

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

# 2016

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**COASTAL COMMUNITY FOUNDATION**

**23-7390313**

Name and title of officer

**DARRIN GOSS  
PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>27,267,420.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize ELLIOTT DAVIS, LLC/PLLC to enter my PIN 90313  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

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

**57298290313**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 02/16/18

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

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

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

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COASTAL COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>635 RUTLEDGE AVENUE 201</b> City or town, state or province, country, and ZIP or foreign postal code <b>CHARLESTON, SC 29403-4464</b> <b>F</b> Name and address of principal officer: <b>DARRIN GOSS</b> <b>635 RUTLEDGE AVENUE, CHARLESTON, SC 29403</b>	<b>D</b> Employer identification number <b>23-7390313</b> <b>E</b> Telephone number <b>843-723-3635</b> <b>G</b> Gross receipts \$ <b>65,686,675.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.COASTALCOMMUNITYFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1974</b> <b>M</b> State of legal domicile: <b>SC</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>COASTAL COMMUNITY FOUNDATION IS A PUBLIC FOUNDATION WORKING TO ADDRESS THE (CONINUATION ON SCH O)</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 20
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 20
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b> 38
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 116
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> -74,371.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b> 24,939,290. 19,832,276.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b> 375,180. 419,387.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b> 5,344,606. 6,671,567.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b> 293,875. 344,190.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b> 30,952,951. 27,267,420.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b> 13,105,463. 13,487,169.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b> 0. 0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b> 1,256,849. 1,538,914.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b> 0. 0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>484,077.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b> 1,220,178. 1,329,919.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b> 15,582,490. 16,356,002.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b> 15,370,461. 10,911,418.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b> 224,732,595. 169,252,273.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b> 80,789,204. 1,410,874.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b> 143,943,391. 167,841,399.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>DARRIN GOSS, PRESIDENT</b> Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BRANDON T. RENAUD</b>	Preparer's signature <i>Brandon Renaud</i>
	Firm's name ▶ <b>ELLIOTT DAVIS, LLC/PLLC</b>	Date <b>02/16/18</b>
	Firm's address ▶ <b>100 CALHOUN STREET, SUITE 300 CHARLESTON, SC 29401</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00743576</b>
		Firm's EIN ▶ <b>57-0381582</b> Phone no. (843) <b>577-7040</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 \$ 14,838,948. including grants of \$ 13,487,169. ) (Revenue \$ 594,874. ) DONOR SERVICES: WE SEEK TO PROVIDE BEST-IN-CLASS STEWARDSHIP TO INDIVIDUALS, FAMILIES, FOUNDATIONS AND COMPANIES, TO CONNECT THEM TO WHAT THEY CARE DEEPLY ABOUT. WE USE OUR RELATIONSHIPS, LOCAL EXPERTISE AND KNOWLEDGE AS A PLACE-BASED FOUNDATION TO INFORM AND STRENGTHEN DONOR'S PHILANTHROPY AND ENCOURAGE STRENGTH AND VITALITY IN THE NONPROFIT SECTOR.

INVESTMENT MANAGEMENT: THE STEWARDSHIP OF OUR FINANCIAL ASSETS IS CRUCIAL TO PHILANTHROPY, IN BOTH THE SHORT AND LONG-TERM. WE ARE A PERMANENT PHILANTHROPIC RESOURCE TO THE COMMUNITY; THUS, WE PRACTICE PRUDENT OVERSIGHT OF INVESTMENTS TO PRESERVE GRANTMAKING CAN MEET NEEDS TODAY AND TOMORROW. (SEE SCHEDULE O)

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

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

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

4e Total program service expenses 14,838,948.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> 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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> 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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> 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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 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
<b>27</b> 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 20		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 20		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (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: **CHRISTA DIVIS - 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 SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(4) TODD ABEDON DIRECTOR	1.00	X						0.	0.	0.
(5) J ELIZABETH BRADHAM DIRECTOR	1.00	X						0.	0.	0.
(6) D CABELL GILLEY DIRECTOR	1.00	X						0.	0.	0.
(7) HERBERT DRAYTON DIRECTOR	1.00	X						0.	0.	0.
(8) SHAWAN GILLIANS DIRECTOR	1.00	X						0.	0.	0.
(9) STEVEN E GOLDBERG, ESQ DIRECTOR	1.00	X						0.	0.	0.
(10) GORDON GRANGER DIRECTOR	1.00	X						0.	0.	0.
(11) PAUL K. HOOKER DIRECTOR	1.00	X						0.	0.	0.
(12) ANITA ZUCKER DIRECTOR	1.00	X						0.	0.	0.
(13) BONNIE ADAMS KAPP DIRECTOR	1.00	X						0.	0.	0.
(14) RACHEL HUTCHINSON DIRECTOR	1.00	X						0.	0.	0.
(15) LINDA PLUNKETT DIRECTOR	1.00	X						0.	0.	0.
(16) DAWN ROBINSON DIRECTOR	1.00	X						0.	0.	0.
(17) BILL 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) COLLEEN TROY DIRECTOR	1.00	X						0.	0.	0.
(19) ANGIE WASHINGTON DIRECTOR	1.00	X						0.	0.	0.
(20) AMY ARMSTRONG DIRECTOR	1.00	X						0.	0.	0.
(21) BRIAN HUSSAIN VP OF FINANCE	50.00			X				129,912.	0.	13,827.
(22) DARRIN GOSS PRESIDENT	50.00			X				180,477.	0.	7,154.
<b>1b Sub-total</b>								310,389.	0.	20,981.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								310,389.	0.	20,981.

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 **2**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP 201 EAST FIFTH ST, CINCINNATI, OH 45202	INVESTMENT CONSULTANT	154,391.

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 26,909.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 125,189.				
	<b>d</b> Related organizations .....	<b>1d</b> 4,009,387.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 1,498,735.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 14,172,056.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	9,144,880.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 19,832,276.				
	<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEE INCOME .....	<b>Business Code</b> 561000	349,080.	349,080.	
<b>b</b> EARNED SERVICES FEES .....		561000	70,307.	70,307.		
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....		900099				
<b>g Total.</b> Add lines 2a-2f .....		▶ 419,387.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 2,418,015.			2,418,015.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....	▶ 4,253,552.			4,253,552.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 125,189. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 204,360.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 35,657.			
<b>c</b> Net income or (loss) from fundraising events .....		▶ 168,703.			168,703.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
Miscellaneous Revenue		<b>Business Code</b>				
<b>11 a</b> OTHER INCOME .....	900099	175,487.	175,487.			
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	▶ 175,487.				
<b>12 Total revenue.</b> See instructions. .....	▶ 27,267,420.	594,874.	0.	6,840,270.		

**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	13,248,939.	13,248,939.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	218,230.	218,230.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,000.	20,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	360,179.	64,833.	234,116.	61,230.
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	970,974.	436,938.	339,841.	194,195.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,906.	12,558.	9,767.	5,581.
9 Other employee benefits	91,246.	41,061.	31,936.	18,249.
10 Payroll taxes	88,609.	39,874.	31,013.	17,722.
11 Fees for services (non-employees):				
a Management				
b Legal	16,456.		987.	15,469.
c Accounting	67,553.		67,553.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	103,241.		103,241.	
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	55,468.	16,640.		38,828.
13 Office expenses	64,597.	29,069.	22,609.	12,919.
14 Information technology	66,671.	30,002.	23,335.	13,334.
15 Royalties				
16 Occupancy	121,809.	54,814.	42,633.	24,362.
17 Travel	16,426.	8,213.	3,285.	4,928.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	79,701.	25,410.	19,795.	34,496.
20 Interest	226.		226.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,474.	24,513.	19,066.	10,895.
23 Insurance	143,977.	64,790.	50,392.	28,795.
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 <b>OTHER PROGRAM EXPENSES</b>	497,088.	497,088.		
b <b>CONTINGENCY/SEARCH EXPE</b>	20,903.		20,485.	418.
c <b>DUES &amp; SUBSCRIPTIONS</b>	13,280.	5,976.	4,648.	2,656.
d <b>OTHER ADMIN EXPENSE</b>	8,049.		8,049.	
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>16,356,002.</b>	<b>14,838,948.</b>	<b>1,032,977.</b>	<b>484,077.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,632,295.	<b>1</b>	1,989,146.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	5,063.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	14,057.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	3,293.	<b>9</b>	46,804.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 382,330.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 228,819.	663,688.	<b>10c</b> 153,511.
	<b>11</b> Investments - publicly traded securities .....	156,693,019.	<b>11</b>	108,828,395.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	64,426,568.	<b>12</b>	57,815,297.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	309,250.	<b>13</b>	400,000.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,482.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	224,732,595.	<b>16</b>	169,252,273.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	134,584.	<b>17</b>	178,190.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	56,890.	<b>19</b>	7,900.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	80,597,730.	<b>25</b>	1,224,784.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	80,789,204.	<b>26</b>	1,410,874.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	142,506,312.	<b>27</b>	166,293,749.
	<b>28</b> Temporarily restricted net assets .....	1,437,079.	<b>28</b>	1,547,650.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	143,943,391.	<b>33</b>	167,841,399.	
<b>34</b> Total liabilities and net assets/fund balances .....	224,732,595.	<b>34</b>	169,252,273.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	27,267,420.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,356,002.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,911,418.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	143,943,391.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	12,678,115.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	308,475.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	167,841,399.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.			
<b>2a</b>	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			
<b>2b</b>	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			
<b>2c</b>	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.			
<b>3a</b>	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
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		



**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15029535.	20345996.	19383797.	24939290.	19832276.	99530894.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15029535.	20345996.	19383797.	24939290.	19832276.	99530894.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						14974640.
<b>6 Public support.</b> Subtract line 5 from line 4.						84556254.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	15029535.	20345996.	19383797.	24939290.	19832276.	99530894.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2059402.	1888361.	3768788.	2348489.	2418015.	12483055.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....					168,703.	168,703.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					175,487.	175,487.
<b>11 Total support.</b> Add lines 7 through 10						112358139
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	419,387.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	75.26 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	71.24 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			



**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](http://www.irs.gov/form990) .

OMB No. 1545-0047

**2016**

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

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) (2016)

**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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**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 .....	259	3
2 Aggregate value of contributions to (during year) .....	11,705,042.	559,172.
3 Aggregate value of grants from (during year) .....	10,435,618.	697,185.
4 Aggregate value at end of year .....	73,330,463.	24,507,386.
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 .....

▶ \$ \_\_\_\_\_

**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	98,206,609.	104,751,979.	98,131,710.	82,368,717.	73,125,893.
b Contributions	3,299,659.	5,388,653.	6,322,722.	5,584,591.	5,064,141.
c Net investment earnings, gains, and losses	13,678,733.	-4,245,645.	4,356,500.	14,300,645.	8,365,418.
d Grants or scholarships	3,172,363.	3,920,638.	3,144,309.	3,264,839.	3,446,637.
e Other expenditures for facilities and programs	84,696.	2,854,790.	2,361.	2,556.	9,121.
f Administrative expenses	960,701.	912,950.	912,283.	854,848.	730,977.
g End of year balance	110,967,241.	98,206,609.	104,751,979.	98,131,710.	82,368,717.

- 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:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		182,407.	130,162.	52,245.
d Equipment		199,923.	98,657.	101,266.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>153,511.</b>



**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIFE INSURANCE POLICIES	1,071,938.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	52,882,528.	END-OF-YEAR MARKET VALUE
(C) NOTE RECEIVABLE	334,119.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE	921,089.	END-OF-YEAR MARKET VALUE
(E) LIMITED PARTNERSHIP UNITS	1,855,000.	END-OF-YEAR MARKET VALUE
(F) BENEFICIAL INT REMAINDER		
(G) TRUST	694,302.	END-OF-YEAR MARKET VALUE
(H) ANNUITIES	56,321.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>57,815,297.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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	8,315.
(3) FUNDS HELD AND MANAGED FOR	
(4) CHARITABLE TRUSTS	1,216,469.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>1,224,784.</b>

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.

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

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

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

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

**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 2013 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 IV Foreign Forms**

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







**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)	8 (total number)		
Revenue	1	Gross receipts	171,446.	31,978.	126,125.	329,549.
	2	Less: Contributions	96,538.		28,651.	125,189.
	3	Gross income (line 1 minus line 2)	74,908.	31,978.	97,474.	204,360.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,078.		26,579.	35,657.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				35,657.
11	Net income summary. Subtract line 10 from line 3, column (d)				168,703.	

**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))
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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH EMPOWERMENT SERVICES P.O. BOX 41784 CHARLESTON, SC 29423	57-1092673	501(C)(3)	7,000.	0.			SPECIAL PROJECT SUPPORT
YO ART, INC. P.O. BOX 12397 CHARLESTON, SC 29422	27-3158319	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
YMCA OF GREATER PITTSBURGH 134 CAMP SOLES LANE ROCKWOOD, PA 15557-7911	25-0969497	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
YMCA OF BEAUFORT COUNTY 1801 RICHMOND AVENUE PORT ROYAL, SC 29935	57-0910326	501(C)(3)	17,000.	0.			MULTIPLE GRANTS AWARDED
YALE UNIVERSITY P.O. BOX 208042 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
WOMEN'S RIGHTS AND EMPOWERMENT NETWORK - 1501 MAIN STREET, SUITE 130 - COLUMBIA, SC 29201	81-0775184	501(C)(3)	200,500.	0.			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) (2016)

**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
WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG, SC 29303-3663	57-0314422	501(C)(3)	19,000.	0.			MULTIPLE GRANTS AWARDED
WINTHROP UNIVERSITY 22 TILLMAN HALL ROCK HILL, SC 29733		OTHER	19,050.	0.			MULTIPLE GRANTS AWARDED
WINGS FOR KIDS 476 MEETING STREET, SUITE E CHARLESTON, SC 29403-4841	57-1055054	501(C)(3)	102,250.	0.			MULTIPLE GRANTS AWARDED
WINDWOOD FARM HOME FOR CHILDREN, INC. - 4857 WINDWOOD FARM ROAD - AWENDAW, SC 29429	57-0807424	501(C)(3)	12,000.	0.			MULTIPLE GRANTS AWARDED
WATER MISSIONS INTERNATIONAL P.O. BOX 71489 NORTH CHARLESTON, SC 29415	57-1116978	501(C)(3)	49,700.	0.			GENERAL OPERATING SUPPORT
VOLUNTEERS IN MEDICINE CLINIC 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	12,500.	0.			SPECIAL PROJECT SUPPORT
VITAL AGING OF WILLIAMSBURG COUNTY, INC. - P.O. BOX 450, 204 OAK STREET - KINGSTREE, SC 29556	58-2276534	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF WISCONSIN 1108 FREMONT STREET STEVENS POINT, WI 54481		OTHER	11,000.	0.			MULTIPLE GRANTS AWARDED

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
UNIVERSITY OF VIRGINIA P.O. BOX 400331 CHARLOTTESVILLE, VA 22904-0331		OTHER	49,200.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - 1027 BARNWELL STREET - COLUMBIA, SC 29208	57-6017985	501(C)(3)	129,900.	0.			MULTIPLE GRANTS AWARDED
UNIVERSITY OF SOUTH CAROLINA - UPSTATE - 800 UNIVERSITY WAY, SUITE 2081 - SPARTANBURG, SC 29303		501(C)(3)	10,000.	0.			SCHOLARSHIP
UNIVERSITY OF SOUTH CAROLINA 516 SOUTH MAIN STREET COLUMBIA, SC 29208		OTHER	29,200.	0.			MULTIPLE GRANTS AWARDED
UNIVERSITY OF PENNSYLVANIA OUTSIDE SCHOLARSHIP OFFICE - ROOM 100 FRANKLIN BUILDING 3451 WALNUT STREET - PHILADELPHIA, PA			12,000.	0.			MULTIPLE GRANTS AWARDED
UNITED WAY OF THE LOWCOUNTRY, INC. P.O. BOX 202 BEAUFORT, SC 29901-0202	57-0405847	501(C)(3)	105,000.	0.			MULTIPLE GRANTS AWARDED
UNITED STATES CATHOLIC CONFERENCE 64 WEST LANE AVENUE COLUMBUS, OH 43201	31-4423933	501(C)(3)	12,000.	0.			MULTIPLE GRANTS AWARDED
UNDER ONE ROOF SERVICES, INC. P.O. BOX 1901 BEAUFORT, SC 29901	27-0981486	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
U.S.S. YORKTOWN CV-10 ASSOCIATION, INC. - POST OFFICE BOX 1021 - MOUNT PLEASANT, SC 29465	57-0646242	OTHER	11,201.	0.			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
TURNING LEAF PROJECT P.O. BOX 80112 CHARLESTON, SC 29416	46-0671501	501(C)(3)	22,600.	0.			MULTIPLE GRANTS AWARDED
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106	06-0646927	501(C)(3)	26,000.	0.			SPECIAL PROJECT SUPPORT
TRINITY BAPTIST CHURCH 124 W. DARLINGTON STREET FLORENCE, SC 29501	57-0360105	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT
TRIDENT UNITED WAY P.O. BOX 63305 NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	155,250.	0.			MULTIPLE GRANTS AWARDED
TRIDENT TECHNICAL COLLEGE FOUNDATION, INC. - P.O. BOX 61227 - CHARLESTON, SC 29419-1227	57-0699317	501(C)(3)	9,000.	0.			SPECIAL PROJECT SUPPORT
TRIDENT LITERACY ASSOCIATION 5416-B RIVERS AVENUE NORTH CHARLESTON, SC 29406	57-0721308	501(C)(3)	66,531.	0.			MULTIPLE GRANTS AWARDED
TRIDENT ACADEMY 1455 WAKENDAW ROAD MOUNT PLEASANT, SC 29464	57-0542727	501(C)(3)	18,870.	0.			MULTIPLE GRANTS AWARDED
TRI-COUNTY CRADLE-TO-CAREER COLLABORATIVE - 6296 RIVERS AVE., STE 308 - NORTH CHARLESTON, SC 29406	46-2902337	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
TREVECCA NAZARENE UNIVERSITY 333 MURFREESBORO ROAD NASHVILLE, TN 37210	62-0497990	501(C)(3)	71,000.	0.			SCHOLARSHIP



**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
THUMBS UP, INC. 914 HAMAR STREET BEAUFORT, SC 29902	57-1025876	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THRIVE SC 1120 SEA ISLAND CROSSING LANE MOUNT PLEASANT, SC 29464	47-3838525	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
THE VILLAGE REPERTORY COMPANY 34 WOOLFE STREET CHARLESTON, SC 29493	30-0137284	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
THE SOPHIA INSTITUTE 293 EAST BAY STREET CHARLESTON, SC 29401	57-1108419	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
THE PARISH CHURCH OF ST. HELENA EPISCOPAL - P.O. BOX 1043 - BEAUFORT, SC 29901		501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
THE LOGAN RUTLEDGE CHILDREN'S FOUNDATION - P.O. BOX 2416 - MOUNT PLEASANT, SC 29465	57-1128799	501(C)(3)	9,350.	0.			MULTIPLE GRANTS AWARDED
THE EPISCOPAL CHURCH IN SOUTH CAROLINA - P.O. BOX 20485 - CHARLESTON, SC 29413		OTHER	10,000.	0.			GENERAL OPERATING SUPPORT
THE CITADEL FOUNDATION 171 MOULTRIE STREET CHARLESTON, SC 29409	57-6020493	501(C)(3)	54,440.	0.			MULTIPLE GRANTS AWARDED
THE CHARLESTON STAGE COMPANY, INC. P.O. BOX 356 CHARLESTON, SC 29402	57-0694183	501(C)(3)	98,150.	0.			MULTIPLE GRANTS AWARDED

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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THE CHARLESTON CATHOLIC SCHOOL P.O. BOX 356 CHARLESTON, SC 29402	57-0930700	OTHER	23,599.	0.			MULTIPLE GRANTS AWARDED
THE BASCOM CORPORATION 323 FRANKLIN ROAD HIGHLANDS, NC 28741	56-2093546	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
TECHNICAL COLLEGE OF THE LOWCOUNTRY FOUNDATION - P.O. BOX 2614 - BEAUFORT, SC 29901	57-0767384	501(C)(3)	20,400.	0.			MULTIPLE GRANTS AWARDED
TEACHERS SUPPLY CLOSET 1643-B SAVANNAH HIGHWAY, #349 CHARLESTON, SC 29407	45-0542815	501(C)(3)	14,750.	0.			MULTIPLE GRANTS AWARDED
TEACH FOR AMERICA, INC. 7301 RIVERS AVENUE, SUITE 160 CHARLESTON, SC 29406	13-3541913	501(C)(3)	10,200.	0.			GENERAL OPERATING SUPPORT
SYMPHONY SPACE, INC. 2537 BROADWAY AT 95TH STREET NEW YORK, NY 10025	13-2941455	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SWEET BRIAR INSTITUTE P.O. BOX 1057 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	6,800.	0.			MULTIPLE GRANTS AWARDED
SUMMERVILLE FAMILY YMCA 140 SOUTH CEDAR STREET SUMMERVILLE, SC 29483	57-0643100	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
STRIVE INTERNATIONAL, INC. 240 EAST 123RD STREET, 3RD FLOOR NEW YORK, NY 10035	13-3255679	501(C)(3)	20,000.	0.			SPECIAL PROJECT SUPPORT

Schedule I (Form 990)

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STORYCORPS, INC. 80 HANSON PLACE, 2ND FLOOR BROOKLYN, NY 11217	13-3753011	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
STELLA MARIS ROMAN CATHOLIC CHURCH P.O. BOX 280 SULLIVAN'S ISLAND, SC 29482		OTHER	22,000.	0.			GENERAL OPERATING SUPPORT
ST. PETER'S CATHOLIC SCHOOL 70 LADY'S ISLAND DRIVE BEAUFORT, SC 29907		OTHER	7,500.	0.			GENERAL OPERATING SUPPORT
ST. PAUL'S WACCAMAW UNITED METHODIST - 180 SAINT PAUL PLACE - PAWLEYS ISLAND, SC 29585-8178		OTHER	5,100.	0.			SPECIAL PROJECT SUPPORT
ST. MICHAEL'S CHURCH 14 ST. MICHAEL'S ALLEY CHARLESTON, SC 29401	46-6361161	501(C)(3)	5,252.	0.			MULTIPLE GRANTS AWARDED
ST. JOHN'S HIGH SCHOOL 1518 MAIN ROAD JOHN'S ISLAND, SC 29455		OTHER	6,236.	0.			SCHOLARSHIP
ST. CASSIAN ROMAN CATHOLIC CHURCH 187 BELLEVUE AVENUE UPPER MONTCLAIR, NJ 07043		OTHER	15,000.	0.			CAPITAL/BUILDING SUPPORT
ST. ANDREW'S SCHOOL OF DELAWARE, INC. - 350 NOXONTOWN ROAD - MIDDLETOWN, DE 19709	51-0079506	OTHER	25,000.	0.			SPECIAL PROJECT SUPPORT
ST. ANDREWS CHURCH 440 WHILDEN STREET MOUNT PLEASANT, SC 29464		OTHER	35,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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ST JUDES CATHOLIC HOSPITAL 2048 W FAIRVIEW AVE MONTGOMERY, AL 36108	63-0380763	501(C)(3)	13,039.	0.			GENERAL OPERATING SUPPORT
SPOLETO FESTIVAL U.S.A. 14 GEORGE STREET CHARLESTON, SC 29401	57-0660848	501(C)(3)	348,578.	0.			MULTIPLE GRANTS AWARDED
SPELMAN COLLEGE 350 SPELMAN LANE S.W. ATLANTA, GA 30314	58-0566243	OTHER	18,500.	0.			MULTIPLE GRANTS AWARDED
SOUTHWEST FLORIDA COMMUNITY FOUNDATION, INC. - 8771 COLLEGE PKWY, BLDG. 2, STE 201 - FORT MYERS, FL 33919	59-6580974	501(C)(3)	12,662.	0.			SPECIAL PROJECT SUPPORT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET, SUITE 14 CHARLOTTESVILLE, VA 22902-5065	52-1436778	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SOUTHERN DHARMA RETREAT CENTER, INC. - 1661 WEST ROAD - HOT SPRINGS, NC 28743	56-1695711	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SOUTHERN APPALACHIAN HIGHLANDS CONSERVANCY - 372 MERRIMON AVENUE - ASHEVILLE, NC 28801	62-1098890	501(C)(3)	60,000.	0.			GENERAL OPERATING SUPPORT
SOUTH CAROLINA SPECIAL OLYMPICS 520 FOLLY ROAD, SUITE P BOX 332 CHARLESTON, SC 29412	57-0680248	501(C)(3)	13,000.	0.			MULTIPLE GRANTS AWARDED
SOUTH CAROLINA JUNIOR GOLF FOUNDATION - P O BOX 286 - IRMO, SC 29063	57-1021847	501(C)(3)	8,000.	0.			SPECIAL PROJECT SUPPORT

Schedule I (Form 990)

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SOUTH CAROLINA ENVIRONMENTAL LAW PROJECT, INC. - P.O. BOX 1380 - PAWLEYS ISLAND, SC 29585	57-1031430	501(C)(3)	39,200.	0.			MULTIPLE GRANTS AWARDED
SOUTH CAROLINA COASTAL CONSERVATION LEAGUE, INC. - 328 EAST BAY STREET - CHARLESTON, SC 29402	57-0887278	501(C)(3)	664,900.	0.			MULTIPLE GRANTS AWARDED
SOUTH CAROLINA ASSOCIATION OF NON-PROFIT ORGANIZATIONS - 400 ARBOR LAKE DRIVE, SUITE B500 - COLUMBIA, SC 29223-4570	57-1057398	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SOUTH CAROLINA AQUARIUM P O BOX 130001 CHARLESTON, SC 29413-9001	57-0961897	501(C)(3)	57,000.	0.			GENERAL OPERATING SUPPORT
SOMOS AMIGOS MEDICAL MISSIONS PO BOX 2351 SARASOTA, CA 95070	77-0553014	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
SMITH MEDICAL CLINIC, INC. 116 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)	7,500.	0.			MULTIPLE GRANTS AWARDED
SMALLS INSTITUTE FOR MUSIC AND YOUTH LEADERSHIP - P.O. BOX 13497 - CHARLESTON, SC 29422-3497	27-0707233	501(C)(3)	15,000.	0.			MULTIPLE GRANTS AWARDED
SICK KIDS NEED INVOLVED PEOPLE OF NEW YORK, INC. - 601 W. 26TH STREET, SUITE 522 - NEW YORK, NY 10001	13-3236869	501(C)(3)	5,508.	0.			GENERAL OPERATING SUPPORT
SENIOR RIDE CHARLESTON 2150 EAGLE DRIVE, BUILDING 100 NORTH CHARLESTON, SC 29406	20-2311192	501(C)(3)	6,000.	0.			MULTIPLE GRANTS AWARDED

Schedule I (Form 990)

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SECOND HELPINGS P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	15,588.	0.			MULTIPLE GRANTS AWARDED
SEA ISLANDS HUNGER AWARENESS FOUNDATION - P.O. BOX 268 - JOHNS ISLAND, SC 29457-0268	47-2730495	501(C)(3)	7,200.	0.			MULTIPLE GRANTS AWARDED
SEA ISLAND HABITAT FOR HUMANITY 2545 BOHICKET ROAD JOHNS ISLAND, SC 29455	57-0840667	501(C)(3)	25,090.	0.			MULTIPLE GRANTS AWARDED
SAINT CLARE OF ASSISI CATHOLIC CHURCH - 885 ISLAND PARK DRIVE - DANIEL ISLAND, SC 29492		OTHER	51,000.	0.			SPECIAL PROJECT SUPPORT
S.C. GOVERNOR'S SCHOOL FOR SCIENCE & MATH FOUNDATION, INC. - 1122 LADY STREET SUITE 700 - COLUMBIA, SC 29201	57-0881347	501(C)(3)	9,000.	0.			MULTIPLE GRANTS AWARDED
RURAL MISSION, INC. POST OFFICE BOX 235 JOHNS ISLAND, SC 29457	57-0519864	501(C)(3)	13,781.	0.			GENERAL OPERATING SUPPORT
ROPER ST. FRANCIS FOUNDATION 125 DOUGHTY STREET, STE 790 CHARLESTON, SC 29403	57-0831165	501(C)(3)	149,986.	0.			MULTIPLE GRANTS AWARDED
RONALD MCDONALD HOUSE CHARITIES OF THE COASTAL EMPIRE - 4710 WATERS AVENUE - SAVANNAH, GA 31404	58-1630107	501(C)(3)	12,500.	0.			SPECIAL PROJECT SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON SC, INC. - 81 GADSDEN STREET - CHARLESTON, SC 29401-1156	57-0724845	501(C)(3)	10,318.	0.			MULTIPLE GRANTS AWARDED

Schedule I (Form 990)

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ROBIN HOOD FOUNDATION 826 BROADWAY, 9TH FLOOR NEW YORK, NY 10003	13-3441066	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
REIN AND SHINE 5220 BEDAW FARM DRIVE AWENDAW, SC 29429	60-0001369	501(C)(3)	6,580.	0.			MULTIPLE GRANTS AWARDED
READING PARTNERS CHARLESTON 6296 RIVERS AVENUE, SUITE 305 CHARLESTON, SC 29406-4973	77-0568469	501(C)(3)	49,000.	0.			MULTIPLE GRANTS AWARDED
REACH OUT AND READ, INC. 3810 RICE HOPE CT. MYRTLE BEACH, SC 29577	04-3481253	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
PURE THEATRE 477 KING STREET CHARLESTON, SC 29412	13-4240676	501(C)(3)	11,250.	0.			GENERAL OPERATING SUPPORT
PROJECT OKURASE 176 CROGHAN SPUR ROAD, SUITE 104 CHARLESTON, SC 29470	46-3211555	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE HARVARD BUSINESS SCHOOL - DEVELOPMENT OPERATIONS, TEELE HALL - BOSTON, MA 02163	04-2103580	501(C)(3)	6,000.	0.			MULTIPLE GRANTS AWARDED
PRESERVATION SOCIETY OF CHARLESTON P.O. BOX 521 CHARLESTON, SC 29402	57-0439524	501(C)(3)	30,650.	0.			MULTIPLE GRANTS AWARDED
POST AND COURIER FOUNDATION 134 COLUMBUS STREET CHARLESTON, SC 29403	57-6020356	501(C)(3)	11,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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POSSE FOUNDATION 14 WALL STREET, SUITE 8A-60 NEW YORK, NY 10005	13-3840394	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
PORTLAND OPPORTUNITIES INDUSTRIALIZATION CENTER, INC. - 717 N. KILLINGSWORTH CT. - PORTLAND, OR 97217	93-0593858	501(C)(3)	8,000.	0.			SPECIAL PROJECT SUPPORT
PORTER-GAUD SCHOOL 300 ALBEMARLE POINT CHARLESTON, SC 29407	57-0342032	501(C)(3)	11,000.	0.			MULTIPLE GRANTS AWARDED
PORTER-GAUD FOUNDATION 300 ALBEMARLE ROAD CHARLESTON, SC 29407	45-2701202	501(C)(3)	35,250.	0.			CAPITAL/BUILDING SUPPORT
PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922	501(C)(3)	22,840.	0.			MULTIPLE GRANTS AWARDED
PLANNED PARENTHOOD SOUTH ATLANTIC 200 RUTLEDGE AVENUE CHARLESTON, SC 29403	56-1282557	501(C)(3)	41,220.	0.			MULTIPLE GRANTS AWARDED
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - P.O. BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
PI KAPPA ALPHA FOUNDATION 8347 WEST RANGE COVE MEMPHIS, TN 38125	62-6039877	501(C)(3)	26,550.	0.			GENERAL OPERATING SUPPORT
PAWLEYS ISLAND FESTIVAL OF MUSIC AND ART, INC. - P.O. BOX 1975 - PAWLEYS ISLAND, SC 29585	57-1061600	501(C)(3)	5,090.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)



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PATTISON'S DREAM ACADEMY 2014 BEES FERRY ROAD CHARLESTON, SC 29414	20-3419262	501(C)(3)	7,575.	0.			GENERAL OPERATING SUPPORT
PARKLANDS FOUNDATION OF CHARLESTON COUNTY, INC. - 861 RIVERLAND DRIVE - CHARLESTON, SC 29412	57-0913949	501(C)(3)	5,800.	0.			GENERAL OPERATING SUPPORT
PALMETTO PROJECT, INC. 6296 RIVERS AVENUE, SUITE 100 NORTH CHARLESTON, SC 29406	57-0807801	501(C)(3)	113,927.	0.			MULTIPLE GRANTS AWARDED
OUR LADY OF MERCY COMMUNITY OUTREACH SERVICES - P.O. BOX 607 - JOHNS ISLAND, SC 29457	57-0905488	501(C)(3)	43,929.	0.			MULTIPLE GRANTS AWARDED
OREGON BALLET THEATRE DEVELOPMENT DEPARTMENT - 0720 SW BANCROFT ST - PORTLAND, OR 97239	93-1009305	501(C)(3)	10,500.	0.			MULTIPLE GRANTS AWARDED
ORCHESTRA OF ST. LUKE'S SUPPORT CORPORATION - WEST 37TH STREET, SUITE 502 - NEW YORK, NY 10018	27-2622704	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
OPERATION SIGHT 1101 CLARITY ROAD, SUITE 100 MOUNT PLEASANT, SC 29464	45-3449443	501(C)(3)	14,000.	0.			MULTIPLE GRANTS AWARDED
OPERATION HOME, INC. 2120 NOISETTE BOULEVARD, SUITE 124 NORTH CHARLESTON, SC 29405	62-1745925	501(C)(3)	21,750.	0.			MULTIPLE GRANTS AWARDED
ONEWORLD HEALTH 21-D GAMECOCK AVENUE CHARLESTON, SC 29407	26-3717278	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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ONE-EIGHTY PLACE P.O. BOX 20038 CHARLESTON, SC 29413-0038	57-0789483	501(C)(3)	131,300.	0.			MULTIPLE GRANTS AWARDED
NYC AFRICAN AMERICAN BUSINESS LEADERS FUND - WEST 86TH #303 - NEW YORK, NY 10024	47-2776498	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NPR FOUNDATION P.O. BOX 791490 BALTIMORE, MD 21279	52-1795789	501(C)(3)	7,000.	0.			MULTIPLE GRANTS AWARDED
NORTHWESTERN UNIVERSITY 2020 RIDGE AVENUE EVANSTON, IL 60208	36-2167817	501(C)(3)	50,000.	0.			SPECIAL PROJECT SUPPORT
NORTH CHARLESTON POPS! 5001 COLISEUM DRIVE NORTH CHARLESTON, SC 29418	35-2450311	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
NORTH CAROLINA STATE UNIVERSITY 2016 HARRIS HALL BOX 7302 RALEIGH, NC 27695-7302		OTHER	10,000.	0.			SCHOLARSHIP
NORTH CAROLINA A&T STATE UNIVERSITY - 1601 EAST MARKET STREET - GREENSBORO, NC 27411		OTHER	11,500.	0.			SCHOLARSHIP
NEW-YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024	13-1624124	501(C)(3)	15,000.	0.			SPECIAL PROJECT SUPPORT
NEW YORK PUBLIC RADIO 160 VARICK STREET, 8TH FLOOR NEW YORK, NY 10013	13-3015230	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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NEW MORNING FOUNDATION 1501 MAIN STREET, SUITE 150 COLUMBIA, SC 29201-2881	95-4894776	501(C)(3)	750,000.	0.			GENERAL OPERATING SUPPORT
NEMOURS PLANTATION WILDLIFE FOUNDATION - 161 NEMOURS PLANTATION ROAD - YEMASSEE, SC 29945	57-0985138	501(C)(3)	32,000.	0.			MULTIPLE GRANTS AWARDED
NEIGHBORHOOD OUTREACH CONNECTION P.O. BOX 23558 HILTON HEAD ISLAND, SC 29925	54-2083947	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
NATURE CONSERVANCY, INC. 1417 STUART ENGALS BOULEVARD MOUNT PLEASANT, SC 29464	53-0242652	501(C)(3)	6,546.	0.			MULTIPLE GRANTS AWARDED
NATIONAL AUDUBON SOCIETY, INC. 336 SANCTUARY ROAD HARLEVILLE, SC 29448	13-1624102	501(C)(3)	12,500.	0.			MULTIPLE GRANTS AWARDED
NAMI LOWCOUNTRY P.O. BOX 24128 HILTON HEAD, SC 29926	57-0920882	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MY SISTER'S HOUSE, INC. P.O. BOX 71171 NORTH CHARLESTON, SC 29415-1171	57-0730861	501(C)(3)	6,026.	0.			MULTIPLE GRANTS AWARDED
MOUNT CARMEL BAPTIST CHURCH 367 KEANS NECK ROAD SEABROOK, SC 29940		OTHER	13,500.	0.			SPECIAL PROJECT SUPPORT
MONTCLAIR KIMBERLY ACADEMY FOUNDATION - 201 VALLEY ROAD - MONTCLAIR, NJ 07042	23-7365263	501(C)(3)	145,000.	0.			SPECIAL PROJECT SUPPORT

Schedule I (Form 990)

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MONTCLAIR FREE PUBLIC LIBRARY FOUNDATION, INC. - 50 SOUTH FULLERTON AVENUE - MONTCLAIR, NJ 07042	82-0558746	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MONTCLAIR FILM FESTIVAL, INC. 41 WATCHUNG PLAZA, #345 MONTCLAIR, NJ 07042	27-1732322	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
MISSISSIPPI STATE UNIVERSITY FOUNDATION - POST OFFICE BOX 6149 - MISSISSIPPI STATE, MS 39762	64-0410581	501(C)(3)	7,500.	0.			SCHOLARSHIP
MISS RUBY'S KIDS P.O. BOX 1007 GEORGETOWN, SC 29442	20-3933169	501(C)(3)	7,500.	0.			MULTIPLE GRANTS AWARDED
METANOIA 2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405	20-0310400	501(C)(3)	88,220.	0.			MULTIPLE GRANTS AWARDED
MESOTHELIOMA APPLIED RESEARCH FOUNDATION - 1317 KING STREET - ALEXANDRIA, VA 22314	75-2816066	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
MEPKIN ABBEY CATHOLIC CONFERENCE 1098 MEPKIN ABBEY ROAD MONCKS CORNER, SC 29461	57-0416728	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
MEETING STREET SCHOOLS 200 MEETING STREET, SUITE 206 CHARLESTON, SC 29401	20-4587841	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
MEET THE NEEDS CHARLESTON 275 BEECH HILL MOUNT PLEASANT, SC 29464	47-2703106	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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MEDICAL UNIVERSITY OF SOUTH CAROLINA MUSC COLLEGE OF NURSING - 99 JONATHAN LUCAS ST. MSC 160 - CHARLESTON, SC 29425		OTHER	39,800.	0.			MULTIPLE GRANTS AWARDED
MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION - 18 BEE STREET - CHARLESTON, SC 29425	57-6028985	501(C)(3)	1,289,002.	0.			MULTIPLE GRANTS AWARDED
MED-I-ASSIST, INC. P.O. BOX 3164 BLUFFTON, SC 29910	32-0212924	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
MEALS ON WHEELS, BLUFFTON-HILTON HEAD, INC. - P.O. BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	10,600.	0.			GENERAL OPERATING SUPPORT
MEALS ON WHEELS OF SUMMERVILLE POST OFFICE BOX 592 SUMMERVILLE, SC 29484	57-0730993	501(C)(3)	12,200.	0.			MULTIPLE GRANTS AWARDED
MARIGOLD ARTS DEVELOPMENT, INC. 1080 EAST MONTAGUE AVENUE NORTH CHARLESTON, SC 29405	57-1096673	501(C)(3)	25,000.	0.			SPECIAL PROJECT SUPPORT
MAKE-A-WISH FOUNDATION OF AMERICA 4742 NORTH 24TH STREET, SUITE 400 PHOENIX, AZ 85016	86-0481941	501(C)(3)	9,611.	0.			GENERAL OPERATING SUPPORT
MAGNOLIA CEMETERY TRUST 70 CUNNINGTON STREET CHARLESTON, SC 29413	57-0202745	501(C)(3)	7,000.	0.			MULTIPLE GRANTS AWARDED
LOWCOUNTRY LOCAL FIRST 1630 MEETING STREET ROAD, BLDG 2 CHARLESTON, SC 29405	87-0792700	501(C)(3)	21,800.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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LOWCOUNTRY LEGAL VOLUNTEERS P.O. BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LOWCOUNTRY LAND TRUST, INC. 635 RUTLEDGE AVENUE, SUITE 107 CHARLESTON, SC 29403	57-0809313	501(C)(3)	17,700.	0.			MULTIPLE GRANTS AWARDED
LOWCOUNTRY HABITAT FOR HUMANITY 616 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	57-0920920	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
LOWCOUNTRY FOOD BANK, INC. 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501(C)(3)	58,391.	0.			MULTIPLE GRANTS AWARDED
LOWCOUNTRY ALLIANCE FOR MODEL COMMUNITIES - 2125 DORCHESTER ROAD - NORTH CHARLESTON, SC 29405	20-3979178	501(C)(3)	21,600.	0.			MULTIPLE GRANTS AWARDED
LOWCOUNTRY AIDS SERVICES 3547 MEETING STREET ROAD NORTH CHARLESTON, SC 29405	57-0905550	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
LOVING AMERICA STREET P.O. BOX 20909 CHARLESTON, SC 29413	46-5116391	501(C)(3)	10,500.	0.			MULTIPLE GRANTS AWARDED
LIVING WATERS PROJECT INC. 457 WINDWARD POINT RD. COLUMBIA, SC 29492	46-5480260	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
LITTLE RED DOG FOUNDATION 55 WOODLAND RIDGE CIRCLE BEAUFORT, SC 29907	41-2213102	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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LITERACY VOLUNTEERS OF THE LOWCOUNTRY, INC. - P.O. BOX 3725 - BLUFFTON, SC 29910	57-0727884	501(C)(3)	14,000.	0.			GENERAL OPERATING SUPPORT
KISKIMINETAS SPRINGS SCHOOL 1888 BRETT LANE SALTSBURG, PA 15681-8951	25-0995765	501(C)(3)	45,000.	0.			SPECIAL PROJECT SUPPORT
KAHAL KADOSH BETH ELOHIM 90 HASELL STREET CHARLESTON, SC 29401	57-0406806	501(C)(3)	136,658.	0.			MULTIPLE GRANTS AWARDED
JOHN PAUL II CATHOLIC SCHOOL P.O. BOX 1260 BLUFFTON, SC 29910	26-0414610	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
JAZZ ARTISTS OF CHARLESTON 295 SEVEN FARMS DRIVE, SUITE C-294 CHARLESTON, SC 29492	83-0504523	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
IRAQ AND AFGHANISTAN VETERANS OF AMERICA, INC. - 119 WEST 40TH ST, 19TH FLOOR - NEW YORK, NY 10018	20-1664531	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL AFRICAN AMERICAN MUSEUM - 25 CALHOUN STREET, SUITE 320 - CHARLESTON, SC 29401	20-3398254	501(C)(3)	100,250.	0.			CAPITAL/BUILDING SUPPORT
INDIAN RIVER COMMUNITY FOUNDATION P.O. BOX 643968 VERA BEACH, FL 32964	20-1729243	501(C)(3)	104,078.	0.			MULTIPLE GRANTS AWARDED
HUMANITIES FOUNDATION, INC. 474 WANDO PARK BLVD. STE. 102 MOUNT PLEASANT, SC 29464-7933	57-0952289	501(C)(3)	10,780.	0.			MULTIPLE GRANTS AWARDED

Schedule I (Form 990)

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HUMAN NEEDS FOOD PANTRY, INC. 9 LABEL STREET MONTCLAIR, NJ 07042	22-3057065	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HOPEFUL HORIZONS, INC. P.O. BOX 1775 BEAUFORT, SC 29901	57-1063332	501(C)(3)	15,000.	0.			MULTIPLE GRANTS AWARDED
HOPE HAVEN OF THE LOWCOUNTRY, INC. P.O. BOX 2502 BEAUFORT, SC 29901-2502	57-1063332	501(C)(3)	43,500.	0.			GENERAL OPERATING SUPPORT
HOME OF MONTCLAIR ECUMENICAL CORP. 1 WOODLAND AVENUE MONTCLAIR, NJ 07042	22-2904529	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HOLY TRINITY GREEK ORTHODOX CHURCH 30 RACE STREET CHARLESTON, SC 29403	57-0368712	501(C)(3)	27,700.	0.			MULTIPLE GRANTS AWARDED
HOLE IN THE WALL GANG FUND, INC. 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	06-1157655	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HISTORIC CHARLESTON FOUNDATION 40 EAST BAY STREET P.O. BOX 1120 CHARLESTON, SC 29402-1120	57-6000599	501(C)(3)	29,325.	0.			MULTIPLE GRANTS AWARDED
HISTORIC BEAUFORT FOUNDATION P.O. BOX 11 BEAUFORT, SC 29901	23-7005532	501(C)(3)	8,800.	0.			MULTIPLE GRANTS AWARDED
HELPING HANDS OF GEORGETOWN, INC. 1813 HIGHMARKET STREET GEORGETOWN, SC 29440	57-0883461	501(C)(3)	10,000.	0.			MULTIPLE GRANTS AWARDED



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HELPING AND LENDING OUTREACH SUPPORT - 4995 LACROSS ROAD, SUITE 1250 - NORTH CHARLESTON, SC 29406	20-0858549	501(C)(3)	27,750.	0.			MULTIPLE GRANTS AWARDED
HELP OF SUMMERVILLE 316 WEST CAROLINA AVENUE, P.O. BOX SUMMERVILLE, SC 29484	57-0624976	501(C)(3)	9,150.	0.			MULTIPLE GRANTS AWARDED
HELP OF BEAUFORT P.O. BOX 472 BEAUFORT, SC 29901	57-0721545	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
HEALTHY LEARNERS GEORGETOWN OFFICE J.B. BECK BUILDING 2018 CHURCH STRE GEORGETOWN, SC 29940	57-1127197	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
HARRY R. E. HAMPTON MEMORIAL WILDLIFE FUND, INC. - P.O. BOX 2641 - COLUMBIA, SC 29202	57-0727731	501(C)(3)	21,000.	0.			MULTIPLE GRANTS AWARDED
HAMPTON COUNTY LITERACY COUNCIL, INC. - POST OFFICE BOX 1249 - VARNVILLE, SC 29944	57-0899724	501(C)(3)	15,489.	0.			MULTIPLE GRANTS AWARDED
HABITAT FOR HUMANITY OF BERKELEY COUNTY - 1 BELKNAP RD. - GOOSE CREEK, SC 29445	57-0907019	501(C)(3)	9,500.	0.			GENERAL OPERATING SUPPORT
GRENADINES PARTNERSHIP FUND 808 LADY STREET, SUITE C COLUMBIA, SC 29201	27-1329191	501(C)(3)	180,000.	0.			GENERAL OPERATING SUPPORT
GREENLIGHT FUND INC. 200 CLARENDON STREET, 29TH FLOOR BOSTON, MA 02116	20-0407083	501(C)(3)	200,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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GREEN RIVER PRESERVE 301 GREEN RIVER ROAD CEDAR MOUNTAIN, NC 28718	56-1554526	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
GREEN HEART PROJECT, INC. 124 MAGNOLIA AVENUE CHARLESTON, SC 29403	46-0829120	501(C)(3)	11,500.	0.			GENERAL OPERATING SUPPORT
GRACE EPISCOPAL CHURCH 98 WENTWORTH STREET CHARLESTON, SC 29401	57-0362059	OTHER	6,987.	0.			MULTIPLE GRANTS AWARDED
GOOD NEIGHBOR FREE MEDICAL CLINIC 30 PROFESSIONAL VILLAGE CIRCLE BEAUFORT, SC 29901	26-0335357	501(C)(3)	30,000.	0.			MULTIPLE GRANTS AWARDED
GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY - 49 WEST 45TH STREET, FLOOR 6 - NEW YORK, NY 10036-4603	13-3795391	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
GEORGIA STATE UNIVERSITY OFFICE OF UNDERGRADUATE ADMISSIONS ATLANTA, GA 30302		OTHER	7,500.	0.			SCHOLARSHIP
GEORGETOWN COUNTY COUNCIL ON AGING 2104 LINCOLN STREET GEORGETOWN, SC 29440		OTHER	7,500.	0.			GENERAL OPERATING SUPPORT
GATHERING POINT CHURCH OF THE NAZARENE - 897 W. BOURBONNAIS PKWY - BOURBONNAIS, IL 60914		OTHER	8,000.	0.			SPECIAL PROJECT SUPPORT
GAILLARD PERFORMANCE HALL FOUNDATION - 40 CALHOUN STREET, SUITE 230 - CHARLESTON, SC 29401	90-0616040	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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FRIENDSHIP PLACE, INC. P.O. BOX 282 GEORGETOWN, SC 29442	57-1073276	501(C)(3)	5,330.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF STRAWBERRY, INC. 1208 OAKCREST DRIVE CHARLESTON, SC 29412	47-2256463	501(C)(3)	32,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF COLLETON COUNTY ANIMAL SHELTER - 33 POOR FARM ROAD - WALTERBORO, SC 29488	26-4474266	501(C)(3)	7,573.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF CAROLINE HOSPICE OF BEAUFORT, INC. - 1110 13TH STREET - PORT ROYAL, SC 29935	57-0725866	501(C)(3)	16,000.	0.			MULTIPLE GRANTS AWARDED
FLORENCE CRITTENTON PROGRAMS OF SOUTH CAROLINA - 19 SAINT MARGARET STREET - CHARLESTON, SC 29403	57-0342030	501(C)(3)	21,100.	0.			MULTIPLE GRANTS AWARDED
FIRST CHURCH OF THE NAZARENE 901 ST. ANDREWS ROAD COLUMBIA, SC 29210		OTHER	8,000.	0.			SPECIAL PROJECT SUPPORT
FENNELL ELEMENTARY SCHOOL P. O. BOX 427 131 YEMASSEE HIGHWAY YEMASSEE, SC 29945-0427	57-0601405	SCHOOL	12,500.	0.			MULTIPLE GRANTS AWARDED
FAMILY SERVICES, INC 4925 LACROSS ROAD, SUITE 215 CHARLESTON, SC 29406	57-0324920	501(C)(3)	7,058.	0.			MULTIPLE GRANTS AWARDED
FAMILY RESOURCE CENTER FOR DISABILITIES AND SPECIAL NEEDS - 1575 SAVANNAH HIGHWAY, SUITE 6 - CHARLESTON, SC 29407	57-1127412	501(C)(3)	12,500.	0.			MULTIPLE GRANTS AWARDED

Schedule I (Form 990)

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FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD, D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT
ELEVATE COLUMBIA 3120 KAY STREET COLUMBIA, SC 29210	26-0067588	501(C)(3)	25,000.	0.			SPECIAL PROJECT SUPPORT
EASTSIDE COMMUNITY DEVELOPMENT CORPORATION - 60-A AMERICA STREET - CHARLESTON, SC 29403	51-0448669	501(C)(3)	6,375.	0.			MULTIPLE GRANTS AWARDED
EAST COOPER MEALS ON WHEELS P.O. BOX 583 MOUNT PLEASANT, SC 29465	57-0804618	501(C)(3)	42,520.	0.			MULTIPLE GRANTS AWARDED
EAST COOPER HABITAT FOR HUMANITY P.O. BOX 1990 MOUNT PLEASANT, SC 29465	57-0903917	501(C)(3)	11,472.	0.			MULTIPLE GRANTS AWARDED
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE ROAD MOUNT PLEASANT, SC 29466	57-0939280	501(C)(3)	69,000.	0.			MULTIPLE GRANTS AWARDED
DRAYTON HALL PRESERVATION TRUST 3380 ASHLEY RIVER ROAD CHARLESTON, SC 29414	45-4938941	501(C)(3)	57,000.	0.			MULTIPLE GRANTS AWARDED
DORCHESTER HABITAT FOR HUMANITY P.O. BOX 1685 SUMMERVILLE, SC 29484	91-1914868	501(C)(3)	7,500.	0.			MULTIPLE GRANTS AWARDED
DONORSCHOOSE.ORG 134 WEST 37TH STREET, FLOOR 11 NEW YORK, NY 10018-6938	13-4129457	501(C)(3)	18,879.	0.			MULTIPLE GRANTS AWARDED

Schedule I (Form 990)

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DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	50,750.	0.			MULTIPLE GRANTS AWARDED
DIOCESE OF CHARLESTON 11001 DORCHESTER ROAD CHARLESTON, SC 29485	57-0314369	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
DENNY HAMLIN FOUNDATION 130 INFIELD COURT MOOREVILLE, NC 28117	26-1416915	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
DEE NORTON LOWCOUNTRY CHILDREN'S CENTER, INC. - 1061 KING STREET - CHARLESTON, SC 29403	57-0905724	501(C)(3)	1,053,900.	0.			MULTIPLE GRANTS AWARDED
DE LA SALLE NORTH CATHOLIC HIGH SCHOOL - 7528 N. FENWICK AVENUE - PORTLAND, OR 97217	93-1287554	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
DANA-FARBER CANCER INSTITUTE, INC. P.O. BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	6,000.	0.			MULTIPLE GRANTS AWARDED
COOPER SCHOOL 13 OAKDALE PLACE CHARLESTON, SC 29407	20-8818159	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
CONSERVATION VOTERS OF SOUTH CAROLINA EDUCATION FUND - 701 WHALEY STREET, SUITE 207 - COLUMBIA, SC 29201	20-0335383	501(C)(3)	21,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY FOOD BANK OF NEW JERSEY, INC. - 31 EVANS TERMINAL ROAD - HILLSIDE, NJ 07205	22-2423882	501(C)(3)	10,000.	0.			MULTIPLE GRANTS AWARDED

Schedule I (Form 990)

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COMMUNITIES IN SCHOOLS OF THE CHARLESTON AREA INC. - 1090 EAST MONTAGUE AVENUE - NORTH CHARLESTON, SC 29405	57-0915384	501(C)(3)	29,322.	0.			MULTIPLE GRANTS AWARDED
COLUMBIA MUSEUM OF ART P.O. BOX 2068 COLUMBIA, SC 29202	57-6007869	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
COLUMBIA COLLEGE 1301 COLUMBIA COLLEGE DRIVE COLUMBIA, SC 29203-5998	57-0324915	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
COLOUR OF MUSIC, INC. P.O. BOX 22724 CHARLESTON, SC 29413-2724	46-4454508	501(C)(3)	100,700.	0.			GENERAL OPERATING SUPPORT
COLLETON COUNTY MEMORIAL LIBRARY 600 HAMPTON STREET WALTERBORO, SC 29488	57-0765263	OTHER	14,500.	0.			GENERAL OPERATING SUPPORT
COLLETON COUNTY FIRST STEPS 609 COLLETON LOOP WALTERBORO, SC 29488	57-1097790	501(C)(3)	10,500.	0.			SPECIAL PROJECT SUPPORT
COLLETON COUNTY ARTS COUNCIL, INC. P.O. BOX 1035 WALTERBORO, SC 29488	57-0966741	501(C)(3)	10,700.	0.			MULTIPLE GRANTS AWARDED
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON, SC 29424	23-7069236	501(C)(3)	92,477.	0.			MULTIPLE GRANTS AWARDED
COLLEGE OF CHARLESTON 66 GEORGE STREET CHARLESTON, SC 29424-0001	23-7069236	501(C)(3)	21,750.	0.			MULTIPLE GRANTS AWARDED

Schedule I (Form 990)

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COLLABORATIVE ORGANIZATION OF SERVICES FOR YOUTH - POST OFFICE DRAWER 1228 - BEAUFORT, SC 29901	57-6000311	501(C)(3)	12,300.	0.			GENERAL OPERATING SUPPORT
CLEMSON UNIVERSITY, OFFICE OF STUDENT FINANCIAL AID - BOX 345307 - CLEMSON, SC 29634		OTHER	61,300.	0.			MULTIPLE GRANTS AWARDED
CLEMSON UNIVERSITY FOUNDATION P.O. BOX 1889 CLEMSON, SC 29633-1889	57-0426335	501(C)(3)	20,500.	0.			MULTIPLE GRANTS AWARDED
CLAP YOUR HANDS P.O. BOX 51322 SUMMERVILLE, SC 29485-1322	47-2014292		18,500.	0.			MULTIPLE GRANTS AWARDED
CLAFLIN UNIVERSITY 400 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0314374	501(C)(3)	5,200.	0.			SCHOLARSHIP
CITIZENS OPPOSED TO DOMESTIC ABUSE P.O. BOX 1775 BEAUFORT, SC 29901-1775	57-0814522	501(C)(3)	18,052.	0.			MULTIPLE GRANTS AWARDED
CIRCLE OF HOPE MINISTRIES, INC. P.O. BOX 554 BEAUFORT, SC 29901	27-3678596	501(C)(3)	10,000.	0.			CAPITAL/BUILDING SUPPORT
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 28704	56-0615187	501(C)(3)	7,500.	0.			SCHOLARSHIP
CHILDREN'S RIGHTS, INC. 88 PINE STREET, SUITE 800 NEW YORK, NY 10005	13-3801864	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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CHILDREN'S MUSEUM OF THE LOWCOUNTRY - 25 ANN STREET - CHARLESTON, SC 29403	57-1014498	501(C)(3)	36,000.	0.			MULTIPLE GRANTS AWARDED
CHILDREN'S DEFENSE FUND 276 FIFTH AVENUE, SUITE 703 NEW YORK, NY 10001	52-0895622	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT
CHILDREN IN CRISIS OF DORCHESTER COUNTY INC - 303 E. RICHARDSON AVE. - SUMMERVILLE, SC 29483	57-1078099	501(C)(3)	26,000.	0.			MULTIPLE GRANTS AWARDED
CHILD ABUSE PREVENTION ASSOCIATION P.O. BOX 531 BEAUFORT, SC 29901-0531	57-0722206	501(C)(3)	14,500.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON WATERKEEPER POST OFFICE BOX 29 CHARLESTON, SC 29402	26-4178586	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
CHARLESTON URBAN SQUASH, INC. P.O. BOX 22731 CHARLESTON, SC 29413	27-0771548	501(C)(3)	25,361.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON SYMPHONY ORCHESTRA P.O. BOX 30818 CHARLESTON, SC 29417	57-6000192	501(C)(3)	119,334.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON SOUTHERN UNIVERSITY OFFICE OF ADVANCEMENT, P.O. BOX 118 CHARLESTON, SC 29423	57-0474291	501(C)(3)	42,514.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON RIDE TO HOPE 1591 HOME FARM DRIVE MOUNT PLEASANT, SC 29464	26-2552601	501(C)(3)	10,000.	0.			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
CHARLESTON PROMISE NEIGHBORHOOD 1819 MEETING STREET, SUITE B CHARLESTON, SC 29405	80-0597710	501(C)(3)	77,381.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON PARKS CONSERVANCY, INC. PO BOX 31187 CHARLESTON, SC 29417	20-8375561	501(C)(3)	5,500.	0.			SPECIAL PROJECT SUPPORT
CHARLESTON ORPHAN HOUSE, INC., 5055 LACKAWANNA BOULEVARD NORTH CHARLESTON, SC 29405	57-0669877	501(C)(3)	39,700.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON MOVES 1630 MEETING STREET, SUITE 105 CHARLESTON, SC 29405	38-3714959	501(C)(3)	30,299.	0.			GENERAL OPERATING SUPPORT
CHARLESTON MIRACLE LEAGUE, INC. P.O. BOX 22072 CHARLESTON, SC 29413	86-1086199	501(C)(3)	11,000.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON LIBRARY SOCIETY 164 KING STREET CHARLESTON, SC 29401	57-0314372	501(C)(3)	13,450.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON LEGAL ACCESS 1630-2 MEETING STREET CHARLESTON, SC 29405	81-1013976	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
CHARLESTON JEWISH FEDERATION 176 CROGHAN SPUR ROAD, SUITE 100 CHARLESTON, SC 29407	57-6000188	501(C)(3)	35,300.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON HORTICULTURAL SOCIETY 46 WINDERMERE BOULEVARD CHARLESTON, SC 29407	56-2211468	501(C)(3)	7,500.	0.			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
CHARLESTON DAY SCHOOL 15 ARCHDALE STREET CHARLESTON, SC 29401	57-0524184	501(C)(3)	13,700.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON COUNTY PUBLIC LIBRARY 68 CALHOUN STREET CHARLESTON, SC 29401		OTHER	18,399.	0.			GENERAL OPERATING SUPPORT
CHARLESTON BASKET BRIGADE 29 FAYE LANE MOUNT PLEASANT, SC 29464	45-3629728	501(C)(3)	8,250.	0.			GENERAL OPERATING SUPPORT
CHARLESTON AREA THERAPEUTIC RIDING, INC. - P.O. BOX 146 - JOHNS ISLAND, SC 29457	57-0937061	501(C)(3)	42,450.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON AREA SENIOR CITIZENS SERVICES, INC. - 259 MEETING STREET - CHARLESTON, SC 29401	57-6030048	501(C)(3)	16,000.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406	57-6021863	501(C)(3)	54,817.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON ACADEMY OF MUSIC P.O. BOX 22364 CHARLESTON, SC 29413	01-0739765	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
CENTRAL PARK CONSERVANCY, INC. 14 E. 60TH STREET NEW YORK, NY 10022-1006	13-3022855	501(C)(3)	15,000.	0.			SPECIAL PROJECT SUPPORT
CENTER FOR WOMEN 1 CARRIAGE LANE BUILDING C, UNIT 20 CHARLESTON, SC 29407	57-0921549	501(C)(3)	8,777.	0.			MULTIPLE GRANTS AWARDED

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
CENTER FOR HEIRS' PROPERTY PRESERVATION - 1535 SAM RITTENBERG, SUITE D - CHARLESTON, SC 29407	52-2452879	501(C)(3)	31,500.	0.			MULTIPLE GRANTS AWARDED
CAROLINA ART ASSOCIATION GIBBES MUSEUM OF ART - 135 MEETING STREET - CHARLESTON, SC 29401	57-0323047	501(C)(3)	42,076.	0.			MULTIPLE GRANTS AWARDED
CAMP HILL SPECIAL SCHOOL 1784 FAIRVIEW ROAD GLENMOORE, PA 19343	23-1443766	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CAMP WILDWOOD, INC. P.O. BOX 123 HAMPTON, SC 29924	57-1059635	501(C)(3)	19,000.	0.			MULTIPLE GRANTS AWARDED
CAMP SUMMERHOUSE P.O. BOX 31295 CHARLESTON, SC 29417	27-0545990	501(C)(3)	12,250.	0.			MULTIPLE GRANTS AWARDED
CAMP PASQUANEY 19 PASQUANEY LANE HEBRON, NH 03241	02-0227848	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CAMP HAPPY DAYS, INC. 1622 ASHLEY HALL ROAD CHARLESTON, SC 29407	57-0755466	501(C)(3)	25,889.	0.			MULTIPLE GRANTS AWARDED
BRIDGES FOR END-OF-LIFE P.O. BOX 417 MOUNT PLEASANT, SC 29465	57-0701359	501(C)(3)	5,527.	0.			MULTIPLE GRANTS AWARDED
BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC. - 10 PINCKNEY COLONY ROAD, SUITE 103 - BLUFFTON, SC 29909	57-0811876	501(C)(3)	13,500.	0.			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
BOY SCOUTS OF AMERICA COASTAL CAROLINA COUNCIL, INC. - 9297 MEDICAL PLAZA DRIVE - CHARLESTON, SC 29407-3365	57-0327870	501(C)(3)	13,050.	0.			MULTIPLE GRANTS AWARDED
BORN TO READ, INC. 2201 BOUNDARY STREET, SUITE 111 BEAUFORT, SC 29902	20-8599185	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - P.O. BOX 2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
BLACK RIVER UNITED WAY P.O. BOX 1065 GEORGETOWN, SC 29442	57-0526145	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY - 1 BISHOP GADSDEN WAY - CHARLESTON, SC 29412	57-0337132	OTHER	8,250.	0.			MULTIPLE GRANTS AWARDED
BISHOP ENGLAND HIGH SCHOOL 363 SEVEN FARMS DRIVE CHARLESTON, SC 29492-7534		SCHOOL	48,624.	0.			MULTIPLE GRANTS AWARDED
BIG BROTHERS AND BIG SISTERS OF NEW YORK CITY, INC., DEVELOPMENT DEPARTMENT - 40 RECTOR STREET, ROOM 1101 - NEW YORK, NY 10006	13-5600383	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BETH ISRAEL SYNAGOGUE 401 SCOTT STREET, P.O. BOX 328 BEAUFORT, SC 29901	61-1751976	OTHER	8,000.	0.			MULTIPLE GRANTS AWARDED
BEAUFORT COUNTY SCHOOL DISTRICT POST OFFICE DRAWER 309 BEAUFORT, SC 29901		OTHER	77,500.	0.			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
BEAUFORT COUNTY OPEN LAND TRUST, INC. - P.O. BOX 75 - BEAUFORT, SC 29901	23-7114992	501(C)(3)	15,500.	0.			MULTIPLE GRANTS AWARDED
BEAUFORT COUNTY FIRST STEPS P.O. BOX 6421 BEAUFORT, SC 29903	57-1097779	501(C)(3)	7,000.	0.			SPECIAL PROJECT SUPPORT
BE A MENTOR, INC. 1850 TRUXTUN AVENUE NORTH CHARLESTON, SC 29405	81-3465237	501(C)(3)	5,500.	0.			MULTIPLE GRANTS AWARDED
BATON ROUGE AREA FOUNDATION 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	72-6030391	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
BARRIER ISLANDS FREE MEDICAL CLINIC, INC. - 3226 MAYBANK HIGHWAY, SUITE A1 - JOHNS ISLAND, SC 29455	20-5628911	501(C)(3)	28,601.	0.			MULTIPLE GRANTS AWARDED
AVIAN CONSERVATION CENTER P O BOX 1247 CHARLESTON, SC 29402	57-0966813	501(C)(3)	13,685.	0.			MULTIPLE GRANTS AWARDED
ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED - CHARLESTON - 1 CARRIAGE LANE, BUILDING A - CHARLESTON, SC 29407	57-0324912	501(C)(3)	29,995.	0.			MULTIPLE GRANTS AWARDED
ASHLEY HALL FOUNDATION 172 RUTLEDGE AVENUE CHARLESTON, SC 29403	57-0314364	501(C)(3)	43,303.	0.			MULTIPLE GRANTS AWARDED
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	12,400.	0.			MULTIPLE GRANTS AWARDED

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
ARK OF SC 206 CENTRAL AVENUE SUMMERVILLE, SC 29483	47-1350098	501(C)(3)	20,811.	0.			MULTIPLE GRANTS AWARDED
ANTIOCH EDUCATIONAL CENTER P.O. BOX 1930 RIDGELAND, SC 29936	76-0818789	501(C)(3)	13,500.	0.			GENERAL OPERATING SUPPORT
ANDERSON UNIVERSITY OFFICE OF INSTITUTIONAL ADVANCEMENT, 316 BOULEVARD - ANDERSON, SC 29621	57-0324906	501(C)(3)	9,000.	0.			MULTIPLE GRANTS AWARDED
AMERICAN THEATRE WING INC. 230 WEST 41ST STREET, SUITE 1101 NEW YORK, NY 10036	13-1893906	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN NATIONAL RED CROSS 209 FAIRFIELD ROAD FAIRFIELD, NJ 07004	53-0196605	501(C)(3)	95,544.	0.			MULTIPLE GRANTS AWARDED
AMERICAN COLLEGE OF THE BUILDING ARTS - 649 MEETING STREET - CHARLESTON, SC 29403	57-1075250	501(C)(3)	12,012.	0.			MULTIPLE GRANTS AWARDED
AMERICAN CIVIL LIBERTIES UNION OF SOUTH CAROLINA FOUNDATION - P.O. BOX 20998 - CHARLESTON, SC 29413	27-1942832	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN CANCER SOCIETY CHARLESTON HOPE LODGE - 269 CALHOUN STREET - CHARLESTON, SC 29401	13-1788491	501(C)(3)	12,400.	0.			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
ALZHEIMER'S RESPITE & RESOURCE MEMORY MATTERS - P.O. BOX 22330 - HILTON HEAD ISLAND, SC 29925-2330	58-2291775	501(C)(3)	10,500.	0.			SPECIAL PROJECT SUPPORT
ALZHEIMERS FAMILY SERVICES OF GREATER BEAUFORT - P.O. BOX 1514 - BEAUFORT, SC 29901-1514	57-0879175	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION LOWCOUNTRY AREA OFFICE - 2090 EXECUTIVE HALL ROAD, SUITE 130 - CHARLESTON, SC	13-3039601	501(C)(3)	5,132.	0.			GENERAL OPERATING SUPPORT
ALLENDALE COUNTY SCHOOL DISTRICT 3581 ALLENDALE-FAIRFAX HWY FAIRFAX, SC 29827		OTHER	9,651.	0.			GENERAL OPERATING SUPPORT
ALL SAINTS LUTHERAN CHURCH 2107 NORTH HIGHWAY 17 MOUNT PLEASANT, SC 29466	57-6070114	501(C)(3)	12,000.	0.			MULTIPLE GRANTS AWARDED
ADDLESTONE HEBREW ACADEMY 1675 RAOUL WALLENBERG BOULEVARD CHARLESTON, SC 29407	57-0409223	501(C)(3)	8,497.	0.			MULTIPLE GRANTS AWARDED
ADAPTIVE EXPEDITIONS PO BOX 13312 CHARLESTON, SC 29422	45-3850552	501(C)(3)	10,000.	0.			MULTIPLE GRANTS AWARDED
ACT FOR ALEXANDRIA 1421 PRINCE STREET, SUITE 220 ALEXANDRIA, VA 22314	26-4322369	501(C)(3)	14,951.	0.			SPECIAL PROJECT SUPPORT
ABLE LIFE FOUNDATION 995 MORRISON DRIVE, P.O. BOX 22708 CHARLESTON, SC 29403	57-0516401	501(C)(3)	8,500.	0.			SPECIAL PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	92	212,230.	0.		
AWARDS	2	6,000.	0.		

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

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

23-7390313

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DARRIN GOSS PRESIDENT	(i)	180,477.	0.	0.	0.	7,154.	187,631.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

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](http://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	62	9,082,294.	AVG HI/LO ON GIFT DA
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	62,586.	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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, LINE 32B:

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

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GRANTMAKING: OUR GRANTMAKING SPANS THE COMMUNITY'S BROADEST AREAS,  
FROM ARTS AND CULTURE TO COMMUNITY DEVELOPMENT, AND PROVIDES CRITICAL  
OPERATIONAL AND PROGRAMMATIC SUPPORT FOR THE NETWORK OF NONPROFIT  
ACTIVITIES IN OUR 9-COUNTY SERVICE AREA AND BEYOND. COASTAL COMMUNITY  
FOUNDATION DISPERSED 2,201 GRANTS AND SCHOLARSHIPS TOTALING  
\$13,487,169. THESE GRANTS WERE DISTRIBUTED AS FOLLOWS: 126 GRANTS  
TOTALING \$645,586 IN SUPPORT OF RELIGIOUS AND OTHER PHILANTHROPIC  
EFFORTS, 137 GRANTS TOTALING \$1,274,168 IN SUPPORT OF THE ARTS, 675  
GRANTS TOTALING \$3,146,678 SUPPORTING VARIOUS EDUCATIONAL PURSUITS, 376  
GRANTS TOTALING \$2,453,030 SUPPORTING HEALTH INITIATIVES, 448 GRANTS  
TOTALING \$2,810,328 SUPPORTING HUMAN NEEDS, 92 GRANTS TOTALING \$547,613  
SUPPORTING NEIGHBORHOOD & COMMUNITY DEVELOPMENT, 69 GRANTS TOTALING  
\$1,254,731 SUPPORTING PHILANTHROPY, 254 GRANTS TOTALING \$1,300,134  
SUPPORTING ENVIRONMENTAL EFFORTS, AND 24 GRANTS TOTALING \$54,901  
SUPPORTING SOCIAL JUSTICE PROGRAMS.

COMMUNITY LEADERSHIP: THE FOUNDATION'S EFFORTS TO DEPLOY ALL OUR FORMS  
OF CAPITAL WHERE WE ADD VALUE AND CAN ENCOURAGE SOLUTIONS AMONG

Name of the organization COASTAL COMMUNITY FOUNDATION	Employer identification number 23-7390313
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CROSS-SECTOR COLLABORATIVE EFFORTS. WE BELIEVE THE FOUNDATION'S ASSETS INCLUDES SOCIAL, MORAL, INTELLECTUAL, REPUTATIONAL AND FINANCIAL CAPITAL, AND THAT WE MUST LOOK ACROSS COUNTIES, REMOVE BARRIERS AND WORK TOGETHER BECAUSE ALL COMMUNITIES ARE STRONGER WHEN WE WORK TOGETHER TOWARD SHARED VALUES.

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

CURACAO, CAYMAN ISLANDS, BERMUDA, BRITISH VIRGIN IS

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

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.

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

Name of the organization COASTAL COMMUNITY FOUNDATION	Employer identification number 23-7390313
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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 XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN CASH VALUE OF LIFE INSURANCE	136,330.
CHANGE IN BENEFICIAL INTEREST IN TRUST	201,297.
NET ASSETS- OTHER ADJUSTMENT	-29,152.
TOTAL TO FORM 990, PART XI, LINE 9	308,475.

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.



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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 95 CENTERMARSH LANE 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)	COASTAL COMMUNITY FOUNDATION AND CHARLESTON JEWISH		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) 2016

SEE PART VII FOR CONTINUATIONS

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
WACCAMAW COMMUNITY FOUNDATION - 56-2121992 3655 S. HIGHWAY 18 BUSINESS MURRELLS INLET, SC 29576	SUPPORTING ORGANIZATION- GRANTMAKING	SOUTH CAROLINA	501(C)(3)	509(A)(3) (TYPE1)	COASTAL COMMUNITY FOUNDATION		X

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	354,976.	FMV
(2) FRANCES P. BUNNELLE FOUNDATION	Q	119,676.	FMV
(3) JEWISH ENDOWMENT FOUNDATION	L	96,269.	FMV
(4) DARBY FAMILY FOUNDATION	L	19,170.	FMV
(5) SAUL ALEXANDER FOUNDATION	L	25,815.	FMV
(6) WACCAMAW COMMUNITY FOUNDATION	L	91,212.	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	142,859.	FMV
(8)FRANCES P. BUNNELLE FOUNDATION	C	12,850.	FMV
(9)DARBY FAMILY FOUNDATION	C	3,892,189.	FMV
(10)SAUL ALEXANDER FOUNDATION	C	104,348.	FMV
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII** Supplemental Information.

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

JEWISH ENDOWMENT FUND

**DIRECT CONTROLLING ENTITY: COASTAL COMMUNITY FOUNDATION AND CHARLESTON**

JEWISH FEDERATION