EXTENDED TO MAY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ termin-ated
- [ ] Amended return
- [ ] Applica-tion pending

C Name of organization
COASTAL COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1691 TURNBULL AVE

City or town, state or province, country, and ZIP or foreign postal code
N CHARLESTON, SC 29405-1944

F Name and address of principal officer: DARRIN GOSS
1691 TURNBULL AVE, N CHARLESTON, SC 29405-1

D Employer identification number
23-7390313

E Telephone number
843-723-3635

G Gross receipts $ 93,726,832.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.COASTALCOMMUNITYFOUNDATION.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1974 M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S PURPOSE IS TO HELP CREATE VIBRANT COMMUNITIES BY UNITING PEOPLE AND INVESTING		
	2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	45
	6 Total number of volunteers (estimate if necessary)	6	158
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	98,615.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	22,370,158.	27,516,044.
	9 Program service revenue (Part VIII, line 2g)	1,921,572.	2,370,560.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,664,993.	13,276,501.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	156,040.	70,835.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,112,763.	43,233,940.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,584,587.	22,027,378.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,810,425.	1,938,978.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 357,884.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,082,348.	3,519,611.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,477,360.	27,485,967.
	19 Revenue less expenses. Subtract line 18 from line 12	14,635,403.	15,747,973.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	188,029,269.	203,913,645.
	21 Total liabilities (Part X, line 26)	4,025,688.	6,058,268.
	22 Net assets or fund balances. Subtract line 21 from line 20	184,003,581.	197,855,377.

Part II Signature Block

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

Sign Here

▶ Jane E. Litz
Signature of officer

2/14/2020
Date

▶ Jane Litz, VP of Finance and CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: BRANDON T. RENAUD	Preparer's signature: Brandon Renaud	Date: 02/06/20	Check [ ] if self-employed	PTIN: P00743576
Firm's name ▶ ELLIOTT DAVIS, LLC/PLLC				Firm's EIN ▶ 57-0381582
Firm's address ▶ 100 CALHOUN STREET, SUITE 300 CHARLESTON, SC 29401				Phone no. (843) 577-7040

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **8868**
(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-1709

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number Employer identification number (EIN) or
	COASTAL COMMUNITY FOUNDATION	23-7390313
	Number, street, and room or suite no. If a P.O. box, see instructions. 1691 TURNBULL AVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. N CHARLESTON, SC 29405-1944	

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

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

- The books are in the care of ▶ JANE LITZ
  1691 TURNBULL AVE - N CHARLESTON, SC 29405-1944
  Telephone No. ▶ 843-723-3635 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2019)

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:
THE FOUNDATION'S PURPOSE IS TO HELP CREATE VIBRANT COMMUNITIES BY UNITING PEOPLE AND INVESTING RESOURCES. THE FOUNDATION OFFICIALLY SERVES NINE COASTAL COUNTIES - BEAUFORT, BERKELEY, CHARLESTON, COLLETON, DORCHESTER, GEORGETOWN, HAMPTON, HORRY, AND JASPER. THE

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

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

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

4a (Code: _____) (Expenses $ 23,402,920. including grants of $ 22,027,378.) (Revenue $ 2,370,560.)
DEVELOPMENT & STEWARDSHIP - THE FOUNDATION SEEKS TO PROVIDE BEST-IN-CLASS STEWARDSHIP TO INDIVIDUALS, FAMILIES AND COMPANIES, TO CONNECT THEM TO WHAT THEY CARE DEEPLY ABOUT. IT USES ITS RELATIONSHIPS, LOCAL EXPERTISE AND KNOWLEDGE AS A PLACE-BASED FOUNDATION TO INFORM AND STRENGTHEN PHILANTHROPY AND ENCOURAGE STRENGTH AND VITALITY IN THE NONPROFIT SECTOR. THE STEWARDSHIP OF ITS FINANCIAL ASSETS IS CRUCIAL TO PHILANTHROPY, IN BOTH THE SHORT AND LONG-TERM. THE FOUNDATION IS A PERMANENT PHILANTHROPIC RESOURCE TO THE COMMUNITY; THUS, IT PRACTICES PRUDENT OVERSIGHT OF ITS INVESTMENTS TO PRESERVE AND GROW ITS RESOURCES TO MEET THE NEEDS OF TODAY AND THE FUTURE.

GRANTMAKING & COMMUNITY LEADERSHIP - THE FOUNDATION'S (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 ▶ 23,402,920.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	53		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	45		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country: ▶ SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain 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 ▶

JANE LITZ - 843-723-3635
1691 TURNBULL AVE, N CHARLESTON, SC 29405-1944

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) C. MICHAEL BRANHAM CHAIRMAN	4.00	X		X				0.	0.	0.
(2) PAUL KOHLHEIM CHAIR-ELECT	4.00	X		X				0.	0.	0.
(3) TODD ABEDON DIRECTOR	1.00	X						0.	0.	0.
(4) J ELIZABETH BRADHAM DIRECTOR	1.00	X						0.	0.	0.
(5) RONDA DEAN DIRECTOR	1.00	X						0.	0.	0.
(6) HERBERT DRAYTON DIRECTOR	1.00	X						0.	0.	0.
(7) TONY GHOSTON DIRECTOR	1.00	X						0.	0.	0.
(8) B. SHAWAN GILLIANS DIRECTOR	1.00	X						0.	0.	0.
(9) STEVEN E. GOLDBERG DIRECTOR	1.00	X						0.	0.	0.
(10) GORDON GRANGER DIRECTOR	1.00	X						0.	0.	0.
(11) PAUL K. HOOKER SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(12) RACHEL K. HUTCHISSON DIRECTOR	1.00	X						0.	0.	0.
(13) LARRY MERCADO DIRECTOR	1.00	X						0.	0.	0.
(14) BOB NIGRO DIRECTOR	1.00	X						0.	0.	0.
(15) DAWN H. ROBINSON DIRECTOR	1.00	X						0.	0.	0.
(16) BILL STANFIELD DIRECTOR	1.00	X						0.	0.	0.
(17) COLLEEN TROY 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) ANGELA WASHINGTON DIRECTOR	1.00	X						0.	0.	0.
(19) ANITA ZUCKER DIRECTOR	1.00	X						0.	0.	0.
(20) CHRISTA DIVIS CFO DEPARTED 5/3/2019	50.00			X				122,971.	0.	14,117.
(21) DARRIN GOSS CEO	50.00			X				204,467.	0.	20,999.
(22) TINA JOHNSON-BREBNER EVP	50.00					X		110,372.	0.	23,456.
(23) EDITH BLAKESLEE VP	50.00					X		103,809.	0.	18,150.
1b Sub-total ▶								541,619.	0.	76,722.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								541,619.	0.	76,722.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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	177,829.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	12,100.				
	b Membership dues	1b					
	c Fundraising events	1c	288,940.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	27,204,004.				
	g Noncash contributions included in lines 1a-1f: $ 7,152,884.						
	h **Total.** Add lines 1a-1f			27,516,044.			
Program Service Revenue		**Business Code**					
	2a MANAGEMENT FEE INCOME	561000		2,331,310.	2,331,310.		
	b EARNED SERVICES FEES	561000		39,250.	39,250.		
	c						
	d						
	e						
	f All other program service revenue	900099					
	g **Total.** Add lines 2a-2f			2,370,560.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,629,022.			2,629,022.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	61,108,151.	750.				
	b Less: cost or other basis and sales expenses	50,447,882.	13,540.				
	c Gain or (loss)	10,660,269.	-12,790.				
	d Net gain or (loss)			10,647,479.			10,647,479.
	8a Gross income from fundraising events (not including $ 288,940. of contributions reported on line 1c). See Part IV, line 18	a	50,215.				
	b Less: direct expenses	b	31,470.				
	c Net income or (loss) from fundraising events			18,745.			18,745.
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	**Business Code**					
	11a OTHER INCOME	900099		52,090.			52,090.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			52,090.			
	12 **Total revenue.** See instructions			43,233,940.	2,370,560.	0.	13,347,336.

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	21,510,893.	21,510,893.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	513,985.	513,985.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,500.	2,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	556,302.	210,837.	271,628.	73,837.
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	968,685.	367,129.	472,984.	128,572.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,289.	24,744.	31,879.	8,666.
9 Other employee benefits	223,076.	84,545.	108,922.	29,609.
10 Payroll taxes	125,626.	47,612.	61,340.	16,674.
11 Fees for services (non-employees):				
a Management	1,977,354.		1,977,354.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	122,710.		122,710.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	492,634.	239,707.	244,247.	8,680.
12 Advertising and promotion	123.	123.		
13 Office expenses	45,794.	17,356.	22,360.	6,078.
14 Information technology	52,417.	19,866.	25,594.	6,957.
15 Royalties				
16 Occupancy	167,073.	63,320.	81,578.	22,175.
17 Travel	57,253.	21,699.	27,955.	7,599.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	74,474.	41,008.	22,582.	10,884.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	62,508.	23,690.	30,521.	8,297.
23 Insurance	108,683.		108,683.	
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 CONTRIBUTIONS/SPONSORSH	133,659.	128,659.	5,000.	0.
b DEVELOPMENT AND RELOCAT	124,533.	47,198.	60,806.	16,529.
c DUES & RECOGNITION	40,328.	15,284.	19,691.	5,353.
d POSTAGE AND PRINTING	39,349.	14,913.	19,213.	5,223.
e All other expenses	20,719.	7,852.	10,116.	2,751.
25 **Total functional expenses.** Add lines 1 through 24e	27,485,967.	23,402,920.	3,725,163.	357,884.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		446,032.	1	1,599,984.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	1,006,000.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		44,572.	9	88,091.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,174,350.			
	b	Less: accumulated depreciation	10b 282,969.	123,569.	10c	2,891,381.
	11	Investments - publicly traded securities		106,953,914.	11	100,239,204.
	12	Investments - other securities. See Part IV, line 11		80,161,182.	12	96,688,985.
	13	Investments - program-related. See Part IV, line 11		300,000.	13	1,400,000.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		188,029,269.	16	203,913,645.
Liabilities	17	Accounts payable and accrued expenses		130,955.	17	1,009,758.
	18	Grants payable		2,668,649.	18	1,579,928.
	19	Deferred revenue		6,250.	19	7,500.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		1,219,834.	25	3,461,082.
	26	**Total liabilities.** Add lines 17 through 25		4,025,688.	26	6,058,268.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		182,291,733.	27	195,789,227.
	28	Temporarily restricted net assets		1,711,848.	28	2,066,150.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		184,003,581.	33	197,855,377.
	34	Total liabilities and net assets/fund balances		188,029,269.	34	203,913,645.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,233,940.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,485,967.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,747,973.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	184,003,581.
5	Net unrealized gains (losses) on investments	5	-2,139,361.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	243,184.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	197,855,377.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

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

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

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

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

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

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

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

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

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19383797.	24939290.	19832276.	22370158.	27516044.	114041565
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	19383797.	24939290.	19832276.	22370158.	27516044.	114041565
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15119655.
6 **Public support.** Subtract line 5 from line 4.						98921910.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	19383797.	24939290.	19832276.	22370158.	27516044.	114041565
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3768788.	2348489.	2418015.	3876739.	2629022.	15041053.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			168,703.	22,781.	18,745.	210,229.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			175,487.	133,259.	52,090.	360,836.
11 **Total support.** Add lines 7 through 10						129653683

12 Gross receipts from related activities, etc. (see instructions) ▶ 12 4,711,519.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ▶ 14 76.30 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ▶ 15 76.61 %

16a **33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

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

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

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

Schedule B
(Form 990, 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

23-7390313

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2018

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	265	3
2	Aggregate value of contributions to (during year)	17,887,205.	1,222,474.
3	Aggregate value of grants from (during year)	18,107,337.	957,402.
4	Aggregate value at end of year	81,737,718.	28,718,904.

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? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

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

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

- [ ] Preservation of land for public use (e.g., recreation or education)
- [ ] Preservation of 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 7/25/06, and not on a historic structure listed in the National Register 2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

		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	121,329,983.	110,967,241.	98,206,609.	104,751,979.	98,131,710.
b Contributions	9,726,871.	7,371,630.	3,299,659.	5,388,653.	6,322,722.
c Net investment earnings, gains, and losses	4,867,983.	8,511,624.	13,678,733.	-4,245,645.	4,356,500.
d Grants or scholarships	3,768,185.	4,212,671.	3,172,363.	3,920,638.	3,144,309.
e Other expenditures for facilities and programs	169,478.	256,814.	84,696.	2,854,790.	2,361.
f Administrative expenses	1,375,251.	1,051,027.	960,701.	912,950.	912,283.
g End of year balance	130,611,923.	121,329,983.	110,967,241.	98,206,609.	104,751,979.

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		225,805.		225,805.
b Buildings		2,553,548.		2,553,548.
c Leasehold improvements		194,452.	170,813.	23,639.
d Equipment		200,545.	112,156.	88,389.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				2,891,381.

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	1,470,965.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	93,773,168.	END-OF-YEAR MARKET VALUE
(C) NOTE RECEIVABLE -		
(D) PLACE-BASED IMPACT		
(E) INVESTING	327,342.	END-OF-YEAR MARKET VALUE
(F) REAL ESTATE	360,446.	END-OF-YEAR MARKET VALUE
(G) BENEFICIAL INT REMAINDER		
(H) TRUST	757,064.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	96,688,985.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASES PAYABLE	11,420.
(3) FUNDS HELD AND MANAGED FOR	
(4) CHARITABLE TRUSTS	1,664,016.
(5) ACCRUED PAID TIME OFF	28,357.
(6) GIFT ANNUITY PAYABLE - LONG TERM	1,597,289.
(7) GIFT ANNUITY PAYABLE - SHORT TERM	160,000.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	3,461,082.

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 [X]

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

IN ACCORDANCE WITH GAAP, THE FOUNDATION DISCLOSES THE EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE OF THE FACTS OF THE FOUNDATION'S POSITION AND RECORDS UNRECOGNIZED TAX BENEFITS AND LIABILITIES FOR KNOWN, OR ANTICIPATED TAX ISSUES BASED ON THE FOUNDATION'S ANALYSIS OF WHETHER ADDITIONAL TAXES WOULD BE DUE TO THE AUTHORITY GIVEN THEIR FULL KNOWLEDGE OF THE TAX POSITION. THE FOUNDATION HAS COMPLETED ITS ASSESSMENT AND DETERMINED THAT THERE WERE NO TAX POSITIONS WHICH WOULD REQUIRE RECOGNITION UNDER THE INTERPRETATION. THE FOUNDATION'S INCOME TAX RETURNS FOR YEARS SINCE 2015 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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

23-7390313

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 WIG & STACH BASH (event type)	(b) Event #2 GOLF EVENT (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	219,771.	88,150.	31,234.	339,155.
	2 Less: Contributions	207,706.	50,000.	31,234.	288,940.
	3 Gross income (line 1 minus line 2)	12,065.	38,150.		50,215.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,991.	13,456.	7,023.	31,470.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				31,470.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				18,745.

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	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ 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: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

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? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
50CAN, INC. 8983 UNIVERSITY BLVD., SUITE 104-142 - NORTH CHARLESTON, SC 29406	27-3069592	501(C)(3)	30,000.	0.			MULTIPLE GRANTS AWARDED
ACS PRODUCTS INC. 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303	02-0651055	501(C)(3)	19,000.	0.			MULTIPLE GRANTS AWARDED
ADDLESTONE HEBREW ACADEMY 1675 RAOUL WALLENBERG BOULEVARD CHARLESTON, SC 29407	57-0409223	501(C)(3)	18,843.	0.			MULTIPLE GRANTS AWARDED
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 2090 EXECUTIVE HALL ROAD, SUITE 130 - CHARLESTON, SC 29407	13-3039601	501(C)(3)	8,874.	0.			MULTIPLE GRANTS AWARDED
ALZHEIMERS FAMILY SERVICES OF GREATER BEAUFORT - P.O. BOX 1514 - BEAUFORT, SC 29901-1514	57-0879175	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ALZHEIMER'S RESPITE & RESOURCE P.O. BOX 22330 HILTON HEAD ISLAND, SC 29925-2330	58-2291775	501(C)(3)	7,500.	0.			SPECIAL PROJECT SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 305.

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 37.

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
AMERICAN CANCER SOCIETY, INC. 269 CALHOUN STREET CHARLESTON, SC 29401	13-1788491	501(C)(3)	17,059.	0.			MULTIPLE GRANTS AWARDED
AMERICAN COLLEGE OF THE BUILDING ARTS - 649 MEETING STREET - CHARLESTON, SC 29403	57-1075250	501(C)(3)	25,504.	0.			MULTIPLE GRANTS AWARDED
AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD, SUITE 118 HUDSON, OH 44236	34-1747398	501(C)(3)	125,243.	0.			SPECIAL PROJECT SUPPORT
AMERICAN HEART ASSOCIATION, INC. 300 SOUTH RIVERSIDE PLAZA, STE 1200 CHICAGO, IL 60606	13-5613797	501(C)(3)	7,080.	0.			MULTIPLE GRANTS AWARDED
AMERICAN NATIONAL RED CROSS 2424A CITY HALL LANE NORTH CHARLESTON, SC 29406-6538	53-0196605	501(C)(3)	347,946.	0.			MULTIPLE GRANTS AWARDED
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20016	53-0196549	501(C)(3)	8,500.	0.			MULTIPLE GRANTS AWARDED
ARK OF SC PO BOX 1540 SUMMERVILLE, SC 29484	47-1350098	501(C)(3)	28,246.	0.			MULTIPLE GRANTS AWARDED
ARTHUR W. PAGE SOCIETY 230 PARK AVENUE, SUITE 455 NEW YORK, NY 10169	23-2290568	501(C)(3)	5,500.	0.			MULTIPLE GRANTS AWARDED
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	7,300.	0.			MULTIPLE GRANTS AWARDED

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
ASHLEY HALL FOUNDATION 172 RUTLEDGE AVENUE CHARLESTON, SC 29403	57-0314364	501(C)(3)	323,651.	0.			MULTIPLE GRANTS AWARDED
ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED - CHARLESTON - 1 CARRIAGE LANE, BUILDING A - CHARLESTON, SC 29407	57-0324912	501(C)(3)	28,142.	0.			MULTIPLE GRANTS AWARDED
ASSUMPTION COLLEGE FOR SISTERS 200 A MORRIS AVENUE DENVILLE, NJ 07834	52-1318258	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
AVIAN CONSERVATION CENTER P.O. BOX 1247 CHARLESTON, SC 29402	57-0966813	501(C)(3)	10,085.	0.			MULTIPLE GRANTS AWARDED
BARRIER ISLANDS FREE MEDICAL CLINIC, INC. - 3226 MAYBANK HWY, BUILDING C - JOHNS ISLAND, SC 29455	20-5628911	501(C)(3)	49,718.	0.			MULTIPLE GRANTS AWARDED
BE A MENTOR, INC. 1505 KING STREET EXT, SUITE 200 CHARLESTON, SC 29405	04-3704334	501(C)(3)	8,100.	0.			MULTIPLE GRANTS AWARDED
BEAUFORT COUNTY MEMORIAL HOSPITAL 955 RIBAUT ROAD BEAUFORT, SC 29902	57-6000094	501(C)(3)	15,000.	0.			SPECIAL PROJECT SUPPORT
BEAUFORT COUNTY OPEN LAND TRUST, INC. - P.O. BOX 75 - BEAUFORT, SC 29901	23-7114992	501(C)(3)	6,500.	0.			MULTIPLE GRANTS AWARDED
BEAUFORT MEMORIAL HOSPITAL FOUNDATION - POST OFFICE BOX 2233 - BEAUFORT, SC 29901	57-0792360	501(C)(3)	7,000.	0.			MULTIPLE GRANTS AWARDED

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-JASPER YMCA OF THE LOWCOUNTRY, INC. - 1801 RICHMOND AVENUE - PORT ROYAL, SC 29935	57-0910326	501(C)(3)	18,500.	0.			MULTIPLE GRANTS AWARDED
BERKELEY COUNTY SCHOOL DISTRICT POST OFFICE BOX 608 MONCKS CORNER, SC 29461		OTHER	53,350.	0.			MULTIPLE GRANTS AWARDED
BETH ISRAEL SYNAGOGUE P.O. BOX 328 BEAUFORT, SC 29901		OTHER	14,600.	0.			MULTIPLE GRANTS AWARDED
BETHEL UNITED METHODIST CHURCH 57 PITT STREET CHARLESTON, SC 29401	36-2167731	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BEYOND BORDERS, INC. P.O. BOX 2132 NORRISTOWN, PA 19404	23-2713126	501(C)(3)	9,000.	0.			SPECIAL PROJECT SUPPORT
BEYOND OUR WALLS, INC. 2615 HARVEY AVENUE, SUITE 4 NORTH CHARLESTON, SC 29405	33-1087506	501(C)(3)	8,000.	0.			MULTIPLE GRANTS AWARDED
BIG BROTHERS BIG SISTERS OF AMERICA - 2502 N. ROCKY POINT DR., SUITE 550 - TAMPA, FL 33607	23-1365190	501(C)(3)	100,000.	0.			SPECIAL PROJECT SUPPORT
BISHOP ENGLAND HIGH SCHOOL 363 SEVEN FARMS DRIVE CHARLESTON, SC 29492-7534	57-6000118	501(C)(3)	45,524.	0.			MULTIPLE GRANTS AWARDED
BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY - 1 BISHOP GADSDEN WAY - CHARLESTON, SC 29412	57-0337132	501(C)(3)	13,000.	0.			MULTIPLE GRANTS AWARDED

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
BLACK RIVER UNITED WAY P.O. BOX 1065 GEORGETOWN, SC 29442	57-0526145	501(C)(3)	20,000.	0.			MULTIPLE GRANTS AWARDED
BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - P.O. BOX 2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
BLUFFTON SELF HELP, INC. P.O. BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
BNY MELLON CHARITABLE GIFT FUND 201 WASHINGTON ST., AIM 024-0062 BOSTON, MA 02108	30-0748315	501(C)(3)	649,108.	0.			SPECIAL PROJECT SUPPORT
BOY SCOUTS OF AMERICA COASTAL CAROLINA COUNCIL, INC. - 9297 MEDICAL PLAZA DRIVE - NORTH CHARLESTON, SC 29407-3365	57-0327870	501(C)(3)	12,073.	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)	7,500.	0.			GENERAL OPERATING SUPPORT
BRIDGES FOR END-OF-LIFE P.O. BOX 417 MOUNT PLEASANT, SC 29465	57-0701359	501(C)(3)	5,831.	0.			MULTIPLE GRANTS AWARDED
CAMP HAPPY DAYS, INC. 1 CARRIAGE LN, BLDG C, SUITES 101 & CHARLESTON, SC 29407	57-0755466	501(C)(3)	59,125.	0.			MULTIPLE GRANTS AWARDED
CAMP PASQUANEY 2 1/2 BEACON STREET CONCORD, NH 03301	02-0227848	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

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
CAMP RISE ABOVE, INC. P.O. BOX 31295 CHARLESTON, SC 29417	27-0545990	501(C)(3)	13,200.	0.			MULTIPLE GRANTS AWARDED
CAMPHILL SPECIAL SCHOOL 1784 FAIRVIEW ROAD GLENMOORE, PA 19343	23-1443766	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CAMPUS CRUSADE FOR CHRIST, INC. P.O. BOX 628222 ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	14,282.	0.			MULTIPLE GRANTS AWARDED
CAROLINA ART ASSOCIATION 135 MEETING STREET CHARLESTON, SC 29401	57-0323047	501(C)(3)	39,950.	0.			MULTIPLE GRANTS AWARDED
CATHEDRAL OF ST. JOHN THE BAPTIST 105 QUEEN STREET CHARLESTON, SC 29401	57-0426378	501(C)(3)	13,187.	0.			MULTIPLE GRANTS AWARDED
CENTER FOR HEIRS' PROPERTY PRESERVATION - 1535 SAM RITTENBERG BLVD, SUITE D - CHARLESTON, SC 29407	52-2452879	501(C)(3)	60,497.	0.			MULTIPLE GRANTS AWARDED
CENTRAL CAROLINA COMMUNITY FOUNDATION - 2711 MIDDLEBURG DR. STE. 213 - COLUMBIA, SC 29706	57-0793960	501(C)(3)	15,000.	0.			MULTIPLE GRANTS AWARDED
CENTRAL PARK CONSERVANCY, INC. 14 E. 60TH STREET NEW YORK, NY 10022-1006	13-3022855	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
CHARLESTON ACADEMY OF MUSIC P.O. BOX 22364 CHARLESTON, SC 29413	01-0739765	501(C)(3)	20,583.	0.			MULTIPLE GRANTS AWARDED

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 ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406	57-6021863	501(C)(3)	72,315.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON AREA JUSTICE MINISTRY P.O. BOX 71416 NORTH CHARLESTON, SC 29415	46-1758506	501(C)(3)	12,500.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON AREA SENIOR CITIZENS SERVICES, INC. - 259 MEETING STREET - CHARLESTON, SC 29401	57-6030048	501(C)(3)	14,000.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON AREA THERAPEUTIC RIDING, INC. - P.O. BOX 146 - JOHNS ISLAND, SC 29457	57-0937061	501(C)(3)	51,185.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON COUNTY PARKS FOUNDATION, INC. - 861 RIVERLAND DR. - CHARLESTON, SC 29412	57-0913949	501(C)(3)	12,307.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON COUNTY PUBLIC LIBRARY 68 CALHOUN STREET CHARLESTON, SC 29401		OTHER	23,221.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON DAY SCHOOL, INC. 15 ARCHDALE STREET CHARLESTON, SC 29401	57-0524184	501(C)(3)	52,063.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON GAILLARD MANAGEMENT CORPORATION - 95 CALHOUN STREET - CHARLESTON, SC 29401	46-3018925	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
CHARLESTON HORTICULTURAL SOCIETY 46 WINDERMERE BOULEVARD CHARLESTON, SC 29407	56-2211468	501(C)(3)	8,750.	0.			MULTIPLE GRANTS AWARDED

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CHARLESTON JAZZ 3005 WEST MONTAGUE AVE, SUITE 200 NORTH CHARLESTON, SC 29418	83-0504523	501(C)(3)	138,500.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON JEWISH FEDERATION 176 CROGHAN SPUR ROAD, SUITE 100 CHARLESTON, SC 29407	57-6000188	501(C)(3)	22,000.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON LIBRARY SOCIETY 164 KING STREET CHARLESTON, SC 29401	57-0314372	501(C)(3)	115,359.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON ORPHAN HOUSE, INC. 5055 LACKAWANNA BOULEVARD NORTH CHARLESTON, SC 29405	57-0669877	501(C)(3)	74,041.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON PARKS CONSERVANCY, INC. PO BOX 31187 CHARLESTON, SC 29417	20-8375561	501(C)(3)	7,452.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON PROMISE NEIGHBORHOOD 1834 SUMMERVILLE AVE., SUITE 200 CHARLESTON, SC 29405	80-0597710	501(C)(3)	83,844.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON SOUTHERN UNIVERSITY PO BOX 118087 CHARLESTON, SC 29423	57-0474291	501(C)(3)	54,800.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON SYMPHONY ORCHESTRA P.O. BOX 30818 CHARLESTON, SC 29417	57-6000192	501(C)(3)	128,743.	0.			MULTIPLE GRANTS AWARDED
CHARLESTON URBAN SQUASH, INC. P.O. BOX 22731 CHARLESTON, SC 29413	27-0771548	501(C)(3)	91,137.	0.			MULTIPLE GRANTS AWARDED

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CHARLOTTE BALLET 701 N. TRYON STREET CHARLOTTE, NC 28202	58-1314711	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CHILD ABUSE PREVENTION ASSOCIATION P.O. BOX 531 BEAUFORT, SC 29901-0531	57-0722206	501(C)(3)	16,500.	0.			MULTIPLE GRANTS AWARDED
CHILDREN IN CRISIS OF DORCHESTER COUNTY, INC. - 303 E. RICHARDSON AVE. - SUMMERVILLE, SC 29483	57-1078099	501(C)(3)	45,319.	0.			MULTIPLE GRANTS AWARDED
CHILDREN'S MUSEUM OF THE LOWCOUNTRY - 25 ANN STREET - CHARLESTON, SC 29403	57-1014498	501(C)(3)	55,726.	0.			MULTIPLE GRANTS AWARDED
CHILDREN'S RIGHTS, INC. 88 PINE STREET, SUITE 800 NEW YORK, NY 10005	13-3801864	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 28704	56-0615187	501(C)(3)	7,500.	0.			SCHOLARSHIP
CIRCLE OF HOPE MINISTRIES, INC. P.O. BOX 554 BEAUFORT, SC 29901	27-3678596	501(C)(3)	10,000.	0.			MULTIPLE GRANTS AWARDED
CLAFLIN UNIVERSITY 400 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0314374	501(C)(3)	6,500.	0.			MULTIPLE GRANTS AWARDED
CLAP YOUR HANDS P.O. BOX 51322 SUMMERVILLE, SC 29485-1322	47-2014292	501(C)(3)	16,500.	0.			MULTIPLE GRANTS AWARDED

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CLEMSON UNIVERSITY BOX 345307 CLEMSON, SC 29634		OTHER	97,454.	0.			MULTIPLE GRANTS AWARDED
COASTAL CAROLINA UNIVERSITY P.O. BOX 261954 CONWAY, SC 29528-6054		OTHER	13,000.	0.			MULTIPLE GRANTS AWARDED
COLLABORATIVE ORGANIZATION OF SERVICES FOR YOUTH - POST OFFICE DRAWER 1228 - BEAUFORT, SC 29901	57-6000311	OTHER	10,000.	0.			SPECIAL PROJECT SUPPORT
COLLEGE OF CHARLESTON 66 GEORGE STREET CHARLESTON, SC 29424-0001		OTHER	14,250.	0.			MULTIPLE GRANTS AWARDED
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON, SC 29424	23-7069236	501(C)(3)	79,403.	0.			MULTIPLE GRANTS AWARDED
COLLETON CENTER P.O. BOX 468 WALTERBORO, SC 29488	20-4536007	501(C)(3)	6,000.	0.			MULTIPLE GRANTS AWARDED
COLLETON COUNTY ARTS COUNCIL, INC. 334 WHITMAN STREET WALTERBORO, SC 29488	57-0966741	501(C)(3)	15,830.	0.			MULTIPLE GRANTS AWARDED
COLLETON COUNTY FIRST STEPS 609 COLLETON LOOP WALTERBORO, SC 29488	57-1097790	501(C)(3)	11,000.	0.			SPECIAL PROJECT SUPPORT
COLLETON COUNTY MEMORIAL LIBRARY 600 HAMPTON STREET WALTERBORO, SC 29488		OTHER	9,500.	0.			SPECIAL PROJECT SUPPORT

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COLLETON HABITAT FOR HUMANITY, INC. - PO BOX 887 - WALTERBORO, SC 29488	57-0894246	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
COLUMBIA MUSEUM OF ART P.O. BOX 2068 COLUMBIA, SC 29202	57-6007869	501(C)(3)	15,000.	0.			MULTIPLE GRANTS AWARDED
COMMUNITIES IN SCHOOLS OF CHARLOTTE-MECKLENBURG, INC. - 601 E. 5TH STREET, SUITE 300 - CHARLOTTE, NC 28202	58-1661795	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES IN SCHOOLS OF THE CHARLESTON AREA, INC. - 1090 EAST MONTAGUE AVENUE - NORTH CHARLESTON, SC 29405	57-0915384	501(C)(3)	37,283.	0.			MULTIPLE GRANTS AWARDED
COMMUNITY FOUNDATION OF BURKE COUNTY - P.O. BOX 1156 - MORGANTON, NC 28680	56-2170220	501(C)(3)	60,000.	0.			SPECIAL PROJECT SUPPORT
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC. - P.O. BOX 23019 - HILTON HEAD ISLAND, SC 29925-3019	57-0756987	501(C)(3)	17,075.	0.			MULTIPLE GRANTS AWARDED
CONVERSE COLLEGE 580 EAST MAIN STREET SPARTANBURG, SC 29302-1931	57-0314380	501(C)(3)	10,500.	0.			MULTIPLE GRANTS AWARDED
COOPER SCHOOL 13 OAKDALE PLACE CHARLESTON, SC 29407	20-8818159	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
DAVIDSON COLLEGE PO BOX 7170 DAVIDSON, NC 28035-7170	56-0529961	501(C)(3)	6,500.	0.			MULTIPLE GRANTS AWARDED

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DEE NORTON LOWCOUNTRY CHILDREN'S CENTER - 1061 KING STREET - CHARLESTON, SC 29403	57-0905724	501(C)(3)	103,970.	0.			MULTIPLE GRANTS AWARDED
DIOCESE OF CHARLESTON PO BOX 31257 CHARLESTON, SC 29417	57-0314369	501(C)(3)	17,800.	0.			MULTIPLE GRANTS AWARDED
DIVINE REDEEMER PARISH SCHOOL 1104 FORT DRIVE HANAHAN, SC 29410	57-0405151	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
DOCTORS WITHOUT BORDERS USA P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	53,602.	0.			MULTIPLE GRANTS AWARDED
DONORSCHOOSE.ORG MAIL CODE 6656, PO BOX 7247 PHILADELPHIA, PA 19170	13-4129457	501(C)(3)	35,773.	0.			MULTIPLE GRANTS AWARDED
DOORS TO FREEDOM 1317-M N. MAIN ST. #263 SUMMERVILLE, SC 29483	90-0671470	501(C)(3)	27,750.	0.			MULTIPLE GRANTS AWARDED
DORCHESTER BOARD OF DISABILITIES & SPECIAL NEEDS - P.O. BOX 2950 - SUMMERVILLE, SC 29484		OTHER	21,642.	0.			GENERAL OPERATING SUPPORT
DORCHESTER HABITAT FOR HUMANITY P.O. BOX 1685 SUMMERVILLE, SC 29484	91-1914868	501(C)(3)	18,250.	0.			MULTIPLE GRANTS AWARDED
DORCHESTER PAWS 136 FOUR PAWS LANE SUMMERVILLE, SC 29483	57-0620182	501(C)(3)	38,004.	0.			MULTIPLE GRANTS AWARDED

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DORCHESTER TWO EDUCATIONAL FOUNDATION - 115 DEVON ROAD - SUMMERVILLE, SC 29483	46-3049858	501(C)(3)	24,000.	0.			MULTIPLE GRANTS AWARDED
DRAYTON HALL PRESERVATION TRUST 3380 ASHLEY RIVER ROAD CHARLESTON, SC 29414	45-4938941	501(C)(3)	9,500.	0.			MULTIPLE GRANTS AWARDED
DUKE UNIVERSITY BOX NUMBER 104145 DURHAM, NC 27708	56-0532129	501(C)(3)	13,404.	0.			MULTIPLE GRANTS AWARDED
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE ROAD MOUNT PLEASANT, SC 29466	57-0939280	501(C)(3)	65,795.	0.			MULTIPLE GRANTS AWARDED
EAST COOPER HABITAT FOR HUMANITY P.O. BOX 1990 MOUNT PLEASANT, SC 29465	57-0903917	501(C)(3)	23,250.	0.			MULTIPLE GRANTS AWARDED
EAST COOPER MEALS ON WHEELS, INC. P.O. BOX 583 MOUNT PLEASANT, SC 29465	57-0804618	501(C)(3)	39,975.	0.			MULTIPLE GRANTS AWARDED
EMORY UNIVERSITY 200 DOWMAN DRIVE, BOISFEUILLET JONES CENTER, SUITE 300 - ATLANTA, GA 30322	58-0566256	501(C)(3)	5,035.	0.			MULTIPLE GRANTS AWARDED
ETV ENDOWMENT OF SOUTH CAROLINA, INC. - 401 EAST KENNEDY STREET - SUITE B1 - SPARTANBURG, SC 29302	57-0657549	501(C)(3)	7,400.	0.			MULTIPLE GRANTS AWARDED
EXTRA MILE CLUB OF THE LOWCOUNTRY P.O. BOX 1915 BEAUFORT, SC 29901	46-3127074	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT

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FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD, D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
FAMILY RESOURCE CENTER FOR DISABILITIES AND SPECIAL NEEDS - 1575 SAVANNAH HIGHWAY, SUITE 6 - CHARLESTON, SC 29407	57-1127412	501(C)(3)	8,000.	0.			SPECIAL PROJECT SUPPORT
FAMILY SERVICES, INC. 4925 LACROSS ROAD, SUITE 215 CHARLESTON, SC 29406	57-0324920	501(C)(3)	36,000.	0.			MULTIPLE GRANTS AWARDED
FATHER TO FATHER PROJECT, INC. 5675 WOODBINE AVENUE NORTH CHARLESTON, SC 29406	57-1121606	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
FENNELL ELEMENTARY SCHOOL 131 YEMASSEE HIGHWAY YEMASSEE, SC 29945-0427		OTHER	17,000.	0.			MULTIPLE GRANTS AWARDED
FIELDS TO FAMILIES P.O. BOX 21117 CHARLESTON, SC 29413-1117	03-0608779	501(C)(3)	9,500.	0.			MULTIPLE GRANTS AWARDED
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)(3)	142,775.	0.			MULTIPLE GRANTS AWARDED
FOUR HOLES INDIAN ORGANIZATION EDISTO TRIBAL, INC. - 1125 RIDGE ROAD - RIDGEVILLE, SC 29472	57-0570165	501(C)(3)	18,000.	0.			MULTIPLE GRANTS AWARDED
FRESH FUTURE FARM, INC. 2008 SUCCESS STREET NORTH CHARLESTON, SC 29405	46-5699947	501(C)(3)	15,750.	0.			MULTIPLE GRANTS AWARDED

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FRESHSTART 721 LONGPOINT ROAD, SUITE 405 MOUNT PLEASANT, SC 29464	81-1440642	501(C)(3)	8,000.	0.			MULTIPLE GRANTS AWARDED
FRIENDS OF CAROLINE HOSPICE OF BEAUFORT, INC. - 1110 13TH STREET - PORT ROYAL, SC 29935	57-0725866	501(C)(3)	17,000.	0.			MULTIPLE GRANTS AWARDED
FRIENDS OF COASTAL SOUTH CAROLINA P.O. BOX 1131 MOUNT PLEASANT, SC 29465-1131	57-1039362	501(C)(3)	13,000.	0.			MULTIPLE GRANTS AWARDED
FRIENDS OF COLLETON COUNTY ANIMAL SHELTER - 33 POOR FARM ROAD - WALTERBORO, SC 29488	26-4474266	501(C)(3)	9,059.	0.			MULTIPLE GRANTS AWARDED
FRIENDS OF FISHER HOUSE CHARLESTON, INC. - P.O. BOX 1678 - CHARLESTON, SC 29402	46-2521401	501(C)(3)	9,800.	0.			MULTIPLE GRANTS AWARDED
FRIENDS OF THE SPANISH MOSS RAIL TRAIL - P.O. BOX 401 - BEAUFORT, SC 29901	45-5205655	501(C)(3)	6,250.	0.			MULTIPLE GRANTS AWARDED
FRIENDSHIP PLACE, INC. P.O. BOX 282 GEORGETOWN, SC 29442	57-1073276	501(C)(3)	5,400.	0.			MULTIPLE GRANTS AWARDED
FUNDERS FOR REPRODUCTIVE EQUITY, INC. - P.O. BOX 750 - ROCKVILLE, MD 20848-0750	52-2098292	OTHER	20,000.	0.			GENERAL OPERATING SUPPORT
GAILLARD PERFORMANCE HALL FOUNDATION - 334 EAST BAY STREET, #152 - CHARLESTON, SC 29401	90-0616040	501(C)(3)	6,000.	0.			MULTIPLE GRANTS AWARDED

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GEORGE WASHINGTON UNIVERSITY 800 21ST ST., NW SUITE GROUND WASHINGTON, DC 20052	53-0196584	501(C)(3)	10,000.	0.			SCHOLARSHIP
GEORGETOWN COUNTY COUNCIL ON AGING 2104 LINCOLN STREET GEORGETOWN, SC 29440		OTHER	10,000.	0.			GENERAL OPERATING SUPPORT
GEORGETOWN PRESBYTERIAN CHURCH 558 BLACK RIVER ROAD GEORGETOWN, SC 29440	57-0648722	OTHER	10,000.	0.			GENERAL OPERATING SUPPORT
GEORGIA FORESTWATCH INC 81 CROWN MOUNTAIN PLACE, BUILDING C DAHLONEGA, GA 30533	58-2188475	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
GEORGIA STATE UNIVERSITY P.O. BOX 4009 ATLANTA, GA 30302		OTHER	9,434.	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)	46,000.	0.			MULTIPLE GRANTS AWARDED
GIRL SCOUTS OF EASTERN SOUTH CAROLINA - 7257 CROSS COUNTY ROAD - NORTH CHARLESTON, SC 29418	57-0341216	501(C)(3)	6,500.	0.			MULTIPLE GRANTS AWARDED
GOOD NEIGHBOR FREE MEDICAL CLINIC 30 PROFESSIONAL VILLAGE CIRCLE BEAUFORT, SC 29907	26-0335357	501(C)(3)	30,500.	0.			MULTIPLE GRANTS AWARDED
GOODWILL INDUSTRIES OF LOWER SC, INC. - 2150 EAGLE DRIVE, BUILDING 100 - NORTH CHARLESTON, SC 29406	57-0632511	501(C)(3)	6,400.	0.			MULTIPLE GRANTS AWARDED

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GRACE EPISCOPAL CHURCH 98 WENTWORTH STREET CHARLESTON, SC 29401		OTHER	8,544.	0.			MULTIPLE GRANTS AWARDED
GREEN HEART PROJECT, INC. 759 A KING STREET CHARLESTON, SC 29403	46-0829120	501(C)(3)	11,500.	0.			MULTIPLE GRANTS AWARDED
GREEN RIVER PRESERVE 301 GREEN RIVER ROAD CEDAR MOUNTAIN, NC 28718	56-1554526	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GREENE COUNTY COUNCIL ON THE ARTS PO BOX 463 CATSKILL, NY 12414	22-2142380	501(C)(3)	43,750.	0.			MULTIPLE GRANTS AWARDED
HABITAT FOR HUMANITY OF BERKELEY COUNTY - 1 BELKNAP RD. - GOOSE CREEK, SC 29445	57-0907019	501(C)(3)	32,500.	0.			MULTIPLE GRANTS AWARDED
HARRY R. E. HAMPTON MEMORIAL WILDLIFE FUND, INC. - P.O. BOX 2641 - COLUMBIA, SC 29202	57-0727731	501(C)(3)	17,500.	0.			MULTIPLE GRANTS AWARDED
HEALING SPECIES, INC. P O BOX 1202 ORANGEBURG, SC 29116-1202	57-1087949	501(C)(3)	5,048.	0.			SPECIAL PROJECT SUPPORT
HEIFER INTERNATIONAL FOUNDATION POST OFFICE BOX 8058 LITTLE ROCK, AK 72203	71-0699939	501(C)(3)	5,200.	0.			MULTIPLE GRANTS AWARDED
HELP OF SUMMERVILLE P.O. BOX 1871 SUMMERVILLE, SC 29484	57-0624976	501(C)(3)	5,750.	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)	64,978.	0.			MULTIPLE GRANTS AWARDED
HELPING HAND CENTER INC. 1263 COHEN ROAD PINELAND, SC 29934	80-0751064	501(C)(3)	15,748.	0.			MULTIPLE GRANTS AWARDED
HELPING HANDS OF GEORGETOWN, INC. 1813 HIGHMARKET STREET GEORGETOWN, SC 29440	57-0883461	501(C)(3)	15,000.	0.			MULTIPLE GRANTS AWARDED
HISTORIC BEAUFORT FOUNDATION P.O. BOX 11 BEAUFORT, SC 29901	23-7005532	501(C)(3)	10,975.	0.			MULTIPLE GRANTS AWARDED
HISTORIC CHARLESTON FOUNDATION P.O. BOX 1120 CHARLESTON, SC 29402-1120	57-6000599	501(C)(3)	15,200.	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
HOME OF MONTCLAIR ECUMENICAL CORP. 17 TALBOT STREET MONTCLAIR, NJ 07042	22-2904529	501(C)(3)	10,000.	0.			MULTIPLE GRANTS AWARDED
HOME WORKS OF AMERICA, INC. 3823 W. BELTLINE BLVD COLUMBIA, SC 29204	56-2027026	501(C)(3)	9,500.	0.			MULTIPLE GRANTS AWARDED
HOPEFUL HORIZONS, INC. P.O. BOX 1775 BEAUFORT, SC 29901	57-1063332	501(C)(3)	30,583.	0.			MULTIPLE GRANTS AWARDED

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
HOWARD UNIVERSITY 2400 SIXTH STREET, NW - SUITE 218 WASHINGTON, DC 20059	53-0204707	501(C)(3)	6,585.	0.			MULTIPLE GRANTS AWARDED
HUMAN NEEDS FOOD PANTRY, INC. 9 LABEL STREET MONTCLAIR, NJ 07042	22-3057065	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
INSPIRE ARTS AND MUSIC INC. PO BOX 51391 BOSTON, MA 02205	04-3081057	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
INTERNATIONAL AFRICAN AMERICAN MUSEUM - PO BOX 22761 - CHARLESTON, SC 29413	20-3398254	501(C)(3)	243,028.	0.			MULTIPLE GRANTS AWARDED
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
JAMES T BRYAN, JR. - U.S.S. YORKTOWN CV-10 ASSOCIATION, INC. - POST OFFICE BOX 1021 - MOUNT PLEASANT, SC 29465	57-0646242	OTHER	11,765.	0.			SPECIAL PROJECT SUPPORT
JAZZ HOUSE KIDS, INC. 347 BLOOMFIELD AVENUE LOWER LEVEL MONTCLAIR, NJ 07042	56-2303577	501(C)(3)	30,000.	0.			MULTIPLE GRANTS AWARDED
JDRF INTERNATIONAL 1122 LADY STREET, SUITE 1000 COLUMBIA, SC 29201	23-1907729	501(C)(3)	12,202.	0.			MULTIPLE GRANTS AWARDED
JENKINS INSTITUTE FOR CHILDREN, INC. - 3923 AZALEA DRIVE - NORTH CHARLESTON, SC 29405	57-6025599	501(C)(3)	6,135.	0.			MULTIPLE GRANTS AWARDED

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JUNIOR ACHIEVEMENT OF GREATER SOUTH CAROLINA, INC. - 2711 MIDDLEBURG DRIVE, SUITE 105 - COLUMBIA, SC 29204	57-0477845	501(C)(3)	14,950.	0.			MULTIPLE GRANTS AWARDED
JUNIOR LEAGUE OF CHARLESTON, INC. 51 FOLLY ROAD CHARLESTON, SC 29407	57-0335419	501(C)(3)	10,288.	0.			MULTIPLE GRANTS AWARDED
KAHAL KADOSH BETH ELOHIM 90 HASELL STREET CHARLESTON, SC 29401	57-0406806	501(C)(3)	43,568.	0.			MULTIPLE GRANTS AWARDED
KISKIMINETAS SPRINGS SCHOOL 1888 BRETT LANE SALTSBURG, PA 15681-8951	25-0995765	501(C)(3)	10,000.	0.			MULTIPLE GRANTS AWARDED
LITERACY VOLUNTEERS OF THE LOWCOUNTRY, INC. - P.O. BOX 3725 - BLUFFTON, SC 29910	57-0727884	501(C)(3)	10,000.	0.			MULTIPLE GRANTS AWARDED
LITTLE ACORN HOUSE 1916 BERUE DRIVE COATSVILLE, PA 19320	82-2093264	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LOWCOUNTRY ALLIANCE FOR MODEL COMMUNITIES - 2125 DORCHESTER ROAD - NORTH CHARLESTON, SC 29405	20-3979178	501(C)(3)	190,945.	0.			MULTIPLE GRANTS AWARDED
LOWCOUNTRY AQUATIC PROJECT SWIMMING - P.O. BOX 2416 - MT. PLEASANT, SC 29465	81-4634465	501(C)(3)	12,000.	0.			MULTIPLE GRANTS AWARDED
LOWCOUNTRY FOOD BANK, INC. 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501(C)(3)	84,007.	0.			MULTIPLE GRANTS AWARDED

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LOWCOUNTRY LAND TRUST, INC. 635 RUTLEDGE AVENUE, SUITE 107 CHARLESTON, SC 29403	57-0809313	501(C)(3)	44,200.	0.			MULTIPLE GRANTS AWARDED
LOWCOUNTRY LEGAL VOLUNTEERS P.O. BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
LOWCOUNTRY LOCAL FIRST 1630 MEETING STREET ROAD, BLDG 2 CHARLESTON, SC 29405-9440	87-0792700	501(C)(3)	13,350.	0.			MULTIPLE GRANTS AWARDED
LOWCOUNTRY ORPHAN RELIEF P.O. BOX 70185 NORTH CHARLESTON, SC 29415	26-1108081	501(C)(3)	9,500.	0.			MULTIPLE GRANTS AWARDED
LUTHERAN SOCIAL SERVICES OF THE GREATER CHARLESTON AREA - 2105 COSGROVE AVENUE - NORTH CHARLESTON, SC 29405	57-0794782	501(C)(3)	6,862.	0.			MULTIPLE GRANTS AWARDED
MAKE-A-WISH FOUNDATION OF S.C., INC. - 225 SOUTH PLEASANTBURG DRIVE, #C17 - GREENVILLE, SC 29607	57-0786119	501(C)(3)	9,981.	0.			MULTIPLE GRANTS AWARDED
MARCH OF DIMES FOUNDATION PO BOX 18819 ATLANTA, GA 31126	13-1846366	501(C)(3)	8,633.	0.			MULTIPLE GRANTS AWARDED
MARSHALL-WYTHE SCHOOL OF LAW FOUNDATION - P.O. BOX 3527 - WILLAMSBURG, VA 23187	54-1224563	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	17,500.	0.			MULTIPLE GRANTS AWARDED

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MEALS ON WHEELS OF SUMMERVILLE P.O. BOX 592 SUMMERVILLE, SC 29484	57-0730993	501(C)(3)	14,500.	0.			MULTIPLE GRANTS AWARDED
MEALS ON WHEELS, BLUFFTON-HILTON HEAD, INC. - P.O. BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	7,500.	0.			SPECIAL PROJECT SUPPORT
MEDIA REFORM SC, INC. PO BOX 20241 CHARLESTON, SC 29413	46-2474438	501(C)(3)	6,100.	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
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 99 JONATHAN LUCAS ST., MSC 160 - CHARLESTON, SC 29425		OTHER	37,000.	0.			MULTIPLE GRANTS AWARDED
MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION - 59 BEE STREET, MSC 201 - CHARLESTON, SC 29425	57-6028985	501(C)(3)	61,898.	0.			MULTIPLE GRANTS AWARDED
MEET THE NEEDS CHARLESTON 275 BEECH HILL MOUNT PLEASANT, SC 29464	47-2703106	501(C)(3)	35,000.	0.			MULTIPLE GRANTS AWARDED
MEMORIAL SLOAN-KETTERING CANCER CENTER - 885 SECOND AVENUE 7TH FLOOR - NEW YORK, NY 10017	91-2154267	501(C)(3)	5,500.	0.			MULTIPLE GRANTS AWARDED
MENTAL HEALTH AMERICA OF BEAUFORT-JASPER - P.O. BOX 1925 - BLUFFTON, SC 29910	57-0670742	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT

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MEPKIN ABBEY CATHOLIC CONFERENCE 1098 MEPKIN ABBEY ROAD MONCKS CORNER, SC 29461	57-0416728	501(C)(3)	8,500.	0.			MULTIPLE GRANTS AWARDED
MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC. - 1615 L STREET NW, SUITE 430 - WASHINGTON, DC 20036	75-2816066	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
METANOIA 2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405	20-0310400	501(C)(3)	63,789.	0.			MULTIPLE GRANTS AWARDED
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	13-1624086	501(C)(3)	6,500.	0.			MULTIPLE GRANTS AWARDED
MISS RUBY'S KIDS P. O. BOX 1007 GEORGETOWN, SC 29442	20-3933169	501(C)(3)	8,000.	0.			MULTIPLE GRANTS AWARDED
MISSION COLLECTIVE 142 SPORTSMAN ISLAND DR., UNIT C CHARLESTON, SC 29492	20-2383515	501(C)(3)	6,500.	0.			MULTIPLE GRANTS AWARDED
MONTCLAIR FILM FESTIVAL, INC. 41 WATCHUNG PLAZA, #345 MONTCLAIR, NJ 07042	27-1732322	501(C)(3)	105,000.	0.			MULTIPLE GRANTS AWARDED
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 KIMBERLY ACADEMY FOUNDATION - 201 VALLEY ROAD - MONTCLAIR, NJ 07042	23-7365263	501(C)(3)	22,000.	0.			SPECIAL PROJECT SUPPORT

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MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, INC. - 150 CLOVE ROAD - LITTLE FALLS, NJ 07424	52-7082731	501(C)(3)	8,040,091.	0.			SPECIAL PROJECT SUPPORT
MOUNT CARMEL BAPTIST CHURCH 367 KEANS NECK ROAD SEABROOK, SC 29940		OTHER	15,000.	0.			SPECIAL PROJECT SUPPORT
MOUNTAIN AREA HEALTH EDUCATION CENTER, INC. - 121 HENDERSONVILLE ROAD - ASHEVILLE, NC 28803	56-1071426	501(C)(3)	6,500.	0.			SPECIAL PROJECT SUPPORT
MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES - 1115 MISSION STREET - SANTA CRUZ, CA 95060	59-2751953	501(C)(3)	100,000.	0.			SPECIAL PROJECT SUPPORT
MULTIPLYING GOOD 3365 SHADOW MOSS LANE MURRELLS INLET, SC 29576	52-0959336	501(C)(3)	15,760.	0.			MULTIPLE GRANTS AWARDED
MUSICARES FOUNDATION, INC. 3030 OLYMPIC BLVD. SANTA MONICA, CA 90404	95-4470909	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)	35,833.	0.			MULTIPLE GRANTS AWARDED
NATIONAL AUDUBON SOCIETY, INC. 635 RUTLEDGE AVENUE, SUITE 107 CHARLESTON, SC 29403	13-1624102	501(C)(3)	29,000.	0.			MULTIPLE GRANTS AWARDED
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

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NATURE CONSERVANCY, INC. 1417 STUART ENGALS BOULEVARD MOUNT PLEASANT, SC 29464	53-0242652	501(C)(3)	66,000.	0.			MULTIPLE GRANTS AWARDED
NECHAMA - JEWISH RESPONSE TO DISASTER - 12219 NICOLLET AVENUE - BURNSVILLE, MN 55337	41-1998750	501(C)(3)	26,404.	0.			SPECIAL PROJECT SUPPORT
NEIGHBORHOOD OUTREACH CONNECTION P.O. BOX 23558 HILTON HEAD ISLAND, SC 29925	54-2083947	501(C)(3)	5,250.	0.			MULTIPLE GRANTS AWARDED
NEW ROSEMONT HOMEOWNERS ASSOCIATION - 1841 B DOSCHER AVENUE - CHARLESTON, SC 29405		OTHER	11,333.	0.			MULTIPLE GRANTS AWARDED
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024	13-1624124	501(C)(3)	30,000.	0.			MULTIPLE GRANTS AWARDED
NEW YORK PUBLIC RADIO 160 VARICK STREET, 8TH FLOOR NEW YORK, NY 10013	13-3015230	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NEWBERRY COLLEGE 2100 COLLEGE STREET NEWBERRY, SC 29108	57-0314404	501(C)(3)	5,189.	0.			MULTIPLE GRANTS AWARDED
NORTH CAROLINA A&T STATE UNIVERSITY - 1601 EAST MARKET STREET - GREENSBORO, NC 27411		OTHER	10,000.	0.			SCHOLARSHIP
NORTH CAROLINA SCHOOL OF SCIENCE & MATHEMATICS FOUNDATION - PO BOX 2733 - DURHAM, NC 27715	56-1250756	501(C)(3)	100,000.	0.			SPECIAL PROJECT SUPPORT

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NORTH CAROLINA STATE UNIVERSITY BOX 7302 RALEIGH, NC 27695-7302		OTHER	11,500.	0.			MULTIPLE GRANTS AWARDED
NORTH CHARLESTON POPS! 5001 COLISEUM DRIVE NORTH CHARLESTON, SC 29418	35-2450311	501(C)(3)	12,500.	0.			MULTIPLE GRANTS AWARDED
ONE80 PLACE P.O. BOX 20038 CHARLESTON, SC 29413-0038	57-0789483	501(C)(3)	205,545.	0.			MULTIPLE GRANTS AWARDED
OPERATION HOME, INC. 3973 RIVERS AVE,., SUITE 104 NORTH CHARLESTON, SC 29405	62-1745925	501(C)(3)	61,330.	0.			MULTIPLE GRANTS AWARDED
OPERATION SIGHT 1101 CLARITY ROAD, SUITE 100 MOUNT PLEASANT, SC 29464	45-3449443	501(C)(3)	29,500.	0.			MULTIPLE GRANTS AWARDED
ORCHESTRA OF ST. LUKE'S SUPPORT CORPORATION - 450 WEST 37TH STREET, SUITE 502 - NEW YORK, NY 10018	27-2622704	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
OREGON BALLET THEATRE 0720 SW BANCROFT ST PORTLAND, OR 97239	93-1009305	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
OUR LADY OF MERCY COMMUNITY OUTREACH SERVICES - P.O. BOX 607 - JOHNS ISLAND, SC 29457	57-0905488	501(C)(3)	43,160.	0.			MULTIPLE GRANTS AWARDED
PALMETTO CONSERVATION FOUNDATION 722 KING STREET COLUMBIA, SC 29205	57-0907043	501(C)(3)	7,000.	0.			MULTIPLE GRANTS AWARDED

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PALMETTO PROJECT, INC. PO BOX 183 CHARLESTON, SC 29402	57-0807801	501(C)(3)	37,692.	0.			MULTIPLE GRANTS AWARDED
PARENTS AND GUARDIANS ASSOCIATION OF THE COASTAL CENTER - 9995 JAMISON ROAD - SUMMERVILLE, SC 29485	57-0735284	501(C)(3)	6,259.	0.			GENERAL OPERATING SUPPORT
PATTISON'S DREAM ACADEMY PO BOX 80426 CHARLESTON, SC 29416	20-3419262	501(C)(3)	26,000.	0.			MULTIPLE GRANTS AWARDED
PENICK VILLAGE FOUNDATION 500 E. RHODE ISLAND AVENUE SOUTHERN PINES, NC 28387	20-1055492	501(C)(3)	5,801.	0.			GENERAL OPERATING SUPPORT
PEOPLE AGAINST RAPE P.O. BOX 1723 CHARLESTON, SC 29402	23-7415034	501(C)(3)	6,000.	0.			MULTIPLE GRANTS AWARDED
PLANNED PARENTHOOD SOUTH ATLANTIC 1312 ASHLEY RIVER ROAD CHARLESTON, SC 29407	56-1282557	501(C)(3)	733,898.	0.			MULTIPLE GRANTS AWARDED
POLARIS TECH CHARTER SCHOOL 1508 GRAYS HIGHWAY RIDGELAND, SC 29936	81-5150351	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922	501(C)(3)	15,000.	0.			MULTIPLE GRANTS AWARDED
PORTER-GAUD FOUNDATION 300 ALBEMARLE ROAD CHARLESTON, SC 29407	45-2701202	501(C)(3)	13,581.	0.			MULTIPLE GRANTS AWARDED

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PORTER-GAUD SCHOOL 300 ALBEMARLE ROAD CHARLESTON, SC 29407	57-0342032	501(C)(3)	13,500.	0.			MULTIPLE GRANTS AWARDED
POSSE FOUNDATION 14 WALL STREET, SUITE 8A-60 NEW YORK, NY 10005	13-3840394	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
POST AND COURIER FOUNDATION 134 COLUMBUS STREET CHARLESTON, SC 29403	57-6020356	501(C)(3)	12,000.	0.			MULTIPLE GRANTS AWARDED
PREGNANCY CENTER AND CLINIC OF THE LOW COUNTRY - 1 CARDINAL ROAD - SUITES 1&2 - HILTON HEAD ISLAND, SC 29926	57-0923523	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
PRESERVATION SOCIETY OF CHARLESTON P.O. BOX 521 CHARLESTON, SC 29402	57-0439524	501(C)(3)	286,693.	0.			MULTIPLE GRANTS AWARDED
PROJECT OKURASE 176 CROGHAN SPUR ROAD, SUITE 104 CHARLESTON, SC 29470	46-3211555	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
REACH OUT AND READ, INC. 18 PLOTT DRIVE SYLVA, NC 28779	04-3481253	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
READING PARTNERS 6296 RIVERS AVENUE, SUITE 305 NORTH CHARLESTON, SC 29406-4973	77-0568469	501(C)(3)	82,375.	0.			MULTIPLE GRANTS AWARDED
REFUGEES INTERNATIONAL 2001 S STREET, NW, SUITE 700 WASHINGTON, DC 20009	52-1224516	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

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RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON SC, INC. - 81 GADSDEN STREET - CHARLESTON, SC 29401-1156	57-0724845	501(C)(3)	22,758.	0.			MULTIPLE GRANTS AWARDED
RONALD MCDONALD HOUSE CHARITIES OF THE COASTAL EMPIRE - 4710 WATERS AVENUE - SAVANNAH, GA 31404	58-1630107	501(C)(3)	15,000.	0.			SPECIAL PROJECT SUPPORT
ROPER ST. FRANCIS FOUNDATION 125 DOUGHTY STREET, STE 790 CHARLESTON, SC 29403	57-1068509	501(C)(3)	25,387.	0.			MULTIPLE GRANTS AWARDED
S.C. FIRST STEPS TO SCHOOL READINESS BOARD OF TRUSTEES - 6215 MURRAY DRIVE - HANAHAN, SC 29410	57-1098007	501(C)(3)	5,500.	0.			MULTIPLE GRANTS AWARDED
SALVATION ARMY P.O. BOX 2716 GEORGETOWN, SC 29442	58-0660607	501(C)(3)	28,819.	0.			MULTIPLE GRANTS AWARDED
SEA ISLAND HABITAT FOR HUMANITY 2545 BOHICKET ROAD JOHNS ISLAND, SC 29455	57-0840667	501(C)(3)	32,000.	0.			MULTIPLE GRANTS AWARDED
SEACOAST CHRISTIAN COMMUNITY CHURCH, INC. - 750 LONG POINT ROAD - MOUNT PLEASANT, SC 29464	57-1045195	501(C)(3)	10,000.	0.			MULTIPLE GRANTS AWARDED
SECOND HELPINGS 20 PALMETTO PARKWAY, SUITE H HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	22,500.	0.			MULTIPLE GRANTS AWARDED
SIGMA KAPPA FOUNDATION 695 PRO MED LANE SUITE 300 CARMEL, IN 46032	35-1778450	501(C)(3)	20,000.	0.			SPECIAL PROJECT SUPPORT

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SMALLS INSTITUTE FOR MUSIC AND YOUTH LEADERSHIP - P.O. BOX 13497 - CHARLESTON, SC 29422-3497	27-0707233	501(C)(3)	10,000.	0.			MULTIPLE GRANTS AWARDED
SOMOS AMIGOS MEDICAL MISSIONS PO BOX 2351 SARASOTA, CA 95070	77-0553014	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SOS HEALTH CARE, INC. P.O. BOX 7136 MYRTLE BEACH, SC 29572-7136	57-0909189	501(C)(3)	5,500.	0.			MULTIPLE GRANTS AWARDED
SOULFULLY CREATIVE KIDS 1861 BOHICKET ROAD JOHNS ISLAND, SC 29455	82-1761165	501(C)(3)	8,352.	0.			MULTIPLE GRANTS AWARDED
SOUTH CAROLINA AQUARIUM P.O. BOX 130001 CHARLESTON, SC 29413-9001	57-0961897	501(C)(3)	14,700.	0.			MULTIPLE GRANTS AWARDED
SOUTH CAROLINA ARTS FOUNDATION 1989 - 1026 SUMTER STREET, SUITE 200 - COLUMBIA, SC 29201	57-0892045	501(C)(3)	32,722.	0.			SPECIAL PROJECT SUPPORT
SOUTH CAROLINA COASTAL CONSERVATION LEAGUE, INC. - P.O. BOX 1765 - CHARLESTON, SC 29402-9940	57-0887278	501(C)(3)	132,098.	0.			MULTIPLE GRANTS AWARDED
SOUTH CAROLINA ENVIRONMENTAL LAW PROJECT, INC. - P.O. BOX 1380 - PAWLEYS ISLAND, SC 29585	57-1031430	501(C)(3)	39,000.	0.			MULTIPLE GRANTS AWARDED
SOUTH CAROLINA HISTORICAL SOCIETY 100 MEETING STREET CHARLESTON, SC 29401-2299	57-0323800	501(C)(3)	6,200.	0.			MULTIPLE GRANTS AWARDED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA HOSPITAL RESEARCH AND EDUCATION FOUNDATION - 1000 CENTER POINT RAOD - COLUMBIA, SC 29210	57-6026361	501(C)(3)	7,500.	0.			SPECIAL PROJECT SUPPORT
SOUTH CAROLINA JUNIOR GOLF FOUNDATION - P.O. BOX 286 - IRMO, SC 29063	57-1021847	501(C)(3)	12,000.	0.			SPECIAL PROJECT SUPPORT
SOUTH CAROLINA SPECIAL OLYMPICS 107 CROMWELL STREET SUMMERVILLE, SC 29485	57-0680248	501(C)(3)	9,670.	0.			MULTIPLE GRANTS AWARDED
SOUTH CAROLINA STATE UNIVERSITY P.O. BOX 7425 ORANGEBURG, SC 29117		OTHER	25,400.	0.			MULTIPLE GRANTS AWARDED
SOUTH CAROLINA YOUTH ADVOCATE PROGRAM, INC. - 140 STONERIDGE DRIVE, SUITE 350 - COLUMBIA, SC 29210	34-1652048	501(C)(3)	10,100.	0.			MULTIPLE GRANTS AWARDED
SOUTHERN APPALACHIAN HIGHLANDS CONSERVANCY - 372 MERRIMON AVENUE - ASHEVILLE, NC 28801	62-1098890	501(C)(3)	120,000.	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 ENVIRONMENTAL LAW CENTER 463 KING STREET, SUITE B CHARLESTON, SC 29403	52-1436778	501(C)(3)	75,000.	0.			MULTIPLE GRANTS AWARDED
SPECIALIZED ALTERNATIVES FOR FAMILIES & YOUTH OF SC, INC. - 4925 LACROSS ROAD, SUITE 111 - CHARLESTON, SC 29406	57-0940094	501(C)(3)	12,500.	0.			MULTIPLE GRANTS AWARDED

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
SPELMAN COLLEGE 350 SPELMAN LANE S.W. ATLANTA, GA 30314	58-0566243	501(C)(3)	19,500.	0.			MULTIPLE GRANTS AWARDED
SPOLETO FESTIVAL U.S.A. 14 GEORGE STREET CHARLESTON, SC 29401	57-0660848	501(C)(3)	394,971.	0.			MULTIPLE GRANTS AWARDED
SPRING HILL COLLEGE 4000 DAUPHIN STREET MOBILE, AL 36608	63-0302179	501(C)(3)	41,000.	0.			GENERAL OPERATING SUPPORT
ST. ANDREWS CHURCH - MT. PLEASANT 440 WHILDEN STREET MOUNT PLEASANT, SC 29464		OTHER	9,825.	0.			MULTIPLE GRANTS AWARDED
ST. ANDREWS CHURCH - MT. PLEASANT LAND TRUST - 440 WHILDEN STREET - MOUNT PLEASANT, SC 29464	27-6180215	501(C)(3)	7,000.	0.			CAPITAL/BUILDING SUPPORT
ST. ANDREW'S SCHOOL OF DELAWARE, INC. - 350 NOXONTOWN ROAD - MIDDLETOWN, DE 19709	51-0079506	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
ST. CASSIAN ROMAN CATHOLIC CHURCH 187 BELLEVUE AVENUE UPPER MONTCLAIR, NJ 07043		OTHER	10,000.	0.			GENERAL OPERATING SUPPORT
ST. MATTHEW'S LUTHERAN CHURCH 405 KING STREET CHARLESTON, SC 29403	57-0350582	501(C)(3)	5,209.	0.			MULTIPLE GRANTS AWARDED
ST. MICHAEL'S CHURCH 14 ST. MICHAEL'S ALLEY CHARLESTON, SC 29401	46-6361161	501(C)(3)	6,448.	0.			MULTIPLE GRANTS AWARDED

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
ST. PHILIPS EPISCOPAL CHURCH 142 CHURCH STREET CHARLESTON, SC 29401		OTHER	5,200.	0.			MULTIPLE GRANTS AWARDED
STELLA MARIS ROMAN CATHOLIC CHURCH P.O. BOX 280 SULLIVAN'S ISLAND, SC 29482		OTHER	14,000.	0.			MULTIPLE GRANTS AWARDED
STORYCORPS, INC. 80 HANSON PLACE, 2ND FLOOR BROOKLYN, NY 11217	13-3753011	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
STORYTREE THEATRE P.O. BOX 2248 MT PLEASANT, SC 29465	45-3828491	501(C)(3)	9,000.	0.			MULTIPLE GRANTS AWARDED
SUMMERVILLE FAMILY YMCA 140 SOUTH CEDAR STREET SUMMERVILLE, SC 29483	57-0643100	501(C)(3)	14,803.	0.			MULTIPLE GRANTS AWARDED
SUNRISE PRESBYTERIAN CHURCH P.O. BOX 517 SULLIVAN'S ISLAND, SC 29482		OTHER	15,000.	0.			GENERAL OPERATING SUPPORT
SWEET BRIAR INSTITUTE P.O. BOX 1057 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	18,400.	0.			MULTIPLE GRANTS AWARDED
SYMPHONY SPACE, INC. 2537 BROADWAY NEW YORK, NY 10025	13-2941455	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
SYRIAN AMERICAN MEDICAL SOCIETY FOUNDATION - PO BOX 34115 - WASHINGTON, DC 20043	16-1717058	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

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
TEACH FOR AMERICA, INC. 7301 RIVERS AVENUE, SUITE 160 CHARLESTON, SC 29406	13-3541913	501(C)(3)	15,000.	0.			MULTIPLE GRANTS AWARDED
TEACHERS SUPPLY CLOSET 2731 GORDON STREET NORTH CHARLESTON, SC 29405	45-0542815	501(C)(3)	23,500.	0.			MULTIPLE GRANTS AWARDED
TECHNICAL COLLEGE OF THE LOWCOUNTRY FOUNDATION INCORPORATED - P.O. BOX 2614 - BEAUFORT, SC 29901	57-0767384	501(C)(3)	17,500.	0.			MULTIPLE GRANTS AWARDED
THE CHARLESTON CATHOLIC SCHOOL 888-A KING STREET CHARLESTON, SC 29403	57-0930700	OTHER	29,653.	0.			MULTIPLE GRANTS AWARDED
THE CHARLESTON STAGE COMPANY, INC. P.O. BOX 356 CHARLESTON, SC 29402	57-0694183	501(C)(3)	68,002.	0.			MULTIPLE GRANTS AWARDED
THE CITADEL FOUNDATION 171 MOULTRIE STREET CHARLESTON, SC 29409	57-6020493	501(C)(3)	52,310.	0.			MULTIPLE GRANTS AWARDED
THE DOE FUND, INC. 232 EAST 84TH STREET NEW YORK, NY 10029	13-3412540	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THE GEORGE WASHINGTON FOUNDATION 1201 WASHINGTON AVENUE FREDERICKSBURG, VA 22401	54-0525507	501(C)(3)	10,000.	0.			MULTIPLE GRANTS AWARDED
THE GULLAH SOCIETY P.O. BOX 2187 MT. PLEASANT, SC 29465	20-1727184	501(C)(3)	9,670.	0.			SPECIAL PROJECT SUPPORT

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
THE JAMES BEARD FOUNDATION, INC. 167 WEST 12TH STREET NEW YORK, NY 10011	13-2752108	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY, INC. - 941 HOUSTON NORTHCUTT BOULEVARD, SUITE 203 - MOUNT PLEASANT, SC 29464	13-5644916	501(C)(3)	5,734.	0.			MULTIPLE GRANTS AWARDED
THUMBS UP, INC. 914 HAMAR STREET BEAUFORT, SC 29902	57-1025876	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
TIDELANDS COMMUNITY HOSPICE, INC. 2591 NORTH FRASER STREET GEORGETOWN, SC 29440	57-0752796	501(C)(3)	22,129.	0.			MULTIPLE GRANTS AWARDED
TOGETHER SC 400 ARBOR LAKE DRIVE, SUITE B500 COLUMBIA, SC 29223-4570	57-1057398	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
TRIANGLE STRATEGIC AND FINANCIAL ADVISING FOR NOT-FOR-PROFIT - 28 WYECREEK AVENUE - CHARLESTON, SC 29412	47-4540775	501(C)(3)	6,595.	0.			MULTIPLE GRANTS AWARDED
TRI-COUNTY CRADLE-TO-CAREER COLLABORATIVE - 6296 RIVERS AVENUE, SUITE 308 - NORTH CHARLESTON, SC 29406	46-2902337	501(C)(3)	11,000.	0.			MULTIPLE GRANTS AWARDED
TRI-COUNTY TECHNICAL COLLEGE PO BOX 587 PENDLETON, SC 29670		OTHER	14,518.	0.			MULTIPLE GRANTS AWARDED
TRIDENT ACADEMY, INC. 1455 WAKENDAW ROAD MOUNT PLEASANT, SC 29464	57-0542727	501(C)(3)	21,143.	0.			MULTIPLE GRANTS AWARDED

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
TRIDENT LITERACY ASSOCIATION 6185-D RIVERS AVENUE NORTH CHARLESTON, SC 29406	57-0721308	501(C)(3)	63,873.	0.			MULTIPLE GRANTS AWARDED
TRIDENT TECHNICAL COLLEGE P.O. BOX 118067 CHARLESTON, SC 29423-8067		OTHER	33,500.	0.			MULTIPLE GRANTS AWARDED
TRIDENT TECHNICAL COLLEGE FOUNDATION, INC. - P.O. BOX 118067 - CHARLESTON, SC 29423-8067	57-0699317	501(C)(3)	46,329.	0.			MULTIPLE GRANTS AWARDED
TRIDENT UNITED WAY, INC. P.O. BOX 63305 NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	132,515.	0.			MULTIPLE GRANTS AWARDED
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106	06-0646927	501(C)(3)	10,000.	0.			SPECIAL PROJECT SUPPORT
TRINITY EPISCOPAL CATHEDRAL 1100 SUMTER STREET COLUMBIA, SC 29201	57-0314419	501(C)(3)	28,500.	0.			MULTIPLE GRANTS AWARDED
TURNING LEAF PROJECT P.O. BOX 80112 CHARLESTON, SC 29416	46-0671501	501(C)(3)	52,700.	0.			MULTIPLE GRANTS AWARDED
UNDER 21 P.O. BOX 731 NEW YORK, NY 10108-0900	13-3076376	501(C)(3)	12,500.	0.			MULTIPLE GRANTS AWARDED
UNDER ONE ROOF SERVICES, INC. P.O. BOX 1901 BEAUFORT, SC 29901	27-0981486	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT

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
UNITED SCHOOLS NETWORK, INC. 1469 E. MAIN STREET COLUMBUS, OH 43205	46-2265149	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF THE LOWCOUNTRY, INC. P.O. BOX 202 BEAUFORT, SC 29901-0202	57-0405847	501(C)(3)	103,476.	0.			MULTIPLE GRANTS AWARDED
UNIVERSITY OF CENTRAL FLORIDA P. O. BOX 160115 ORLANDO, FL 32816-0115		OTHER	10,000.	0.			SCHOLARSHIP
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104-6270		OTHER	13,000.	0.			MULTIPLE GRANTS AWARDED
UNIVERSITY OF SOUTH CAROLINA 516 SOUTH MAIN STREET COLUMBIA, SC 29208		OTHER	43,750.	0.			MULTIPLE GRANTS AWARDED
UNIVERSITY OF SOUTH CAROLINA - BEAUFORT - 1600 HAMPTON STREET, SUITE 736 - COLUMBIA, SC 29208		OTHER	23,500.	0.			MULTIPLE GRANTS AWARDED
UNIVERSITY OF SOUTH CAROLINA - UPSTATE - 300 NORTH CAMPUS BOULEVARD - SPARTANBURG, SC 29303		OTHER	12,000.	0.			MULTIPLE GRANTS AWARDED
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - 1027 BARNWELL STREET - COLUMBIA, SC 29208	57-6017985	501(C)(3)	1,106,000.	0.			MULTIPLE GRANTS AWARDED
UNIVERSITY OF VIRGINIA P.O. BOX 400331 CHARLOTTESVILLE, VA 22904-0331		OTHER	13,141.	0.			MULTIPLE GRANTS AWARDED

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
VISION TO LEARN 11611 SAN VICENTE BLVD. LOS ANGELES, CA 90049	45-3457853	501(C)(3)	13,000.	0.			MULTIPLE GRANTS AWARDED
VITAL AGING OF WILLIAMSBURG COUNTY, INC. - P.O. BOX 450 - KINGSTREE, SC 29556	58-2276534	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WATER MISSIONS INTERNATIONAL P.O. BOX 63320 CHARLOTTE, NC 28263-3320	57-1116978	501(C)(3)	40,250.	0.			MULTIPLE GRANTS AWARDED
WINDWOOD FARM HOME FOR CHILDREN, INC. - 4857 WINDWOOD FARM ROAD - AWENDAW, SC 29429	57-0807424	501(C)(3)	38,000.	0.			MULTIPLE GRANTS AWARDED
WINGS FOR KIDS 476 MEETING STREET, SUITE E CHARLESTON, SC 29403-4841	57-1055054	501(C)(3)	81,500.	0.			MULTIPLE GRANTS AWARDED
WINTHROP UNIVERSITY 22 TILLMAN HALL ROCK HILL, SC 29733		OTHER	29,348.	0.			MULTIPLE GRANTS AWARDED
WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG, SC 29303-3663	57-0314422	501(C)(3)	25,500.	0.			MULTIPLE GRANTS AWARDED
WOMEN'S RIGHTS AND EMPOWERMENT NETWORK - 1201 MAIN STREET SUITE 320 - COLUMBIA, SC 29201	81-0775184	501(C)(3)	114,500.	0.			MULTIPLE GRANTS AWARDED
YALE UNIVERSITY P O BOX 208288 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	19,000.	0.			MULTIPLE GRANTS AWARDED

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
YESCAROLINA 171 CHURCH ST., SUITE 212 CHARLESTON, SC 29401	20-3562766	501(C)(3)	8,870.	0.			MULTIPLE GRANTS AWARDED
YOUTH EMPOWERMENT SERVICES P.O. BOX 41784 CHARLESTON, SC 29423	57-1092673	501(C)(3)	10,500.	0.			MULTIPLE GRANTS AWARDED
YWCA OF GREATER CHARLESTON 1064 GARDNER ROAD, SUITE 113 CHARLESTON, SC 29407	57-0518147	501(C)(3)	24,803.	0.			MULTIPLE GRANTS AWARDED

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	188	513,985.	0.		

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

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.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

23-7390313

Part I Questions Regarding Compensation

		Yes	No
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.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2		
3	Indicate which, if any, of the following the 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.		
	☒ Compensation committee ☒ Written employment contract		
	☐ Independent compensation consultant ☒ Compensation survey or study		
	☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? 5a		X
b	Any related organization? 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? 6a		X
b	Any related organization? 6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		

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	(i)	204,467.	0.	0.	5,244.	15,755.	225,466.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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	97	6,941,100.	AVG HI/LO ON GIFT DA
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests	X	14	211,784.	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? 30a		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? 31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a	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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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:

RESOURCES.

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

FOUNDATION ADMINISTERS MORE THAN 800 INDIVIDUAL FUNDS, EACH ESTABLISHED WITH AN INSTRUMENT OF GIFT DESCRIBING EITHER THE GENERAL OR SPECIFIC PURPOSES FOR WHICH GRANTS ARE TO BE MADE.

THE FOUNDATION'S WORK IS CARRIED OUT THROUGH ITS DEVELOPMENT & STEWARDSHIP AND GRANTMAKING & COMMUNITY LEADERSHIP EFFORTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PHILANTHROPIC ASSETS INCLUDE SOCIAL, MORAL, INTELLECTUAL, REPUTATIONAL AND FINANCIAL CAPITAL. THIS UNDERSTANDING OF THE AVAILABLE ASSETS LEADS THE FOUNDATION TO DEPLOY FINANCIAL CAPITAL THROUGH GRANTMAKING AND IMPACT INVESTING AND TO DEPLOY THE OTHER FORMS OF CAPITAL THROUGH ITS PROGRAMMATIC WORK.

GRANTMAKING - THE FOUNDATION'S GRANTMAKING SPANS THE COMMUNITY'S BROADEST AREAS, FROM ARTS AND CULTURE TO COMMUNITY DEVELOPMENT, AND PROVIDES CRITICAL OPERATIONAL AND CAPITAL SUPPORT FOR THE NETWORK OF NONPROFITS IN THE FOUNDATION'S 9-COUNTY SERVICE AREA AND BEYOND. THE FOUNDATION'S GRANTMAKING TAKES THE FORMS OF DONOR-ADVISED GRANTS, COMPETITIVE GRANTS IN FIELD OF INTEREST PROGRAMS, SCHOLARSHIP PROGRAM ADMINISTRATION AND CORPORATE-ADVISED GRANTMAKING.

Name of the organization: COASTAL COMMUNITY FOUNDATION

Employer identification number: 23-7390313

COASTAL COMMUNITY FOUNDATION DISBURSED 2,341 GRANTS AND SCHOLARSHIPS TOTALING $22,027,378. THESE GRANTS WERE DISTRIBUTED AS FOLLOWS: 129 GRANTS TOTALING $382,280 IN SUPPORT OF RELIGIOUS EFFORTS, 147 GRANTS TOTALING $1,369,789 IN SUPPORT OF THE ARTS, 782 GRANTS TOTALING $4,481,459 SUPPORTING VARIOUS EDUCATIONAL PURSUITS, 302 GRANTS TOTALING $1,996,466 SUPPORTING HEALTH INITIATIVES, 578 GRANTS TOTALING $2,604,979 SUPPORTING HUMAN NEEDS, 66 GRANTS TOTALING $556,711 SUPPORTING NEIGHBORHOOD & COMMUNITY DEVELOPMENT, 46 GRANTS TOTALING $9,266,011 SUPPORTING PHILANTHROPY, 264 GRANTS TOTALING $1,217,532 SUPPORTING ENVIRONMENTAL EFFORTS, AND 27 GRANTS TOTALING $152,151 SUPPORTING SOCIAL JUSTICE PROGRAMS.

OTHER PROGRAMMATIC WORK - THE FOUNDATION'S WORK ALSO INCLUDES FOCUS IN COMMUNITY LEADERSHIP, STRATEGIC PROJECTS AND IMPACT INVESTING. COMMUNITY LEADERSHIP INCLUDES THE CIVIC ENGAGEMENT AGENDA, WHICH IS A FRAMEWORK CREATED IN FISCAL YEAR ENDED JUNE 30, 2018 DESIGNED TO HELP THE FOUNDATION MAKE CONCENTRATED, POSITIVE IMPACT IN ITS COMMUNITIES WHERE AN OPPORTUNITY HAS BEEN IDENTIFIED THROUGH COMMUNITY CONVERSATIONS. THE FOUNDATION'S INITIAL AREAS OF FOCUS INCLUDE EDUCATION, ACCESS TO ECONOMIC OPPORTUNITY AND AFFORDABLE SPACES AND INCLUSIVE SPACES. THE FOUNDATION'S STRATEGIC FRAMEWORK WAS CREATED IN 2018 AND WILL GUIDE ITS WORK FOR THE NEXT SEVERAL YEARS TO PRIORITIZE INITIATIVES THAT HELP IT ADVANCE WORK IN THESE AREAS.

STRATEGIC PROJECTS INCLUDE GRANTMAKING PROGRAMS THE FOUNDATION ADMINISTERS FOR OTHERS, THE PINCKNEY SCHOLARS PROGRAM AND MANAGEMENT OF FISCAL SPONSORSHIPS.

Name of the organization: COASTAL COMMUNITY FOUNDATION

Employer identification number: 23-7390313

IMPACT INVESTING WAS LAUNCHED IN THE FISCAL YEAR ENDED JUNE 30, 2018 WITH THE FIRST INVESTMENTS TO BE MADE IN FISCAL YEAR ENDING JUNE 30, 2019. THROUGH THIS INITIATIVE, THE FOUNDATION IS MAKING INVESTMENTS IN THE NINE-COUNTY AREA THAT PRIORITIZE THE CIVIC ENGAGEMENT THEMES. THESE INVESTMENTS SEEK TO ACHIEVE FINANCIAL RETURNS AS WELL AS SOCIAL RETURNS FOR THE COMMUNITIES.

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 FORM 990 IS PROVIDED TO AND REVIEWED BY KEY STAFF, THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS PRIOR TO FILING.

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

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN CASH VALUE OF LIFE INSURANCE	97,712.
CHANGE IN BENEFICIAL INTEREST IN TRUST	145,472.
REAL ESTATE IMPAIRMENT	
TOTAL TO FORM 990, PART XI, LINE 9	243,184.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

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		0.	COASTAL COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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 FOUNDATION OF GREATER CHARLESTON - 57-1042419, 1691 TURNBULL AVE, N CHARLESTON, SC 29405	SUPPORTING ORGANIZATION-GRANTMAKING	SOUTH CAROLINA	501(C)(3)	509(A)(3) (TYPE1)	COASTAL COMMUNITY FOUNDATION AND CHARLESTON JEWISH		X
SAUL ALEXANDER FOUNDATION - 23-7420175 1691 TUNBULL AVE N CHARLESTON, SC 29405	SUPPORTING ORGANIZATION-GRANTMAKING	SOUTH CAROLINA	501(C)(3)	509(A)(3) (TYPE3)	N/A		X
WACCAMAW COMMUNITY FOUNDATION - 56-2121992 3655 S. HIGHWAY 17 BUSINESS MURRELLS INLET, SC 29576	SUPPORTING ORGANIZATION-GRANTMAKING	SOUTH CAROLINA	501(C)(3)	509(A)(3) (TYPE1)	COASTAL COMMUNITY FOUNDATION		X

SEE PART VII FOR CONTINUATIONS

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE FRANCES P. BUNNELLE FOUNDATION	C	1,000.	FMV
(2)	THE SAUL ALEXANDER FOUNDATION	C	106,440.	FMV
(3)	JEWISH ENDOWMENT FOUNDATION OF GREATER CHARLESTON	L	139,255.	FMV
(4)	THE FRANCES P. BUNNELLE FOUNDATION	L	119,217.	FMV
(5)	THE SAUL ALEXANDER FOUNDATION	L	26,855.	FMV
(6)	WACCAMAW COMMUNITY FOUNDATION INC.	L	99,336.	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)	JEWISH ENDOWMENT FOUNDATION OF GREATER CHARLESTON	Q	313.	FMV
(8)	THE FRANCES P. BUNNELLE FOUNDATION	Q	348,363.	FMV
(9)	WACCAMAW COMMUNITY FOUNDATION INC.	Q	164,287.	FMV
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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 FOUNDATION OF GREATER CHARLESTON

DIRECT CONTROLLING ENTITY: COASTAL COMMUNITY FOUNDATION AND CHARLESTON JEWISH FEDERATION

EXTENDED TO MAY 15, 2020

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019 .

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

2018

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

Department of the Treasury
Internal Revenue Service

A [X] Check box if address changed

B Exempt under section
[X] 501(c)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

Print or Type

Name of organization ([ ] Check box if name changed and see instructions.)
COASTAL COMMUNITY FOUNDATION

D Employer identification number (Employees' trust, see instructions.)
23-7390313

Number, street, and room or suite no. If a P.O. box, see instructions.
1691 TURNBULL AVE

E Unrelated business activity code (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code
N CHARLESTON, SC 29405-1944

551112

C Book value of all assets at end of year
203,286,759.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ UBTI FROM PARTNERSHIP INTERESTS . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

J The books are in care of ▶ JANE LITZ Telephone number ▶ 843-723-3635

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶ 1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5	170,579.	STMT 1	170,579.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	170,579.		170,579.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	**Total deductions.** Add lines 14 through 28		29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	170,579.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32	Unrelated business taxable income. Subtract line 31 from line 30		32	170,579.

Form **8868**
(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-1709

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number Employer identification number (EIN) or
	COASTAL COMMUNITY FOUNDATION	23-7390313
	Number, street, and room or suite no. If a P.O. box, see instructions. 1691 TURNBULL AVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. N CHARLESTON, SC 29405-1944	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

- The books are in the care of ▶ JANE LITZ
  1691 TURNBULL AVE - N CHARLESTON, SC 29405-1944
  Telephone No. ▶ 843-723-3635 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

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

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	35,612.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	35,612.

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2019)

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	170,579.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	35	70,964.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	99,615.
37	Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)	37	1,000.
38	**Unrelated business taxable income.** Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	98,615.

Part IV Tax Computation

39	**Organizations Taxable as Corporations.** Multiply line 38 by 21% (0.21) ▶	39	20,709.
40	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	40	
41	**Proxy tax.** See instructions ▶	41	
42	Alternative minimum tax (trusts only)	42	
43	**Tax on Noncompliant Facility Income.** See instructions	43	
44	**Total.** Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	20,709.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
c	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
e	**Total credits.** Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	20,709.
47	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			47	
48	**Total tax.** Add lines 46 and 47 (see instructions)			48	20,709.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
50 a	Payments: A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b			
c	Tax deposited with Form 8868	50c	35,612.		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
e	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	50g			
51	**Total payments.** Add lines 50a through 50g			51	35,612.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			52	869.
53	**Tax due.** If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ▶			53	
54	**Overpayment.** If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ▶			54	14,034.
55	Enter the amount of line 54 you want: **Credited to 2019 estimated tax** ▶ **Refunded** ▶			55	14,034.

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

		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ SEE STATEMENT 2	X	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶$		

Sign Here

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

Signature of officer ____ Date ____ PRESIDENT Title

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

Paid Preparer Use Only

Print/Type preparer's name: BRANDON T. RENAUD	Preparer's signature: Brandon Renaud	Date: 02/06/20	Check ☐ if self-employed	PTIN: P00743576
Firm's name ▶ ELLIOTT DAVIS, LLC/PLLC			Firm's EIN ▶	57-0381582
Firm's address ▶ 100 CALHOUN STREET, SUITE 300 CHARLESTON, SC 29401			Phone no.	(843) 577-7040

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

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

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

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)			
(2)			
(3)			
(4)			
Total	0.	0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

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

	1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

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

Form **990-T** (2018)

823721 01-09-19

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

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

Nonexempt Controlled Organizations

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

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

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	0.			0.

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

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	0.	0.				0.

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

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

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

DESCRIPTION	NET INCOME OR (LOSS)
FALCON STRATEGIC PARTNERS IV LP - ORDINARY BUSINESS INCOME (LOSS)	-26,900.
IRON POINT REAL ESTATE PARTNERS - ORDINARY BUSINESS INCOME (LOSS)	15,701.
KAYNE ANDERSON MLP FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	60,536.
NGP NATURAL RESOURCES XI, LP - ORDINARY BUSINESS INCOME (LOSS)	-290,443.
ROCKLAND POWER PARTNERS II, LP - ORDINARY BUSINESS INCOME (LOSS)	239,162.
TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND II, L - ORDINARY BUSINESS INCOME	-148.
TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND IV, L - ORDINARY BUSINESS INCOME	-597.
VIA ENERGY II, LP - ORDINARY BUSINESS INCOME (LOSS)	-153,691.
WCP REAL ESTATE FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	-26,715.
ROCKLAND POWER PARTNERS III, LP - ORDINARY BUSINESS INCOME (LOSS)	160,907.
ITS/SPRINTURF HOLDINGS, LLC - ORDINARY BUSINESS INCOME (LOSS)	192,767.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	170,579.

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST STATEMENT 2

NAME OF COUNTRY
CURACAO
CAYMAN ISLANDS
BERMUDA
BRITISH VIRGIN IS

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	48,823.	48,823.	0.	0.
06/30/14	120,691.	120,691.	0.	0.
06/30/15	76,384.	76,384.	0.	0.
06/30/18	70,964.	0.	70,964.	70,964.
NOL CARRYOVER AVAILABLE THIS YEAR			70,964.	70,964.

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ Attach to your tax return. ▶ Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year beginning JUL 1 , 2018, and ending JUN 30 , 2019

OMB No. 1545-1668

2018

Attachment Sequence No. **118**

Name of person filing this return

COASTAL COMMUNITY FOUNDATION

Filer's identification number
23-7390313

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2018 , and ending JUN 30 , 2019

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es) Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership

CRESTLINE SPECIALTY LENDING II
(CAYMAN C), L.P.
201 MAIN STREET, SUITE 1900
FORT WORTH, TX 76102

2(a) EIN (if any) 98-1378974

2(b) Reference ID number

3 Country under whose laws organized CAYMAN ISLANDS

4 Date of organization	5 Principal place of business	6 Principal business activity code number	7 Principal business activity	8a Functional currency	8b Exchange rate (see instructions)
07/26/2017	CAYMAN ISLANDS	523900	INVESTING	US DOLLAR	1.000000

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☐ Form 1065
Service Center where Form 1065 is filed:

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ▶ ☐ Yes ☒ No
If "Yes," enter the total amount of the disallowed deductions ▶ $

6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? ▶ ☐ Yes ☒ No

7 Were any special allocations made by the foreign partnership? ▶ ☐ Yes ☒ No

8 Enter the no. of Forms 8858, Info Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return ▶

9 How is this partnership classified under the law of the country in which it's organized? ▶ EXEMPTED LP

10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ▶ ☐ Yes ☐ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? ▶ ☐ Yes ☐ No

11 Does this partnership meet **both** of the following requirements?
1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.
If "Yes," **don't** complete Schedules L, M-1, and M-2. ▶ ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ Signature of general partner or limited liability company member ▶ Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRANDON T. RENAUD		02/06/20		P00743576

Firm's name ▶ ELLIOTT DAVIS, LLC/PLLC — Firm's EIN ▶ 57-0381582

Firm's address ▶ 100 CALHOUN STREET, SUITE 300
CHARLESTON, SC 29401 — Phone no. (843) 577-7040

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person
COASTAL COMMUNITY FOUNDATI	635 RUTLEDGE AVE, STE 201	23-7390313	
	CHARLESTON, SC 29403		

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
CRESTLINE SPECIALTY LENDIN	201 MAIN STREET SUITE 1900	98-0331322		X
	FORT WORTH, TX 76102			

Schedule B **Income Statement - Trade or Business Income**

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a	Gross receipts or sales	1a		
	b	Less returns and allowances	1b		1c
	2	Cost of goods sold			2
	3	Gross profit. Subtract line 2 from line 1c			3
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7	Other income (loss) (attach statement)			7
	8	**Total income (loss).** Combine lines 3 through 7			8
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9
	10	Guaranteed payments to partners			10
	11	Repairs and maintenance			11
	12	Bad debts			12
	13	Rent			13
	14	Taxes and licenses			14
	15	Interest (see instructions)			15
	16 a	Depreciation (if required, attach Form 4562)	16a		
	b	Less depreciation reported elsewhere on return	16b		16c
	17	Depletion (**Don't** deduct oil and gas depletion.)			17
	18	Retirement plans, etc.			18
	19	Employee benefit programs			19
	20	Other deductions (attach statement)			20
	21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20			21
	22	**Ordinary business income (loss)** from trade or business activities. Subtract line 21 from line 8			22
Tax and Payment	23	Interest due under the look-back method - completed long-term contracts (attach Form 8697)			23
	24	Interest due under the look-back method - income forecast method (attach Form 8866)			24
	25	BBA AAR imputed underpayment (see instructions)			25
	26	Other taxes (see instructions)			26
	27	**Total balance due.** Add lines 23 through 27			27
	28	Payment (see instructions)			28
	29	**Amount owed.** If line 28 is smaller than line 27, enter amount owed			29
	30	**Overpayment.** If line 28 is larger than line 27, enter overpayment			30

SCHEDULE O (Form 8865)

(Rev. December 2018)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ Attach to Form 8865. See the Instructions for Form 8865.

▶ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transferor	Filer's identifying number
COASTAL COMMUNITY FOUNDATION	23-7390313

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
CRESTLINE SPECIALTY LENDING II (CAYMAN C), L.P.	98-1378974	

1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions ..... ☐ Yes ☒ No

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ..... ☐ Yes ☐ No

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ..... ☐ Yes ☒ No

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	01/01/18		1,101,859.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			1,101,859.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .0000 % (b) After the transfer 1.7610 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ..... ▶ ☐ Yes ☒ No

Form **926**
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor
COASTAL COMMUNITY FOUNDATION

Identifying number (see instructions)
23-7390313

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☒ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☒ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☒ No

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)
CRESTLINE SPECIALTY LENDING II (IRL) DAC

5a Identifying number, if any
98-1394093

6 Address (including country)
1ST FLOOR, 118 LOWER BAGGOT STREET
DUBLIN, IRELAND IRELAND

5b Reference ID number

7 Country code of country of incorporation or organization
EI

8 Foreign law characterization (see instructions)
CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	01/01/2018		1,020,336.		

10 Was cash the only property transferred? ..... [X] Yes [ ] No

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] Yes [ ] No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] Yes [ ] No

If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] Yes [ ] No

If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] Yes [ ] No

If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] Yes [ ] No

If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before _____ % (b) After _____ %

17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No