
SAINT LUKE'S EVANGELICAL LUTHERAN CHURCH - 206 CENTRAL AVENUE - SUMMERVILLE, SC 29483	57-6034244	501(C)(3)	0.	24,697.			GENERAL OPERATING SUPPORT
SALVATION ARMY P.O. BOX 241808 CHARLOTTE, NC 28224	58-0660607	501(C)(3)	0.	18,726.			GENERAL OPERATING SUPPORT
SANTA ELENA PROJECT FOUNDATION P.O. BOX 1005 BEAUFORT, SC 29901	46-4222074	501(C)(3)	0.	6,000.			SPECIAL PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEA ISLAND HABITAT FOR HUMANITY 2545 BOHICKET ROAD JOHNS ISLAND, SC 29455	57-0840667	501(C)(3)	0.	23,000.			GENERAL OPERATING SUPPORT
SECOND HELPINGS P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	0.	15,000.			SPECIAL PROJECT SUPPORT
SOMOS AMIGOS MEDICAL MISSIONS PO BOX 2351 SARASOTA, CA 95070	77-0553014	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
SOUTH CAROLINA AQUARIUM 100 AQUARIUM WHARF CHARLESTON, SC 29413-9001	57-0961897	501(C)(3)	0.	57,700.			GENERAL OPERATING SUPPORT
SOUTH CAROLINA ARTS FOUNDATION 1989 - 1026 SUMTER STREET, SUITE 200 - COLUMBIA, SC 29201	57-0892045	501(C)(3)	0.	30,090.			SPECIAL PROJECT SUPPORT
SOUTH CAROLINA ASSOCIATION OF NON-PROFIT ORGANIZATIONS - 400 ARBOR LAKE DRIVE, SUITE B500 - COLUMBIA, SC 29223-4570	57-1057398	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
SOUTH CAROLINA COASTAL CONSERVATION LEAGUE, INC. - P.O. BOX 1765 - CHARLESTON, SC 29402-9940	57-0887278	501(C)(3)	0.	640,450.			GENERAL OPERATING SUPPORT
SOUTH CAROLINA ENVIRONMENTAL LAW PROJECT, INC. - P.O. BOX 1380 - PAWLEYS ISLAND, SC 29585	57-1031430	501(C)(3)	0.	32,200.			GENERAL OPERATING SUPPORT
SOUTH CAROLINA HISTORICAL SOCIETY 100 MEETING STREET CHARLESTON, SC 29401	57-0323800	501(C)(3)	0.	7,200.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA JUNIOR GOLF FOUNDATION - P O BOX 286 - IRMO, SC 29063	57-1021847	501(C)(3)	0.	6,000.			SPECIAL PROJECT SUPPORT
SOUTH CAROLINA SPECIAL OLYMPICS 109 OAK PARK DR IRMO, SC 29063	57-0680248	501(C)(3)	0.	14,450.			GENERAL OPERATING SUPPORT
SOUTHERN APPALACHIAN HIGHLANDS CONSERVANCY - 34 WALL STREET, SUITE 502 - ASHEVILLE, NC 28801	62-1098890	501(C)(3)	0.	100,000.			SPECIAL PROJECT SUPPORT
SOUTHERN DHARMA RETREAT CENTER, INC. - 1661 WEST ROAD - HOT SPRINGS, NC 28743	56-1695711	501(C)(3)	0.	17,500.			GENERAL OPERATING SUPPORT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET, SUITE 14 CHARLOTTESVILLE, VA 22902-5065	52-1436778	501(C)(3)	0.	7,500.			GENERAL OPERATING SUPPORT
SPELMAN COLLEGE 350 SPELMAN LANE S.W. ATLANTA, GA 30314		OTHER	0.	11,000.			SCHOLARSHIP
SPOLETO FESTIVAL U.S.A. 14 GEORGE STREET CHARLESTON, SC 29401	57-0660848	501(C)(3)	0.	426,606.			GENERAL OPERATING SUPPORT
SPRING HILL COLLEGE 4000 DAUPHIN STREET MOBILE, AL 36608	63-0302179	501(C)(3)	0.	90,000.			SPECIAL PROJECT SUPPORT
ST. ANDREW'S SCHOOL OF DELAWARE, INC. - 350 NOXONTOWN ROAD - MIDDLETOWN, DE 19709	51-0079506	OTHER	0.	15,000.			SPECIAL PROJECT SUPPORT

Schedule I (Form 990)

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

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ST. CASSIAN ROMAN CATHOLIC CHURCH 187 BELLEVUE AVENUE UPPER MONTCLAIR, NJ 07043		OTHER	0.	15,000.			CAPITAL/BUILDING SUPPORT
ST. HELENA'S EPISCOPAL CHURCH P.O. BOX 1043 BEAUFORT, SC 29901		OTHER	0.	11,000.			GENERAL OPERATING SUPPORT
ST. JOHN A.M.E. CHURCH P.O. BOX 148 COTTAGEVILLE, SC 29435		OTHER	0.	5,550.			SPECIAL PROJECT SUPPORT
ST. MICHAEL'S CHURCH 71 BROAD ST CHARLESTON, SC 29401	46-6361161	501(C)(3)	0.	5,471.			GENERAL OPERATING SUPPORT
ST. PETER'S CATHOLIC SCHOOL 70 LADY'S ISLAND DRIVE BEAUFORT, SC 29907		OTHER	0.	25,000.			GENERAL OPERATING SUPPORT
ST. PHILIPS EPISCOPAL CHURCH 142 CHURCH STREET CHARLESTON, SC 29401		OTHER	0.	6,200.			GENERAL OPERATING SUPPORT
ST. THOMAS MORE CATHOLIC CHAPEL 1610 GREENE STREET COLUMBIA, SC 29201		OTHER	0.	10,000.			GENERAL OPERATING SUPPORT
STELLA MARIS ROMAN CATHOLIC CHURCH P.O. BOX 280 SULLIVAN'S ISLAND, SC 29482		OTHER	0.	16,000.			GENERAL OPERATING SUPPORT
STORYCORPS, INC. 80 HANSON PLACE, 2ND FLOOR BROOKLYN, NY 11217	13-3753011	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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STRIVE INTERNATIONAL, INC. 240 EAST 123RD STREET, 3RD FLOOR NEW YORK, NY 10035	13-3255679	501(C)(3)	0.	20,000.			SPECIAL PROJECT SUPPORT
SUMPTER FREE HEALTH CLINIC P.O. BOX 340 ST. STEPHEN, SC 29479	27-1097304	501(C)(3)	0.	17,275.			GENERAL OPERATING SUPPORT
SUSTAINABILITY INSTITUTE, INC. 113 CALHOUN STREET CHARLESTON, SC 29401	58-2474104	501(C)(3)	0.	41,947.			GENERAL OPERATING SUPPORT
SWEET BRIAR INSTITUTE P.O. BOX 1057 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	0.	10,700.			GENERAL OPERATING SUPPORT
SYMPHONY SPACE, INC. 2537 BROADWAY AT 95TH STREET NEW YORK, NY 10025	13-2941455	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
TEACH FOR AMERICA, INC. 7301 RIVERS AVENUE, SUITE 160 CHARLESTON, SC 29406	13-3541913	501(C)(3)	0.	14,500.			GENERAL OPERATING SUPPORT
TEACHERS SUPPLY CLOSET 1643-B SAVANNAH HIGHWAY, #349 CHARLESTON, SC 29407	45-0542815	501(C)(3)	0.	17,500.			GENERAL OPERATING SUPPORT
TECHNICAL COLLEGE OF THE LOWCOUNTRY FOUNDATION - P.O. BOX 2614 - BEAUFORT, SC 29901	57-0767384	501(C)(3)	0.	27,500.			GENERAL OPERATING SUPPORT
THE BASCOM CORPORATION 323 FRANKLIN ROAD HIGHLANDS, NC 28741	56-2093546	501(C)(3)	0.	8,750.			SPECIAL PROJECT SUPPORT

Schedule I (Form 990)

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THE CHARLESTON CATHOLIC SCHOOL 888 KING STREET CHARLESTON, SC 29403	57-0930700	501(C)(3)	0.	22,690.			GENERAL OPERATING SUPPORT
THE CHARLESTON IMMERSIVE INTERACTIVE CREATIVE TECHNOLOGY - 14 LOCKWOOD DRIVE, SUITE 6K - CHARLESTON, SC 29401	46-1856001	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
THE CHARLESTON STAGE COMPANY, INC. P.O. BOX 356 CHARLESTON, SC 29402	57-0694183	501(C)(3)	0.	72,750.			GENERAL OPERATING SUPPORT
THE CITADEL FOUNDATION 171 MOULTRIE STREET CHARLESTON, SC 29409	57-6020493	501(C)(3)	0.	53,440.			GENERAL OPERATING SUPPORT
THE COLLEGE FOUNDATION P.O. BOX 400801 CHARLOTTESVILLE, VA 22904		OTHER	0.	10,000.			SPECIAL PROJECT SUPPORT
THE GARDEN CONSERVANCY INC. P.O. BOX 219 COLD SPRING, NY 10516	13-3570145	501(C)(3)	0.	10,500.			GENERAL OPERATING SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY, INC. - 941 HOUSTON NORTHCUTT BOULEVARD, SUITE 203 - MOUNT PLEASANT, SC 29464	13-5644916	501(C)(3)	0.	12,498.			GENERAL OPERATING SUPPORT
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY STREET, SUITE 900 SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	0.	500,000.			GENERAL OPERATING SUPPORT
THE VILLAGE REPERTORY COMPANY 34 WOOLFE STREET CHARLESTON, SC 29493	30-0137284	501(C)(3)	0.	50,000.			GENERAL OPERATING SUPPORT

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THUMBS UP, INC. 914 HAMAR STREET BEAUFORT, SC 29902	57-1025876	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT
TREVECCA NAZARENE UNIVERSITY 333 MURFREESBORO ROAD NASHVILLE, TN 37210	62-0497990	501(C)(3)	0.	40,000.			SPECIAL PROJECT SUPPORT
TRIDENT ACADEMY 1455 WAKENDAW ROAD MOUNT PLEASANT, SC 29464	57-0542727	501(C)(3)	0.	18,751.			GENERAL OPERATING SUPPORT
TRIDENT LITERACY ASSOCIATION 5416-B RIVERS AVENUE NORTH CHARLESTON, SC 29406	57-0721308	501(C)(3)	0.	52,718.			GENERAL OPERATING SUPPORT
TRIDENT UNITED WAY P.O. BOX 63305 NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	0.	147,107.			GENERAL OPERATING SUPPORT
TRINITY BAPTIST CHURCH 124 W. DARLINGTON STREET FLORENCE, SC 29501	57-0360105	501(C)(3)	0.	50,000.			GENERAL OPERATING SUPPORT
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106	06-0646927	501(C)(3)	0.	25,000.			SPECIAL PROJECT SUPPORT
U.S.S. YORKTOWN CV-10 ASSOCIATION, INC. - POST OFFICE BOX 1021 - MOUNT PLEASANT, SC 29465	57-0646242	OTHER	0.	10,934.			GENERAL OPERATING SUPPORT
UNDER ONE ROOF SERVICES, INC. P.O. BOX 1901 BEAUFORT, SC 29901	27-0981486	501(C)(3)	0.	10,000.			GENERAL OPERATING SUPPORT

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UNITED WAY OF THE LOWCOUNTRY, INC. P.O. BOX 202 BEAUFORT, SC 29901-0202	57-0405847	501(C)(3)	0.	28,944.			GENERAL OPERATING SUPPORT
UNIVERSITY MEDICAL ASSOCIATES OF THE MEDICAL UNIV OF SOUTH C - P.O. BOX 931736 - ATLANTA, GA 31193	57-0935917	OTHER	0.	39,400.			SCHOLARSHIP
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - 1027 BARNWELL STREET - COLUMBIA, SC 29208	57-6017985	501(C)(3)	0.	120,500.			SPECIAL PROJECT SUPPORT
UNIVERSITY OF SOUTH CAROLINA 516 SOUTH MAIN STREET COLUMBIA, SC 29208		OTHER	0.	18,250.			SCHOLARSHIP
UNIVERSITY OF VIRGINIA P.O. BOX 400807 CHARLOTTESVILLE, VA 22904-4807		OTHER	0.	35,200.			GENERAL OPERATING SUPPORT
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)(3)	0.	7,500.			GENERAL OPERATING SUPPORT
VOLUNTEERS IN MEDICINE CLINIC 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	0.	13,880.			SPECIAL PROJECT SUPPORT
WATER MISSIONS INTERNATIONAL P.O. BOX 31258 CHARLESTON, SC 29417	57-1116978	501(C)(3)	0.	32,450.			GENERAL OPERATING SUPPORT
WELVISTA 121 GREYSTONE BOULEVARD COLUMBIA, SC 29210	56-2034627	501(C)(3)	0.	5,400.			SPECIAL PROJECT SUPPORT

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WINDWOOD FARM HOME FOR CHILDREN, INC. - 4857 WINDWOOD FARM ROAD - AWENDAW, SC 29429	57-0807424	509A(1)	0.	12,525.			GENERAL OPERATING SUPPORT
WINGS FOR KIDS 476 MEETING STREET, SUITE E CHARLESTON, SC 29403-4841	57-1055054	501(C)(3)	0.	183,500.			GENERAL OPERATING SUPPORT
WINTHROP UNIVERSITY 119 TILLMAN HALL ROCK HILL, SC 29733		OTHER	0.	13,238.			SCHOLARSHIP
WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG, SC 29303-3663	57-0314422	501(C)(3)	0.	18,500.			SCHOLARSHIP
YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06510	06-0646652	501(C)(3)	0.	10,000.			SPECIAL PROJECT SUPPORT
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521-2038	06-0646973	501(C)(3)	0.	12,000.			GENERAL OPERATING SUPPORT
YESCAROLINA P.O. BOX 210 CHARLESTON, SC 29402	20-3562766	501(C)(3)	0.	12,100.			GENERAL OPERATING SUPPORT
YMCA OF BEAUFORT COUNTY 1801 RICHMOND AVENUE PORT ROYAL, SC 29935	57-0910326	501(C)(3)	0.	17,000.			GENERAL OPERATING SUPPORT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **COASTAL COMMUNITY FOUNDATION** Employer identification number **23-7390313**

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	36	8,104,850.	AVG HI/LO ON GIFT DA
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	550,000.	FMV
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

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

SCHEDULE M, LINE 32B:

FOR REAL ESTATE GIFTS THE FOUNDATION HAS HIRED AGENTS TO REPRESENT IT
IN THE MARKETING AND SALE.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

23-7390313

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

CHALLENGES FACING THE COASTAL COMMUNITIES OF BEAUFORT, BERKELEY,

CHARLESTON, COLLETON, DORCHESTER, GEORGETOWN, HAMPTON AND JASPER

COUNTIES BY CONNECTING INDIVIDUALS AND PROVIDING GRANTS TO ENGENDER

POSITIVE CHANGES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION- DISBURSED 616 GRANTS AND SCHOLARSHIPS TO VARIOUS EDUCATIONAL

INSTITUTIONS IN THE FURTHERANCE OF VARIOUS EDUCATIONAL PURSUITS.

EXPENSES \$ 2,810,715. INCLUDING GRANTS OF \$ 2,600,793. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CURACAO, CAYMAN ISLANDS, BERMUDA, BRITISH VIRGIN IS

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS PROVIDED TO AND REVIEWED WITH KEY STAFF BEFORE FILING AND,

SUBSEQUENT TO FILING, IT IS PROVIDED TO AND REVIEWED WITH THE FINANCE

COMMITTEE AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, THE BOARD AND OFFICERS ARE REQUIRED TO COMPLETE A CONFLICT OF

INTEREST DISCLOSURE DOCUMENT. THIS DOCUMENT REQUESTS DISCLOSURE OF ANY

POTENTIAL CONFLICTS SUCH AS VENDOR RELATIONSHIPS OR GRANT RECIPIENT

RELATIONSHIPS. IN ADDITION, AT EACH BOARD MEETING, MEMBERS ARE ASKED TO

DISCLOSE ANY POTENTIAL CONFLICTS AND, UPON SUCH DISCLOSURES, TO LEAVE THE

MEETING AND REFRAIN FROM VOTING.

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

23-7390313

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS ENGAGED COMPENSATION CONSULTANTS TO REVIEW THE APPROPRIATE SALARY RANGES FOR THE PRESIDENT AND OTHER STAFF POSITIONS. THIS REPORT PROVIDES COMPARATIVE DATA AND INCLUDES INFORMATION FROM LOCAL AND NATIONAL MARKETS. ALL SALARIES ARE APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGET. ADDITIONALLY, COMPENSATION FOR THE PRESIDENT IS BASED ON THE RECOMMENDATION OF THE FINANCE COMMITTEE AFTER THE COMPLETION OF THE ANNUAL REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS, INCLUDING FORM 990, AVAILABLE ON REQUEST. ADDITIONALLY, FORM 990 IS AVAILABLE AT WWW.GUIDESTAR.COM.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED.

FORM 990, PART V, LINE 2A

INCLUDED AMONG THE FOUNDATION'S EMPLOYEES ARE SEVERAL STAFF MEMBERS ASSIGNED TO SUPPORTING ORGANIZATIONS.

FORM 990, PART VII, SECTION A

THE FOUNDATION HAD A CHANGE IN LEADERSHIP FOR THE CALENDAR YEAR 2016. INFORMATION ON THE PRESIDENT REFLECTS PAST YEAR INFORMATION FOR THE OUTGOING PRESIDENT.

**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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **COASTAL COMMUNITY FOUNDATION** Employer identification number **23-7390313**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TCF REALTY LLC - 23-7390313 635 RUTLEDGE AVENUE CHARLESTON, SC 29403	REAL ESTATE TITLE	SOUTH CAROLINA		550,000.	FOUNDATION

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FRANCES P BUNNELLE FOUNDATION - 57-1095197 PO BOX 1965 PAWLEYS ISLAND, SC 29585	SUPPORTING ORGANIZATION- GRANTMAKING	SOUTH CAROLINA	501(C)(3)	509(A)(3) (TYPE1)	COASTAL COMMUNITY FOUNDATION		X
JEWISH ENDOWMENT FUND - 57-1042419 635 RUTLEDGE AVENUE CHARLESTON, SC 29403	SUPPORTING ORGANIZATION- GRANTMAKING	SOUTH CAROLINA	501(C)(3)	509(A)(3) (TYPE1)	SEE SUPPLEMENTAL INFORMATION		X
DARBY FAMILY FOUNDATION - 57-1102791 635 RUTLEDGE AVENUE CHARLESTON, SC 29403	SUPPORTING ORGANIZATION- GRANTMAKING	SOUTH CAROLINA	501(C)(3)	509(A)(3) (TYPE1)	COASTAL COMMUNITY FOUNDATION		X
SAUL ALEXANDER FOUNDATION - 23-7420175 635 RUTLEDGE AVENUE CHARLESTON, SC 29403	SUPPORTING ORGANIZATION- GRANTMAKING	SOUTH CAROLINA	501(C)(3)	509(A)(3) (TYPE3)	N/A		X

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

Schedule R (Form 990) 2015

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

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

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

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

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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) FRANCES P. BUNNELLE FOUNDATION	L	119,736.FMV	
(2) FRANCES P. BUNNELLE FOUNDATION	Q	343,556.FMV	
(3) JEWISH ENDOWMENT FOUNDATION	L	98,980.FMV	
(4) DARBY FAMILY FOUNDATION	L	37,404.FMV	
(5) SAUL ALEXANDER FOUNDATION	L	25,361.FMV	
(6) WACCAMAW COMMUNITY FOUNDATION	L	87,860.FMV	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) WACCAMAW COMMUNITY FOUNDATION	Q	108,425.	FMV
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

COPY

Part VII Supplemental Information

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

PART II, COLUMN F

THE JEWISH ENDOWMENT FUND IS A TYPE 1 SUPPORTING ORGANIZATION JOINTLY CONTROLLED BY THE CHARLESTON JEWISH FEDERATION AND THE COASTAL COMMUNITY FOUNDATION.

COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2016

Prepared for	Coastal Community Foundation 635 Rutledge Avenue No. 201 Charleston, SC 29403-4464
Prepared by	Elliott Davis Decosimo, LLC / PLLC 100 Calhoun Street, Suite 300 Charleston, SC 29401
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2017
Special Instructions	The return should be signed and dated.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COASTAL COMMUNITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 635 RUTLEDGE AVENUE, NO. 201</p> <p>City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, SC 29403-4464</p>	<p>D Employer identification number (Employees' trust, see instructions.) 23-7390313</p> <p>E Unrelated business activity codes (See instructions.) 900099</p>
--	------------------------------	---	--

C Book value of all assets at end of year: 224,732,595.

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ UBTI FROM PARTNERSHIP INTERESTS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **BRIAN HUSSAIN** Telephone number ▶ **843-723-3635**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 -207,586.	STMT 1	-207,586.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 -207,586.		-207,586.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-207,586.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-207,586.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-207,586.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40d), Total credits (40e), Subtract line 40e (41), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Sign Here: 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 taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only: Print/Type preparer's name (MELONIE HAMMOND-TRACE, CPA), Preparer's signature, Date, Check self-employed, PTIN (P00497186), Firm's name (ELLIOTT DAVIS DECOSIMO, LLC / PLLC), Firm's EIN (57-0381582), Firm's address (100 CALHOUN STREET, SUITE 300 CHARLESTON, SC 29401), Phone no. (843-577-7040).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		0.	0.			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 1

DESCRIPTION	AMOUNT
VIA ENERGY II, LP	-52,875.
TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND II, LP	-773.
WCP REAL ESTATE FUND III, LP	3,753.
IRON POINT REAL ESTATE PARTNERS	-3,487.
KAYNE ANDERSON MLP FUND, LP	10.
WCP REAL ESTATE FUND III, LP	-10,541.
IRON POINT REAL ESTATE PARTNERS	33,344.
KAYNE ANDERSON MLP FUND, LP	-128,929.
VIA ENERGY II, LP	-479.
WCP REAL ESTATE FUND III, LP	116.
KAYNE ANDERSON MLP FUND, LP	19.
ROCKLAND POWER PARTNERS II, LP	30,410.
FALCON STRATEGIC PARTNERS IV LP	-35.
FALCON STRATEGIC PARTNERS IV LP	-22.
FALCON STRATEGIC PARTNERS IV LP	-23,318.
NGP NATURAL RESOURCES XI, LP	-54,779.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-207,586.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	48,823.	0.	48,823.	48,823.
06/30/14	120,691.	0.	120,691.	120,691.
06/30/15	150,436.	0.	150,436.	150,436.
NOL CARRYOVER AVAILABLE THIS YEAR			319,950.	319,950.

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST STATEMENT 3

NAME OF COUNTRY
 CURACAO
 CAYMAN ISLANDS
 BERMUDA
 BRITISH VIRGIN IS

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. COASTAL COMMUNITY FOUNDATION	Employer identification number (EIN) or 23-7390313
	Number, street, and room or suite no. If a P.O. box, see instructions. 635 RUTLEDGE AVENUE, NO. 201	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLESTON, SC 29403-4464	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

BRIAN HUSSAIN

• The books are in the care of **635 RUTLEDGE AVENUE - CHARLESTON, SC 29403**
Telephone No. **843-723-3635** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2017.

5 For calendar year _____, or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. COASTAL COMMUNITY FOUNDATION	Employer identification number (EIN) or 23-7390313
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 635 RUTLEDGE AVENUE, NO. 201	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLESTON, SC 29403-4464	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BRIAN HUSSAIN

- The books are in the care of ▶ **635 RUTLEDGE AVENUE - CHARLESTON, SC 29403**
Telephone No. ▶ **843-723-3635** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

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

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

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

2015 TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99T

FOR THE YEAR ENDING

June 30, 2016

Prepared for	Coastal Community Foundation 635 Rutledge Avenue No. 201 Charleston, SC 29403-4464
Prepared by	Elliott davis decosimo, llc /pllc 100 calhoun street, suite 300 charleston, sc 29401
To be signed and dated by	The authorized individual(s).
Amount of tax	Total tax \$ 50.00 Less: payments and credits \$ 2,244.00 Plus: other amount \$ 50.00 Plus: interest and penalties \$ 0.00 Overpayment \$ 1,000.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Arizona Dept of Revenue P.O. Box 52153 Phoenix, AZ 85072-2153
Return must be mailed on or before	May 15, 2017
Special Instructions	

For the calendar year 2015 or fiscal year beginning 07/01/15 and ending 06/30/16.

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name COASTAL COMMUNITY FOUNDATION	Employer Identification Number (EIN) 23-7390313
	Address - number and street or PO Box 635 RUTLEDGE AVENUE	
Business Telephone Number (with area code) 843-723-3635	City, Town or Post Office CHARLESTON, SC 29403-4464	State ZIP Code

68 Check box if: This is a first return Name change Address change

A Date Arizona operations began _____

B Nature of unrelated business activities: **STATEMENT 1**

C Unrelated business activity codes: **900099**

D ARIZONA apportionment for multistate organizations only (check one box):
 AIR Carrier STANDARD ENHANCED

E Check if Multistate Provider Election and Computation (Arizona Schedule MSP) is included.
 Indicate the year of the election cycle Yr 1 Yr 2 Yr 3 Yr 4 Yr 5

F Did you file an Arizona Form 99? Yes No

G Check federal form filed: 990-T Other (specify) _____

Include a copy of the organization's federal return.

CHECK BOX IF return filed under extension:
 82 82F X

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM 66 RCVD

Arizona Unrelated Business Taxable Income Computation

1	Unrelated business taxable income from federal Form 990-T	1	-207,586	00
2	Additions related to Arizona tax credits claimed	2		00
3	Subtotal: Add line 1 and line 2	3	-207,586	00
4	Apportionment ratio for multistate organizations only: See instructions	4		
5	Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3)	5	113	00

Arizona Tax Liability Computation

6	Enter tax: Tax is 6.0 percent of line 5, or \$50, whichever is greater	6	50	00
7	Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31	7		00
8	Subtotal: Add line 6 and line 7	8	50	00
9	Nonrefundable tax credits from Arizona Form 300, Part 2, line 56	9		00
10	Credit type: Enter form number for each nonrefundable credit claimed: 10 3 3 3 3			
11	Tax liability: Subtract line 9 from line 8	11	50	00

Tax Payments

12	Refundable tax credits: Check box(es) and enter amt: 12 <input type="checkbox"/> 308 <input type="checkbox"/> 342 <input type="checkbox"/> 349	12		00
13	Extension payment made with Arizona Form 120EXT or online	13		00
14	Estimated tax payments	14	2,244	00
15	Amended returns: Payment made with original return plus all payments made after it was filed: See instructions	15		00
16	Subtotal payments: Add lines 12 through 15	16	2,244	00
17	Overpayments of tax from original return or later adjustments: See instructions	17		00
18	Total Payments: Subtract line 17 from line 16	18	2,244	00

Computation of Total Due or Overpayment

19	Balance of tax due: If line 11 is larger than line 18, enter balance of tax due. Skip line 20	19		00
20	Overpayment of tax: If line 18 is larger than line 11, enter overpayment of tax	20	2,194	00
21	Penalty and interest	21		00
22	Estimated tax underpayment penalty: If Form 220 is included, check this box 22A <input type="checkbox"/>	22		00
23	TOTAL AMOUNT DUE: Add lines 19, 21, and 22. If money is due, non-EFT payment must accompany return	23		00
24	OVERPAYMENT: See instructions	24	2,194	00
25	Amount of line 24 to be applied to 2016 estimated tax	25	1,000	00
26	Amount to be refunded: Subtract line 25 from line 24	26	1,194	00

Continued on page 2 →

SCHEDULE A Apportionment Formula (Multistate Organizations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA.
 Qualifying multistate service providers must include Arizona Schedule MSP.
 See instructions, pages 8, 9, and 10.

LIMITED TO UNRELATED BUSINESS AMOUNTS		
COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
X 1 OR X 5.0		
X 1 OR X 5.0		
X 2 OR X 90.0		
A4 Total Ratio: Add A1c, A2c, and A3f, in column C		
A5 Average Apportionment Ratio: Divide line A4, column C, by the denominator (STANDARD divides by four (4); ENHANCED divides by on hundred (100)). Enter the result in column C, and on page 1, line 4		- .000544

Declaration	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
Please Sign Here	OFFICER'S SIGNATURE	DATE	PRESIDENT TITLE
Paid Preparer's Use Only	PAID PREPARER'S SIGNATURE	DATE	P00497186 PAID PREPARER'S PTIN
	ELLIOTT DAVIS DECOSIMO, LLC /PLLC		57-0381582
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	100 CALHOUN STREET, SUITE 300		843-577-7040
	FIRM'S STREET ADDRESS		FIRM'S TELEPHONE NUMBER
	CHARLESTON, SC		29401
	CITY	STATE	ZIP CODE

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153

FORM AZ 99T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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UBTI FROM PARTNERSHIP INTERESTS

TO FORM AZ 99T, PAGE 1

COPY

Form at bottom of page.

Installment 2 - File and Pay by the 15th day of the 6th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.
If no payment is due, do not mail this form.

WHERE TO FILE: Using blue or black ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number and "2016 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, payment with form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information

-----DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
Caution: You may be required to pay electronically. See instructions.

TAXABLE YEAR

Installment 2
CALIFORNIA FORM

2016 Corporation Estimated Tax

100-ES

0000000 COAS 23-7390313 1535950 16 FORM 2
TYB 07-01-2016 TYE 06-30-2017
COASTAL COMMUNITY FOUNDATION

635 RUTLEDGE AVENUE STE 201
CHARLESTON SC 29403-4464

EST TAX AMT QSUB TAX AMT TOTAL PAYMENT AMT

Form at bottom of page.

Installment 3 - File and Pay by the 15th day of the 9th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.
If no payment is due, do not mail this form.

WHERE TO FILE: Using blue or black ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number and "2016 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, payment with form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information

-----DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
Caution: You may be required to pay electronically. See instructions.

TAXABLE YEAR

Installment 3
CALIFORNIA FORM

2016 Corporation Estimated Tax

100-ES

0000000 COAS 23-7390313 1535950 16 FORM 2
TYB 07-01-2016 TYE 06-30-2017
COASTAL COMMUNITY FOUNDATION

635 RUTLEDGE AVENUE STE 201
CHARLESTON SC 29403-4464

EST TAX AMT QSUB TAX AMT TOTAL PAYMENT AMT

Form at bottom of page.

Installment 4 - File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.
If no payment is due, do not mail this form.

WHERE TO FILE: Using blue or black ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number and "2016 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, payment with form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information

-----DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
Caution: You may be required to pay electronically. See instructions.

TAXABLE YEAR

Installment 4
CALIFORNIA FORM

2016 Corporation Estimated Tax

100-ES

0000000 COAS 23-7390313 1535950 16 FORM 2
TYB 07-01-2016 TYE 06-30-2017
COASTAL COMMUNITY FOUNDATION

635 RUTLEDGE AVENUE STE 201
CHARLESTON SC 29403-4464

EST TAX AMT QSUB TAX AMT TOTAL PAYMENT AMT

2015 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING

June 30, 2016

Prepared for	Coastal Community Foundation 635 Rutledge Avenue No. 201 Charleston, SC 29403-4464
Prepared by	Elliott davis decosimo, llc /pllc 100 calhoun street, suite 300 charleston, sc 29401
To be signed and dated by	The authorized individual(s).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 738.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 Overpayment \$ 738.00
Overpayment	Credited to your estimated tax \$ 738.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0500
Return must be mailed on or before	June 15, 2017
Special Instructions	

2015

California Exempt Organization
Business Income Tax Return

109

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) **07/01/2015**, and ending (mm/dd/yyyy) **06/30/2016**

Corporation/Organization name **COASTAL COMMUNITY FOUNDATION** California corporation number **1535950**

Additional information. See instructions. FEIN **23-7390313**

Street address (suite/room no.) **635 RUTLEDGE AVENUE, NO. 201** PMB no.

City (If the corporation has a foreign address, see instructions.) **CHARLESTON** State **SC** ZIP code **29403-4464**

Foreign country name Foreign province/state/county Foreign postal code

- A First Return Filed? Yes No
- B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D Final Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
Enter date (mm/dd/yyyy)
- E Amended Return Yes No
- F Accounting Method Used: (1) Cash (2) Accrual (3) Other
- G Nature of trade or business **SEE STATEMENT 1**
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
- K Unrelated Business Activity (UBA) Code **900099**
- L Is this a Hospital? Yes No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	1	-238.00
	2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	2	00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	3	-238.00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	4	00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	5	-238.00
	6	Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	6	00
	7	Net Operating Loss deduction. See General Information N	7	00
	8	Add line 6 and line 7	8	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	9	-238.00
	10	Tax 8.84 % x line 9. See General Information J	10	00
	11 a	New employment credit, amount generated. • a) _____	11b	00
	c	Tax credits from Schedule B. See instructions	11c	00
d	Total Credits. Add line 11b and 11c	11d	00	
Total Tax	12	Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-	12	00
	13	Alternative minimum tax. See General Information O	13	00
	14	Total tax. Add line 12 and line 13	14	0.00
Payments	15	Overpayment from a prior year allowed as a credit	15	738.00
	16	2015 estimated tax payments. See instructions	16	00
	17	Withholding (Form 592-B and/or 593.) See instructions	17	00
	18	Amount paid with extension (form FTB 3539)	18	00
	19	Total payments and credits. Add line 15 through line 18	19	738.00
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	20	00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	21	738.00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	22	00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23	00
	24	Overpayment. Subtract line 14 from line 21. See instructions	24	738.00
	25	Enter amount of line 24 to be applied to 2016 estimated tax	25	738.00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c	
	27 Penalties and interest. See General Information M	27	00
28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.			
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	00	

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c	00
2 Cost of goods sold and/or operations (Schedule A, line 7)			2	00
3 Gross profit. Subtract line 2 from line 1c			3	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a	00
b Net gain (loss) from Part II, Schedule D-1			4b	00
c Capital loss deduction for trusts			4c	00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	SEE STATEMENT 2		5	-238.00
6 Rental income (Schedule C)			6	00
7 Unrelated debt-financed income (Schedule D)			7	00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9	00
10 Exploited exempt activity income (Schedule G)			10	00
11 Advertising income (Schedule H, Part III, Column A)			11	00
12 Other income. Attach schedule			12	00
13 Total unrelated trade or business income. Add line 3 through line 12			13	-238.00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I		14	00
15 Salaries and wages		15	00
16 Repairs		16	00
17 Bad debts		17	00
18 Interest		18	00
19 Taxes		19	00
20 Contributions		20	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00	
b Less: depreciation claimed on Schedule A	21b	00	21
22 Depletion		22	00
23 a Contributions to deferred compensation plans		23a	00
b Employee benefit programs		23b	00
24 Other deductions		24	00
25 Total deductions. Add line 14 through line 24		25	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		26	-238.00
27 Excess advertising costs (Schedule H, Part III, Column B)		27	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26		28	-238.00
29 Specific deduction		29	1,000.00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		30	-238.00

Sign Here

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for privacy notice. To request this notice by mail, call 800.852.5711.
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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title PRESIDENT	Date	Telephone
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00497186
Firm's name (or yours, if self-employed) and address	ELLIOTT DAVIS DECOSIMO, LLC / PLLC 100 CALHOUN STREET, SUITE 300 CHARLESTON, SC 29401		FEIN 57-0381582 Telephone 843-577-7040
May the FTB discuss this return with the preparer shown above? See instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

Table with 7 rows for Schedule A. Columns include line numbers (1-7) and amounts (00). Includes a checkbox for 'Do the rules of IRC Section 263A... apply to this organization?' with 'Yes' and 'No' options, where 'No' is checked.

Schedule B Tax Credits. Do not claim the New Employment Credit on Schedule B.

Table for Schedule B with 4 rows. Columns include line numbers (1-4) and amounts (00). Row 4 includes a total calculation for tax credits.

Schedule K Add-On Taxes or Recapture of Tax.

Table for Schedule K with 5 rows. Columns include line numbers (1-5) and amounts (00). Rows cover interest computation, tax attributable to installment, and credit recapture.

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table for Part A of Schedule R with 2 rows. Columns include (a) Total within and outside California, (b) Total within California, and (c) Percent within California.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table for Part B of Schedule R with 5 rows. Columns include (a) Total within and outside California, (b) Total within California, and (c) Percent within California.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C with multiple rows and columns. Columns include Description of property, Rent received or accrued, Percentage of rent attributable to personal property, and various income and deduction calculations.

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
			(a) Straight-line depreciation	(b) Other deductions	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			

Total. Enter here and on Side 2, Part I, line 7

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5

Total. Enter here and on Side 2, Part I, line 8

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
1				
2				
3				

4 Add columns 5 and 10

5 Add columns 6 and 11

6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero

Total. Enter here and on Side 2, Part I, line 10

FORM 109	NATURE OF TRADE OR BUSINESS	STATEMENT	1
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UBTI FROM PARTNERSHIP INTERESTS

TO FORM 109, PAGE 1

FORM 109	INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS	STATEMENT	2
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DESCRIPTION

AMOUNT

WCP REAL ESTATE FUND III, LP	3,753.
IRON POINT REAL ESTATE PARTNERS	-3,487.
KAYNE ANDERSON MLP FUND, LP	10.
VIA ENERGY II, LP	-479.
FALCON STRATEGIC PARTNERS IV LP	-35.
TOTAL TO FORM 109, PAGE 2, LINE 5	-238.

COPY

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

COASTAL COMMUNITY FOUNDATION

1535950

During the taxable year the corporation incurred the NOL, the corporation was a(n): C Corporation S Corporation

FEIN

Exempt Organization Limited liability company (electing to be taxed as a corporation)

23-7390313

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	238.00
2	2015 disaster loss included in line 1. Enter as a positive number	2	00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	238.00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a	00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b	00
	c Add line 4a and line 4b	4c	00
5	General NOL. Subtract line 4c from line 3	5	238.00
6	Current Year NOL. Add line 2, line 4c, and line 5. See instructions	6	238.00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2013 and/or 2014, complete

Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

7	2015 NOL carryback used to offset 2013 net income. Enter the amount from Part III, line 3, column (e)	7	00
8	2015 NOL carryback used to offset 2014 net income. Enter the amount from Part III, line 3, column (g)	8	238.00
9	2015 NOL carryover to 2016. Add line 7 and line 8, then subtract the result from line 6. See instructions.	9	00

Election to waive carryback

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2015 NOL under IRC Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's irrevocable. See instructions. Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1	Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	(g) Available balance	0.
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Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2014	(f) Amount used in 2015	(g) Available balance	(h) Carryover to 2016 col. (e) - col. (f)
2							

Current Year NOLs

							col. (d) - col. (f) See instructions.
3	2015	DIS					
4	2015	GEN	238.				0.
	2015						
	2015						
	2015						

Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III NOL carryback

1	2013 Net income - Enter the amount from 2013 Form 100, line 23; Form 100W, line 23; Form 100S line 21; or taxable income from Form 109, line 9; (but not less than -0-)	0.
2	2014 Net income - Enter the amount from 2014 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-)	7,186.

(a) Year of Loss	(b) Code - See Instructions	(c) Type of NOL - See below*	(d) Initial loss - See Instructions	2013		2014		(i) Carryover to 2016 col. (d) - (col. (e) + col. (g))
				(e) Carryback used - See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used - See instructions	(h) After carryback col. (f) minus col. (g)	
3 2015		GEN	238	0	238	238	0	0
2015								
2015								
2015								
2015								

* **Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

Part IV 2015 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1	00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2	00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3	00