

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COASTAL COMMUNITY FOUNDATION		D Employer identification number 23-7390313
	Doing business as		E Telephone number (843) 723-5736
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1691 TURNBULL AVE		G Gross receipts \$ 77,087,228.
	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: JANE LITZ SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.COASTALCOMMUNITYFOUNDATION.ORG**

K Form of organization: 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: CREATE COMMUNITIES RICH IN EQUITY, OPPORTUNITY, AND WELL-BEING BY UNITING PEOPLE AND INVESTING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	145
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-323,723.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	36,955,989.	20,098,311.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,731,725.	3,211,728.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,438,307.	10,639,576.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,282.	75,102.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,232,303.	34,024,717.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	23,347,158.	14,805,183.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,253,205.	2,665,526.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 407,453.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,189,010.	4,385,090.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,789,373.	21,855,799.
19 Revenue less expenses. Subtract line 18 from line 12	19,442,930.	12,168,918.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	216,168,861.	284,832,331.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,049,094.	5,008,319.
		210,119,767.	279,824,012.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JANE LITZ, VP OF FINANCE AND CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JANICE A RATICA	<i>Janice A Ratica</i>	11/15/21	<input type="checkbox"/>	P00358837
Firm's name ▶ ELLIOTT DAVIS, LLC/PLLC			Firm's EIN ▶ 57-0381582		
Firm's address ▶ 500 EAST MOREHEAD STREET, SUITE 700 CHARLOTTE, NC 28202			Phone no. (704) 333-8881		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] 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 [X] 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 \$ 17,179,201. including grants of \$ 14,805,183.) (Revenue \$ 3,286,830.) DEVELOPMENT & STEWARDSHIP - AS THE LARGEST COMMUNITY FOUNDATION IN SOUTH CAROLINA AND A RECOGNIZED PHILANTHROPIC LEADER IN THE SOUTHEAST, OUR DONOR-FOCUSED PHILOSOPHY PROVIDES A CONSULTIVE PARTNERSHIP AND BEST-IN-CLASS STEWARDSHIP TO INDIVIDUALS, FAMILIES AND COMPANIES. CCF HAS A PROVEN TRACK RECORD OF TURNING DONORS' BIG IDEAS INTO IMPACTFUL PROGRAMS AND SERVICES THAT NOT ONLY MEET CRITICAL NEEDS BUT PROVIDE SUPPORT FOR IMPORTANT COMMUNITY INITIATIVES NOW AND FOR YEARS TO COME.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) GRANTMAKING - THE FOUNDATION'S STRONG EXPERTISE IN LONG-TERM CHARITABLE GIVING, AS WELL AS EMERGENCY RESPONSE FUNDING, PROVIDES ESSENTIAL OPERATIONAL AND CAPITAL SUPPORT IN OUR NINE-COUNTY SERVICE AREA . 2,162 GRANT & SCHOLARSHIP DISBURSEMENTS TOTALING \$14,591,700 DURING THE YEAR IN THE FOLLOWING AREAS: 682 GRANTS TOTALING \$5,185,809 SUPPORTING HUMAN NEEDS, 693 GRANTS TOTALING \$3,826,964 SUPPORTING EDUCATION, 235 GRANTS TOTALING \$1,660,192 SUPPORTING HEALTH INITIATIVES, 206 GRANTS TOTALING \$1,455,238 SUPPORTING ENVIRONMENTAL EFFORTS, 123 GRANTS TOTALING \$904,880 IN SUPPORT OF THE ARTS, 115 GRANTS TOTALING \$806,362 IN SUPPORT OF RELIGIOUS PROGRAMS, 44 GRANTS TOTALING \$379,498 SUPPORTING NEIGHBORHOOD & COMMUNITY DEVELOPMENT, 37 GRANTS TOTALING \$297,257 SUPPORTING PHILANTHROPY, AND 27 GRANTS TOTALING \$75,500

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) COMMUNITY LEADERSHIP - WITH A LONG HISTORY OF SERVING AS A TRUSTED COMMUNITY CONVENER, CCF BRINGS TOGETHER AREA RESIDENTS, BUSINESS LEADERS, AND GOVERNMENT TO TACKLE MAJOR COMMUNITY CHALLENGES, SUCH AS HOUSING SHORTAGES, INEQUITABLE SCHOOL SYSTEMS, ECONOMIC RECOVERY, AND NEIGHBORHOOD REVITALIZATION THROUGH A VARIETY OF PROGRAMS INCLUDING PLACE-BASED IMPACT INVESTING, ADVOCACY, COMMUNITY EDUCATION. CCF WAS CHOSED BY THE RICHMOND FEDERAL RESERVE TO LEAD "REINVENTING OUR COMMUNITIES" PROGRAM IN THE CHARLESTON TRI-COUNTY AREA PROVIDING LEADERSHIP AND ADVOCACY FOR A CROSS-SECTOR COHORT OF COMMUNITY LEADERS TO GAIN SKILLS AND CREATE A TAILORED PLAN TO ADDRESS EQUITABLE SMALL BUSINESS RECOVERY AND SUPPORT FOR SMALL BUSINESS OWNERS OF COLOR IN OUR COMMUNITY (NEW IN 2020-2021).

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

4e Total program service expenses 17,179,201.

Part IV Checklist of Required Schedules

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

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 28	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	16	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) DARRIN GOSS CEO	50.00			X			247,974.	0.	30,173.	
(2) TINA JOHNSON-BREBNER EVP THROUGH NOV 2020	50.00					X	135,096.	0.	27,341.	
(3) JANE LITZ CFO	50.00			X			143,522.	0.	18,391.	
(4) MELISSA LEVESQUE VP OF DEVELOPMENT	50.00					X	128,152.	0.	23,787.	
(5) EDITH BLAKESLEE VP OF GRANDMAKING	50.00					X	111,222.	0.	18,272.	
(6) HERMAN GOINS CONTROLLER THRU JANUARY 2021	50.00					X	102,498.	0.	18,122.	
(7) RONDA K. DEAN DIRECTOR	1.00	X					0.	0.	0.	
(8) WILIAM DUNN DIRECTOR	1.00	X					0.	0.	0.	
(9) HERBERT L. DRAYTON III DIRECTOR	1.00	X					0.	0.	0.	
(10) ANTHONY J. GHOSTON DIRECTOR	1.00	X					0.	0.	0.	
(11) B. SHAWAN GILLIANS DIRECTOR	1.00	X					0.	0.	0.	
(12) RUELL L. HICKS, JR. DIRECTOR	1.00	X					0.	0.	0.	
(13) CATHERINE C. LACOUR DIRECTOR	1.00	X					0.	0.	0.	
(14) BERNETT W. MAZYCK DIRECTOR	1.00	X					0.	0.	0.	
(15) LARRY MERCADO DIRECTOR	1.00	X					0.	0.	0.	
(16) JAMIE PHILLIPPE DIRECTOR	1.00	X					0.	0.	0.	
(17) RICHARD H. STEWART DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) COLLEEN TROY DIRECTOR	1.00	X						0.	0.	0.
(19) JULIE H. WALKER DIRECTOR	1.00	X						0.	0.	0.
(20) ANGIE WASHINGTON DIRECTOR	1.00	X						0.	0.	0.
(21) ANITA ZUCKER DIRECTOR	1.00	X						0.	0.	0.
(22) PAUL A. KOHLHEIM CHAIR	4.00	X		X				0.	0.	0.
1b Subtotal								868,464.	0.	136,086.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								868,464.	0.	136,086.

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 **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	475,773.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,622,538.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,123,854.					
	h Total. Add lines 1a-1f			20,098,311.				
Program Service Revenue	2 a MANAGEMENT FEE INCOME	Business Code	561000	3,163,228.	3,163,228.			
	b EARNED SERVICES FEES		561000	48,500.	48,500.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			3,211,728.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,043,411.		-323,723.	4,367,134.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	66,675.				
			(ii) Personal					
	b Less: rental expenses	6b		0.				
	c Rental income or (loss)	6c		66,675.				
	d Net rental income or (loss)			66,675.	66,675.			
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	49,658,676.				
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b		43,062,511.				
c Gain or (loss)	7c		6,596,165.					
d Net gain or (loss)			6,596,165.			6,596,165.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	8,427.	8,427.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			8,427.				
12 Total revenue. See instructions			34,024,717.	3,286,830.	-323,723.	10,963,299.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,150,264.	13,150,264.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	648,919.	648,919.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,006,000.	1,006,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	865,139.	518,593.	241,995.	104,551.
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	1,024,288.	613,992.	286,512.	123,784.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,251.	81,074.	37,832.	16,345.
9 Other employee benefits	278,412.	166,889.	77,877.	33,646.
10 Payroll taxes	362,436.	217,256.	101,380.	43,800.
11 Fees for services (nonemployees):				
a Management	2,741,248.		2,741,248.	
b Legal				
c Accounting				
d Lobbying	18.		18.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	136,420.		136,420.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	435,478.	257,009.	170,730.	7,739.
12 Advertising and promotion	68,704.	45,669.	16,870.	6,165.
13 Office expenses	40,689.	25,110.	10,810.	4,769.
14 Information technology	201,827.	120,425.	55,538.	25,864.
15 Royalties				
16 Occupancy	82,609.	54,405.	20,882.	7,322.
17 Travel	7,148.	4,272.	2,051.	825.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,082.	20,730.	12,352.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	195,399.	119,507.	54,225.	21,667.
23 Insurance	175,760.		175,760.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES	102,214.	0.	102,214.	0.
b DEVELOPMENT AND RELOCAT	75,041.	59,552.	10,942.	4,547.
c CONTRIBUTIONS/SPONSORSH	71,853.	51,935.	13,489.	6,429.
d GIFTS/RECOGNITION	17,600.	17,600.	0.	0.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,855,799.	17,179,201.	4,269,145.	407,453.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,136,322.	1	8,085,897.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	646,000.	3	5,000.
	4 Accounts receivable, net	0.	4	25,000.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	87,312.	9	90,315.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,907,028.		
	b Less: accumulated depreciation	10b 417,033.	10c	3,489,995.
	11 Investments - publicly traded securities	108,107,417.	11	211,688,323.
	12 Investments - other securities. See Part IV, line 11	101,811,396.	12	59,202,263.
	13 Investments - program-related. See Part IV, line 11	800,000.	13	2,194,950.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	50,588.
16 Total assets. Add lines 1 through 15 (must equal line 33)	216,168,861.	16	284,832,331.	
Liabilities	17 Accounts payable and accrued expenses	503,878.	17	240,952.
	18 Grants payable	1,427,139.	18	275,825.
	19 Deferred revenue	7,500.	19	45,000.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	475,773.	24	0.
	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	3,634,804.	25	4,446,542.
	26 Total liabilities. Add lines 17 through 25	6,049,094.	26	5,008,319.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	207,880,740.	27	277,436,863.
	28 Net assets with donor restrictions	2,239,027.	28	2,387,149.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	210,119,767.	32	279,824,012.
33 Total liabilities and net assets/fund balances	216,168,861.	33	284,832,331.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,024,717.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,855,799.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,168,918.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	210,119,767.
5	Net unrealized gains (losses) on investments	5	57,485,117.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	50,210.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	279,824,012.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2020)

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

2020

Open to Public Inspection

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19832276.	22370158.	27516044.	36955989.	19338903.	126013370
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	19832276.	22370158.	27516044.	36955989.	19338903.	126013370
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)						22777534.
6 Public support. Subtract line 5 from line 4.						103235836

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	19832276.	22370158.	27516044.	36955989.	19338903.	126013370
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2418015.	3876739.	2629022.	4212804.	3809844.	16946424.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			98,615.	721,556.	-139,443.	680,728.
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.	62,987.	8,427.	432,250.
11 Total support. Add lines 7 through 10						144072772
12 Gross receipts from related activities, etc. (see instructions)					12	10,654,972.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	71.66 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	72.02 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Multiple horizontal lines for supplemental information.

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

2020

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

23-7390313

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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).

Name of organization COASTAL COMMUNITY FOUNDATION	Employer identification number 23-7390313
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,845,764.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,126,144.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,431,562.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>713,640.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>520,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COASTAL COMMUNITY FOUNDATION	Employer identification number 23-7390313
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 510,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 509,507.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 508,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 501,807.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 500,072.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COASTAL COMMUNITY FOUNDATION	Employer identification number 23-7390313
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COASTAL COMMUNITY FOUNDATION	Employer identification number 23-7390313
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization COASTAL COMMUNITY FOUNDATION	Employer identification number 23-7390313
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization COASTAL COMMUNITY FOUNDATION	Employer identification number 23-7390313
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	18.													
c	Total lobbying expenditures (add lines 1a and 1b)	18.													
d	Other exempt purpose expenditures	21,327,942.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	21,327,960.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000.
c Total lobbying expenditures			240.	18.	258.
d Grassroots nontaxable amount			250,000.	250,000.	500,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-A

CCF STAFF MET WITH VARIOUS SOUTH CAROLINA STATE REPRESENTATIVES AND SENATORS TO: DISCUSS CONTINUED SUPPORT FOR THE CREATION AND SUSTAINABILITY OF SCHOOLS OF INNOVATION WITHIN THE STATE OF SOUTH CAROLINA; DISCUSS SUPPORT FOR THE CREATION OF AN AFFORDABLE HOUSING TRUST FUND WITHIN CHARLESTON COUNTY, SOUTH CAROLINA; AND DISCUSS IMPACT OF

Part IV Supplemental Information (continued)

PHILANTHROPY WITHIN THE STATE OF SOUTH CAROLINA AND THE NATION.

CCF STAFF PARTICIPATED IN PUBLIC COMMENT AT CHARLESTON COUNTY COUNCIL IN

SUPPORT OF THE PRESERVATION OF AN AFRICAN-AMERICAN SETTLEMENT COMMUNITY

LOCATED IN MT. PLEASANT, SOUTH CAROLINA

Multiple horizontal lines for supplemental information.

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

2020

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	267	3
2 Aggregate value of contributions to (during year)	13,980,474.	187,242.
3 Aggregate value of grants from (during year)	8,423,905.	
4 Aggregate value at end of year	107,481,146.	35,529,821.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, 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?

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)?

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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	128,676,344.	130,611,923.	121,329,983.	110,967,241.	98,206,609.
b Contributions	4,004,697.	2,929,350.	9,726,871.	7,371,630.	3,299,659.
c Net investment earnings, gains, and losses	43,623,903.	1,739,863.	4,867,983.	8,511,624.	13,678,733.
d Grants or scholarships	4,072,347.	5,130,962.	3,768,185.	4,212,671.	3,172,363.
e Other expenditures for facilities and programs		66,242.	169,478.	256,814.	84,696.
f Administrative expenses	1,578,688.	1,407,588.	1,375,251.	1,051,027.	960,701.
g End of year balance	170,653,909.	128,676,344.	130,611,923.	121,329,983.	110,967,241.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		3,196,728.	146,646.	3,050,082.
c Leasehold improvements				
d Equipment		484,495.	270,387.	214,108.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,489,995.

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	1,419,504.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	52,621,840.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE	333,370.	END-OF-YEAR MARKET VALUE
(D) BENEFICIAL INT REMAINDER		
(E) TRUST	942,037.	END-OF-YEAR MARKET VALUE
(F) OTHER TRUST ASSETS	3,885,512.	COST
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	59,202,263.	

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 & TENANT SECURITY	
(3) DEPOSITS	11,999.
(4) CHARITABLE TRUST LIABILITY	2,447,202.
(5) DEFERRED COMPENSATION	75,239.
(6) GIFT ANNUITY PAYABLE - LONG TERM	1,470,086.
(7) GIFT ANNUITY PAYABLE - SHORT TERM	160,000.
(8) INCOME TAX LIABILITY	223,969.
(9) OTHER LIABILITIES	58,047.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,446,542.

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

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:

THE FOUNDATION AND ITS SUPPORTING FOUNDATIONS ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE IRC. IN ACCORDANCE WITH IRC REGULATIONS, THE FOUNDATION IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF EARNINGS FROM ACTIVITIES NOT RELATED TO THE EXEMPT PURPOSE OF THE FOUNDATION. THE FOUNDATION ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE LIKELY THAN NOT RECOGNITION THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN THE FOUNDATION BELIEVES THAT THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE FOUNDATION HAS EVALUATED ALL OF ITS TAX POSITIONS AND DETERMINED THAT IT HAD NO UNCERTAIN INCOME TAX POSITONS THAT WOULD REQUIRE RECOGNITION AS OF JUNE 30, 2021 OR 2020.

Part XIII Supplemental Information (continued)

THE FOUNDATION'S POLICY IS TO REPORT ACCRUED INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS, WHEN APPLICABLE, AS INTEREST EXPENSE AND TO REPORT PENALTIES AS OTHER EXPENSE. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR TAX YEARS BEFORE 2016.

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 F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization COASTAL COMMUNITY FOUNDATION	Employer identification number 23-7390313
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	MULTIPLE GRANTS AWARDED	1006000.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **0**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

ONCE THE FUNDS ARE DISTRIBUTED FROM THE ORGANIZATION, A RECEIPT IS REQUESTED FOR ALL GRANTS AND AN ANNUAL REPORT IS REQUIRED OF ALL GRANTEEES WHO HAVE RECIEVED A GRANT FROM AT LEAST ONE OF THE ORGANIZATION'S COMPETITIVE PROGRAMS OF \$5,000 OR MORE.

CCF HAS AN EXPENDITURE RESPONSIBILITY POLICY FOR THEIR DONOR ADVISED FUND GRANTS. ALL GRANTS ARE DISTRIBUTED AND MONITORED IN COMPLIANCE WITH CCF'S EXPENDITURE RESPONSIBILITY POLICY.

**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

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SOCIETY ST. VINCENT DE PAUL ALAMEDA - 2272 SAM PABLO AVE. - OAKLAND, CA 94612	94-1156493	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
SOMOS AMIGOS MEDICAL MISSIONS PO BOX 2351 SARASOTA, CA 95070	77-0553014	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
BERKELEY COMMUNITY HEALTH PROJECT 2339 DURANT AVE. BERKELEY, CA 94704	94-1697002	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
BERKELEY FRIENDS CHURCH 1600 SACRAMENTO ST. BERKELEY, CA 94702	94-6003752	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
BEYOND EMANCIPATION 675 HEGENBERG ROAD, SUITE 100 OAKLAND, CA 94621	94-3219520	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND, CA 94614	94-2960297	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **382.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROOT & REBOUND 1730 FRANKLIN ST. , SUITE 300 OAKLAND, CA 94612	46-3876220	501(C)(3)	7,000.	0.			CHARITABLE SUPPORT
OAKLAND METROPOLITAN CHAMBER OF COMMERCE FOUNDATION - 1333 BROADWAY, PLAZA LEVEL, STE.100 - OAKLAND, CA 94612	95-3217684	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
EAST BAY COMMUNITY FOUNDATION 200 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	94-6070996	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
WISDOM & MONEY 1259 EL CAMINO REAL, SUITE 241 MENLO PARK, CA 94025	47-5520977	501(C)(3)	30,000.	0.			CHARITABLE SUPPORT
BAY AREA COMMUNITY SERVICES 390 40TH ST. OAKLAND, CA 94609	94-1708069	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
JACOBS & CUSHMAN SAN DIEGO FOOD BANK - 9850 DISTRIBUTION AVE - SAN DIEGO, CA 92121	20-4374795	501(C)(3)	5,500.	0.			CHARITABLE SUPPORT
FEEDING SAN DIEGO 9477 WAPLES ST, STE 135 SAN DIEGO, CA 92121	26-0457477	501(C)(3)	5,500.	0.			CHARITABLE SUPPORT
COMMUNITY HEALTH IMPROVEMENT PARTNERS - 5095 MURPHY CANYON ROAD SUITE 105 - SAN DIEGO, CA 92123	33-0496092	501(C)(3)	11,000.	0.			CHARITABLE SUPPORT
YALE ALUMNI CHORUS FOUNDATION PO BOX 209036 NEW HAVEN, CT 06520	52-2388315	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT

Schedule I (Form 990)

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

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HOLE IN THE WALL GANG FUND, INC. 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	06-1157655	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
COMMUNITY FOUNDATION FOR ST VINCENT AND THE GRENADINES INC. - 350 BURNT HILL RD - HEBRON, CT 06248	26-4306194	501(C)(3)	151,000.	0.			CHARITABLE SUPPORT
AMERICARES, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	44,990.	0.			CHARITABLE SUPPORT
NATIONAL CATHEDRAL SCHOOL MOUNT ST. ALBAN WASHINGTON, DC 20016	53-0196604	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
JUBILEE JOBS, INC. 2712 ONTARIO ROAD, N.W. WASHINGTON, DC 20009	52-1248559	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
WORLD CENTRAL KITCHEN 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009	27-3521132	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
REFUGEES INTERNATIONAL 2001 S STREET, NW, SUITE 700 WASHINGTON, DC 20009	52-1224516	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC. - 1615 L STREET NW, SUITE 430 - WASHINGTON, DC 20036	75-2816066	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
NATIONAL TRUST FOR HISTORIC PRESERVATION - 2600 VIRGINIA AVENUE NW SUITE 1100 - WASHINGTON, DC 20037	53-0210807	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NPR FOUNDATION DEPT. 6054 WASHINGTON, DC 20042	52-1795789	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
BLACK ECONOMIC ALLIANCE FOUNDATION 700 13TH ST NW STE 800 WASHINGTON, DC 20005	83-3790370	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
THE HUMANE SOCIETY OF THE UNITED STATES - 1255 23RD STREET, NW, SUITE 450 - WASHINGTON, DC 20037	53-0225390	501(C)(3)	6,384.	0.			CHARITABLE SUPPORT
CAMPUS CRUSADE FOR CHRIST, INC. P.O. BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	5,400.	0.			CHARITABLE SUPPORT
SALVATION ARMY TERRITORIAL HEADQUARTERS OFFICE 1424 NE EXPRESSWAY - ATLANTA, GA 30329	58-0660607	501(C)(3)	12,000.	0.			CHARITABLE SUPPORT
JDRF INTERNATIONAL DONATIONS PO BOX 37920 BOONE, IA 50037	23-1907729	501(C)(3)	6,500.	0.			CHARITABLE SUPPORT
FEEDING AMERICA 35 EAST WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	36-3673599	501(C)(3)	8,200.	0.			CHARITABLE SUPPORT
BNY MELLON CHARITABLE GIFT FUND BNY WEALTH MANAGEMENT 201 WASHINGTON ST., AIM 024-0062 - BOSTON, MA 02108	30-0748315	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
TUFTS MEDICAL CENTER PARENT, INC. 800 WASHINGTON STREET, #231 BOSTON, MA 02111	04-3400617	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT

Schedule I (Form 990)

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DOCTORS WITHOUT BORDERS USA P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	36,116.	0.			CHARITABLE SUPPORT
CAMP PASQUANEY 10315 KENSINGTON PKWY., STE. 207 KENSINGTON, MD 20895	02-0227848	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
FOUNDATION FOR MISSISSIPPI HISTORY PO BOX 571 JACKSON, MS 39205	20-2649529	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
WATER MISSIONS INTERNATIONAL P.O. BOX 63320 CHARLOTTE, NC 28263	57-1116978	501(C)(3)	50,500.	0.			CHARITABLE SUPPORT
AMERICAN NATIONAL RED CROSS WESTERN NORTH CAROLINA REGION 2425 CHARLOTTE, NC 28203	53-0196605	501(C)(3)	69,500.	0.			CHARITABLE SUPPORT
GREEN RIVER PRESERVE 301 GREEN RIVER ROAD CEDAR MOUNTAIN, NC 28718	56-1554526	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
SOUTHERN DHARMA RETREAT CENTER, INC. - 1661 WEST ROAD - HOT SPRINGS, NC 28743	56-1695711	501(C)(3)	35,000.	0.			CHARITABLE SUPPORT
HOT SPRINGS HEALTH PROGRAM, INC. PO BOX 69 MARSHALL, NC 28753	56-0986537	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
PLANNED PARENTHOOD SOUTH ATLANTIC SOUTHEAST REGIONAL OFFICE 100 SOUTH BOYLAN AVENUE - RALEIGH, NC 27603	56-1282557	501(C)(3)	606,976.	0.			CHARITABLE SUPPORT

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CHARLOTTE BALLET 701 N. TRYON ST. CHARLOTTE, NC 28202	58-1314711	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
AMERICAN NATIONAL RED CROSS - NORTHERN NEW JERSEY CHAPTER - 209 FAIRFIELD ROAD - FAIRFIELD, NJ 07004	53-0196605	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
ST. CASSIAN ROMAN CATHOLIC CHURCH 187 BELLEVUE AVENUE UPPER MONTCLAIR, NJ 07043	22-1613655	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
ST. LUKE'S EPISCOPAL CHURCH 73 S. FULLERTON AVENUE MONTCLAIR, NJ 07042	22-1487605	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
MONTCLAIR KIMBERLY ACADEMY FOUNDATION - 201 VALLEY ROAD - MONTCLAIR, NJ 07042	23-7365263	501(C)(3)	120,000.	0.			CHARITABLE SUPPORT
MONTCLAIR FILM FESTIVAL, INC. 41 WATCHUNG PLAZA, #345 MONTCLAIR, NJ 07042	27-1732322	501(C)(3)	50,000.	0.			CHARITABLE SUPPORT
HOME OF MONTCLAIR ECUMENICAL CORP. 17 TALBOT STREET MONTCLAIR, NJ 07042	22-2904529	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
JAZZ HOUSE KIDS, INC. 347 BLOOMFIELD AVENUE LOWER LEVEL MONTCLAIR, NJ 07042	56-2303577	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
HUMAN NEEDS FOOD PANTRY, INC. 9 LABEL STREET MONTCLAIR, NJ 07042	22-3057065	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT

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MONTCLAIR FOUNDATION, INC. 21 VAN VLECK STREET MONTCLAIR, NJ 07042	22-6310859	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
TEACH FOR AMERICA, INC. NEW JERSEY OFFICE 50 PARK PLACE, SU NEWARK, NJ 07102	13-3541913	501(C)(3)	12,500.	0.			CHARITABLE SUPPORT
COMMUNITY FOOD BANK OF NEW JERSEY INC. - 31 EVANS TERMINAL ROAD - HILLSIDE, NJ 07205	22-2423882	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
MONTCLAIR FREE PUBLIC LIBRARY FOUNDATION, INC. - 50 SOUTH FULLERTON AVENUE - MONTCLAIR, NJ 07042	82-0558746	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
CENTER FOR ACTION AND CONTEMPLATION INC - PO BOX 12464 - ALBUQUERQUE, NM 87195	85-0354965	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
THE NEW YORK PUBLIC LIBRARY OFFICE OF DEVELOPMENT - ROOM 73 445 FIFTH AVENUE, 4TH FLOOR - NEW YORK, NY 1	13-1887440	501(C)(3)	6,500.	0.			CHARITABLE SUPPORT
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	9,000.	0.			CHARITABLE SUPPORT
NEW YORK PUBLIC RADIO P.O. BOX 1550 NEW YORK, NY 10116	13-3015230	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
COVENANT HOUSE NEW YORK TIME SQUARE STATION P.O. BOX 731 NEW YORK, NY 10108	13-3076376	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT

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GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY - 49 WEST 45TH STREET, FLOOR 6 - NEW YORK, NY 10036	13-3795391	501(C)(3)	50,000.	0.			CHARITABLE SUPPORT
KIPP NEW YORK, INC. 1501 BROADWAY 10TH FLOOR, SUITE 100 NEW YORK, NY 10036	20-3971209	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
SYMPHONY SPACE, INC. 2537 BROADWAY AT 95TH ST. NEW YORK, NY 10025	13-2941455	501(C)(3)	12,500.	0.			CHARITABLE SUPPORT
CENTRAL PARK CONSERVANCY, INC. 14 EAST 60TH STREET, 8TH FLOOR NEW YORK, NY 10022	13-3022855	501(C)(3)	50,000.	0.			CHARITABLE SUPPORT
POSSE FOUNDATION 14 WALL STREET, SUITE 8A-60 NEW YORK, NY 10005	13-3840394	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
IRAQ AND AFGHANISTAN VETERANS OF AMERICA, INC. - 85 BROAD STREET, 16TH FLOOR - NEW YORK, NY 10004	20-1664531	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
IRISH REPERTORY THEATRE COMPANY INC - 132 WEST 22ND STREET - NEW YORK, NY 10011	13-3531713	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL, INC. - ATTN: MEMBERSHIP DEPARTMENT 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
NATIONAL AUDUBON SOCIETY, INC. NATIONAL OFFICE 225 VARICK STREET NEW YORK, NY 10014	13-1624102	501(C)(3)	18,700.	0.			CHARITABLE SUPPORT

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STORYCORPS, INC. 80 HANSON PLACE, 2ND FLOOR BROOKLYN, NY 11217	13-3753011	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
OPEN SPACE INSTITUTE LAND TRUST, INC. - 1350 BROADWAY, SUITE 201 - NEW YORK, NY 10018	13-3028060	501(C)(3)	100,000.	0.			CHARITABLE SUPPORT
ST. LUKES CHAMBER ENSEMBLE, INC. 450 WEST 37TH STREET SUITE 502 NEW YORK, NY 10018	51-0201839	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
FOOD BANK FOR NEW YORK CITY FOOD FOR SURVIVAL - ATTN: INDIVIDUAL GIVING 39 BROADWAY 10TH FLOOR - NEW YORK, NY 10006	13-3179546	501(C)(3)	8,000.	0.			CHARITABLE SUPPORT
THE HAITI PROJECT, INC. BOX 594 124 RAYMOND AVE POUGHKEEPSIE, NY 12604	02-0815125	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
COMMUNITY SHELTER BOARD 355 E. CAMPUS VIEW BLVD., SUITE 250 COLUMBUS, OH 43235	31-1181284	501(C)(3)	30,000.	0.			CHARITABLE SUPPORT
COLUMBUS STATE COMMUNITY COLLEGE DEVELOPMENT FOUNDATION, INC - 550 EAST SPRING STREET - COLUMBUS, OH 43215	31-1035280	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
COLUMBUS METROPOLITAN LIBRARY FOUNDATION - 96 S. GRANT AVE - COLUMBUS, OH 43215	31-1692755	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
IMPACT COMMUNITY ACTION 711 SOUTHWOOD AVENUE COLUMBUS, OH 43207	20-5536173	501(C)(3)	60,000.	0.			CHARITABLE SUPPORT

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PLANNED PARENTHOOD OF GREATER OHIO 206 E. STATE STREET COLUMBUS, OH 43215	34-1015976	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205	31-6044264	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
CLINTONVILLE-BEECHWOLD COMMUNITY RESOURCES CENTER - 3222 N. HIGH ST. - COLUMBUS, OH 43202	31-0843578	OTHER	25,000.	0.			CHARITABLE SUPPORT
UNITED STATES CATHOLIC CONFERENCE ST. THOMAS MORE NEWMAN CENTER 64 WEST LANE AVENUE - COLUMBUS, OH 43201	31-4423933	501(C)(3)	12,500.	0.			CHARITABLE SUPPORT
COLUMBUS FREE CLINIC 2231 N HIGH ST COLUMBUS, OH 43201	01-0575698	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
SALVATION ARMY - EASTERN TERRITORY 966 E. MAIN STREET COLUMBUS, OH 43205	13-5562351	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
MID-OHIO FOODBANK 3960 BROOKHAM DRIVE GROVE CITY, OH 43123	31-0865343	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
FRIENDS OF COLUMBUS AND FRANKLIN COUNTY METRO PARKS - 1069 W. MAIN STREET - WESTERVILLE, OH 43081	26-2332568	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
UNITED SCHOOLS NETWORK, INC. 1469 E. MAIN STREET COLUMBUS, OH 43205	46-2265149	501(C)(3)	33,000.	0.			CHARITABLE SUPPORT

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BROAD STREET PRESBYTERIAN CHURCH 760 EAST BROAD STREET COLUMBUS, OH 43205	31-4380039	501(C)(3)	35,000.	0.			CHARITABLE SUPPORT
J BAR J YOUTH SERVICES, INC. 62895 HAMBY ROAD BEND, OR 97701	93-0677650	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
UNITED WAY OF THE COLUMBIA-WILLAMETTE - 619 SW11TH AVE. - PORTLAND, OR 97205	93-0582124	501(C)(3)	8,000.	0.			CHARITABLE SUPPORT
MRG FOUNDATION PO BOX 12489 PORTLAND, OR 97212	93-0691187	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
UNITED WAY OF JACKSON COUNTY, INC. 60 HAWTHORNE ST. MEDFORD, OR 97504	93-0576632	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
VOLUNTEERS IN MEDICINE CLINIC OF THE CASCADES - 2300 NE NEFF ROAD - BEND, OR 97701	93-1327847	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
MOUNTAINSTAR FAMILY RELIEF NURSERY 2125 NE DAGGETT LANE BEND, OR 97701	42-1560891	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
KIDS INTERVENTION & DIAGNOSTIC SERVICE CENTER, INC. - 1375 NW KINGSTON AVE - BEND, OR 97703	94-3169200	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
DESCHUTES COUNTY HEALTHY BEGINNINGS, INC. - 1029 NW 14TH ST., SUITE 102 - BEND, OR 97703	93-1234708	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT

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DESCHUTES CHILDREN'S FOUNDATION 1010 NW 14TH ST. BEND, OR 97703	93-1032896	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST., SUITE 100 PORTLAND, OR 97205	23-7315673	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
CENTRAL OREGON COMMUNITY COLLEGE FOUNDATION - 2600 NW COLLEGE WAY - BEND, OR 97703	93-6041247	501(C)(3)	8,000.	0.			CHARITABLE SUPPORT
ASSISTANCE LEAGUE OF BEND PO BOX 115 BEND, OR 97709	94-3138500	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
ACRES PROJECT 2400 BERNEL ROAD STATE COLLEGE, PA 16803	47-1371290	501(C)(3)	26,000.	0.			CHARITABLE SUPPORT
THE NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	23-7825575	501(C)(3)	26,084.	0.			CHARITABLE SUPPORT
DONORSCHOOSE.ORG ATTENTION: FINANCIAL OPERATIONS MAIL CODE 6656, PO BOX 7247 - PHILADELPHIA,	13-4129457	501(C)(3)	41,365.	0.			CHARITABLE SUPPORT
PRINCETON AREA COMMUNITY FOUNDATION - PO BOX 825454 - PHILADELPHIA, PA 19182	52-1746234	501(C)(3)	100,000.	0.			CHARITABLE SUPPORT
AVIAN CONSERVATION CENTER P.O. BOX 1247 CHARLESTON, SC 29402	57-0966813	501(C)(3)	7,225.	0.			CHARITABLE SUPPORT

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COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC - PO BOX 213 - BEAUFORT, SC 29901	57-0756987	501(C)(3)	6,350.	0.			CHARITABLE SUPPORT
MONASTERY OF ST. CLARE THE ABBESS 37 MCCAULEY ROAD, TRAVELERS REST - TRAVELERS REST, SC 29690	57-0688060	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - MAIN SC OFFICE - 4124 CLEMSON BLVD., SUITE L - ANDERSON, SC 29621	13-3039601	501(C)(3)	5,523.	0.			CHARITABLE SUPPORT
FOOTHILLS TRAIL CONSERVANCY PO BOX 3041 GREENVILLE, SC 29602	57-0857047	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
FREEDOM READERS P.O. BOX 30548 MYRTLE BEACH, SC 29588	27-2517686	501(C)(3)	18,000.	0.			CHARITABLE SUPPORT
ST. CHRISTOPHER'S CHILDREN 14323 OCEAN HIGHWAY, UNIT 4143 PAWLEYS ISLAND, SC 29585	26-1484198	501(C)(3)	10,500.	0.			CHARITABLE SUPPORT
SMITH MEDICAL CLINIC, INC. 99 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)	31,000.	0.			CHARITABLE SUPPORT
SEA ISLAND PRESBYTERIAN CHURCH P.O. BOX 966 BEAUFORT, SC 29901	57-0878446	OTHER	35,000.	0.			CHARITABLE SUPPORT
SOUTH CAROLINA ENVIRONMENTAL LAW PROJECT - P.O. BOX 1380 - PAWLEYS ISLAND, SC 29585	57-1031430	501(C)(3)	57,000.	0.			CHARITABLE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S RECOVERY CENTER, INC. PO BOX 1499 1801 LEGION STREET MYRTLE BEACH, SC 29577	57-1047247	501(C)(3)	23,000.	0.			CHARITABLE SUPPORT
CHABAD LUBAVITCH OF MYRTLE BEACH 2803 N. OAK ST. MYRTLE BEACH, SC 29577	57-0852427	501(C)(3)	7,500.	0.			CHARITABLE SUPPORT
EASTERN CAROLINA HOMELESSNESS ORGANIZATION, INC. - PO BOX 1275 - MYRTLE BEACH, SC 29577	83-0421712	501(C)(3)	12,500.	0.			CHARITABLE SUPPORT
TEACH MY PEOPLE P.O. BOX 2848 PAWLEYS ISLAND, SC 29585	57-1075900	501(C)(3)	23,329.	0.			CHARITABLE SUPPORT
UNITED WAY OF THE LOWCOUNTRY, INC. P.O. BOX 202 BEAUFORT, SC 29901	57-0405847	501(C)(3)	64,000.	0.			CHARITABLE SUPPORT
EXTRA MILE CLUB OF THE LOWCOUNTRY P.O. BOX 1915 BEAUFORT, SC 29901	46-3127074	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
ALZHEIMERS FAMILY SERVICES OF GREATER BEAUFORT - P.O. BOX 1514 - BEAUFORT, SC 29901	57-0879175	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
BOYS & GIRLS CLUB OF THE GRAND STRAND, INC. - 1229 38TH AVENUE NORTH, #320 - MYRTLE BEACH, SC 29577	57-1051611	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
BETH ISRAEL CONGREGATION POB 328 401 SCOTTS STREET BEAUFORT, SC 29901	61-1751976	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT

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COLLABORATIVE ORGANIZATION OF SERVICES FOR YOUTH - 801 CARTERET STREET SANDSTONE #118 - BEAUFORT, SC 29901	57-6000311	OTHER	15,000.	0.			CHARITABLE SUPPORT
HOPEFUL HORIZONS, INC. P.O. BOX 1775 BEAUFORT, SC 29901	57-1063332	501(C)(3)	169,506.	0.			CHARITABLE SUPPORT
HISTORIC BEAUFORT FOUNDATION P.O. BOX 11 BEAUFORT, SC 29901	23-7005532	501(C)(3)	23,230.	0.			CHARITABLE SUPPORT
HELP OF BEAUFORT P.O. BOX 472 BEAUFORT, SC 29901	57-0721545	501(C)(3)	157,500.	0.			CHARITABLE SUPPORT
CIRCLE OF HOPE MINISTRIES, INC. 1816 BOUNDARY STREET BEAUFORT, SC 29901	27-3678596	501(C)(3)	60,000.	0.			CHARITABLE SUPPORT
PUBLIC LIBRARY FOUNDATION OF BEAUFORT COUNTY - 311 SCOTT STREET, SUITE 201 - BEAUFORT, SC 29902	14-1925218	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
BEAUFORT COUNTY SCHOOL DISTRICT 2900 MINK POINT BOULEVARD BEAUFORT, SC 29902	57-6000367	GOV	15,000.	0.			CHARITABLE SUPPORT
GOOD NEIGHBOR FREE MEDICAL CLINIC 974 RIBAUT RD. BEAUFORT, SC 29902	26-0335357	501(C)(3)	45,000.	0.			CHARITABLE SUPPORT
THUMBS UP, INC. 914 HAMAR STREET BEAUFORT, SC 29902	57-1025876	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT

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CANCER THRIFT STORE OF BEAUFORT 129 BURTON HILL ROAD STE E BEAUFORT, SC 29906	57-0963649	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
LOVE HOUSE LEARNING ACADEMY 423 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	82-5305685	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
FRIENDS OF THE SPANISH MOSS RAIL TRAIL - P.O. BOX 401 - BEAUFORT, SC 29901	45-5205655	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
MULTIPLYING GOOD (FORMERLY THE JEFFERSON AWARDS FOUNDATION) - 3365 SHADOW MOSS LANE - MURRELS INLET, SC 29576	52-0959336	501(C)(3)	23,500.	0.			CHARITABLE SUPPORT
VITAL AGING OF WILLIAMSBURG COUNTY, INC. - 204 OAK STREET - KINGSTREE, SC 29556	58-2276534	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
BEAUFORT ACADEMY 240 SAMS POINT ROAD BEAUFORT, SC 29907	57-0474292	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
CHARLES PINCKNEY ELEMENTARY SCHOOL WELLNESS COMMITTEE 3300 THOMAS CARIO BLVD. - MOUNT PLEASANT, SC 29466	57-6000322	GOV	11,948.	0.			CHARITABLE SUPPORT
PRESERVATION SOCIETY OF CHARLESTON 147 KING STREET CHARLESTON, SC 29401	57-0439524	501(C)(3)	52,826.	0.			CHARITABLE SUPPORT
EDISTO INDIAN FREE CLINIC 1125 RIDGE ROAD RIDGEVILLE, SC 29472	82-1691197	501(C)(3)	12,400.	0.			CHARITABLE SUPPORT

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SULLIVAN'S ISLAND ELEMENTARY SCHOOL - 2014 MIKE PERKIS PLACE - SULLIVAN'S ISLAND, SC 29482	57-3000322	GOV	24,296.	0.			CHARITABLE SUPPORT
STELLA MARIS ROMAN CATHOLIC CHURCH P.O. BOX 280 SULLIVAN'S ISLAND, SC 29482	57-0654817	501(C)(3)	12,000.	0.			CHARITABLE SUPPORT
BEYOND BASIC LIFE SKILLS 406 N. GUM STREET SUMMERVILLE, SC 29483	81-3196257	501(C)(3)	14,500.	0.			CHARITABLE SUPPORT
DORCHESTER PAWS 136 FOUR PAWS LANE SUMMERVILLE, SC 29483	57-0620182	501(C)(3)	36,500.	0.			CHARITABLE SUPPORT
DORCHESTER CHILDREN'S CENTER 303 EAST RICHARDSON AVENUE SUMMERVILLE, SC 29483	57-1078099	501(C)(3)	49,770.	0.			CHARITABLE SUPPORT
DORCHESTER COUNTY COMMUNITY OUTREACH - P.O. BOX 2994 - SUMMERVILLE, SC 29483	47-3909720	501(C)(3)	9,625.	0.			CHARITABLE SUPPORT
COMMUNITY RESOURCE CENTER 116 WEST 2ND STREET SUMMERVILLE, SC 29483	46-3059975	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
MEALS ON WHEELS OF SUMMERVILLE P.O. BOX 592 SUMMERVILLE, SC 29484	57-0730993	501(C)(3)	25,025.	0.			CHARITABLE SUPPORT
DORCHESTER HABITAT FOR HUMANITY P.O. BOX 1685 SUMMERVILLE, SC 29484	57-0978123	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT

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ARK OF SC P.O. BOX 1540 SUMMERVILLE, SC 29484	47-1350098	501(C)(3)	58,409.	0.			CHARITABLE SUPPORT
HELP OF SUMMERVILLE 316 WEST CAROLINA AVENUE P.O. BOX 1 SUMMERVILLE, SC 29484	57-0624976	501(C)(3)	22,925.	0.			CHARITABLE SUPPORT
CLAP YOUR HANDS P.O. BOX 51322 SUMMERVILLE, SC 29485	47-2014292	501(C)(3)	18,437.	0.			CHARITABLE SUPPORT
FRIENDS OF COLLETON COUNTY ANIMAL SHELTER - 33 POOR FARM ROAD - WALTERBORO, SC 29488	26-4474266	501(C)(3)	8,684.	0.			CHARITABLE SUPPORT
COLLETON COUNTY ARTS COUNCIL, INC. 334 WHITMAN STREET WALTERBORO, SC 29488	57-0966741	501(C)(3)	14,844.	0.			CHARITABLE SUPPORT
ONE FELLOWSHIP 142 SPORTSMAN ISLAND DRIVE, UNIT C CHARLESTON, SC 29492	84-3427442	501(C)(3)	87,000.	0.			CHARITABLE SUPPORT
BISHOP ENGLAND HIGH SCHOOL 363 SEVEN FARMS DRIVE CHARLESTON, SC 29492	57-6000118	501(C)(3)	49,640.	0.			CHARITABLE SUPPORT
PHILIP SIMMONS HIGH SCHOOL 3080 RIVER VILLAGE DRIVE CHARLESTON, SC 29492	57-6000313	GOV	6,000.	0.			CHARITABLE SUPPORT
THE BLACKBAUD GIVING FUND 65 FAIRCHILD STREET CHARLESTON, SC 29492	46-0942102	501(C)(3)	5,057.	0.			CHARITABLE SUPPORT

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SAINT CLARE OF ASSISI CATHOLIC CHURCH - 885 ISLAND PARK DRIVE, SUITE A (REAR) - DANIEL ISLAND, SC 29492	46-5305586	501(C)(3)	105,000.	0.			CHARITABLE SUPPORT
CHARLESTON JAZZ 295 SEVEN FARMS DRIVE, SUITE C-294 CHARLESTON, SC 29492	83-0504523	501(C)(3)	45,340.	0.			CHARITABLE SUPPORT
TRINITY BAPTIST CHURCH 124 W. DARLINGTON STREET FLORENCE, SC 29501	57-0360105	501(C)(3)	50,000.	0.			CHARITABLE SUPPORT
PALADIN TRAINING PO BOX 12752 FLORENCE, SC 29504	26-4121815	501(C)(3)	12,000.	0.			CHARITABLE SUPPORT
LITTLE SMURF'S INC. 903 MARTIN LUTHER KING DRIVE ANDREWS, SC 29510	57-0771200	501(C)(3)	13,000.	0.			CHARITABLE SUPPORT
PALMETTO WORKS COMMUNITY DEVELOPMENT CORPORATION - 505 CHURCH STREET - CONWAY, SC 29526	26-4805210	501(C)(3)	7,650.	0.			CHARITABLE SUPPORT
A FATHER'S PLACE 1800 RACEPATH AVE. CONWAY, SC 29527	57-1145908	501(C)(3)	13,000.	0.			CHARITABLE SUPPORT
FAMILY SUPPORT SERVICES OF HORRY COUNTY - P.O. BOX 2057 - CONWAY, SC 29528	57-0761302	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
MOBILE MEALS OF THE GRAND STRAND PO BOX 7421 MYRTLE BEACH, SC 29572	57-0640837	501(C)(3)	7,500.	0.			CHARITABLE SUPPORT

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PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922	501(C)(3)	28,255.	0.			CHARITABLE SUPPORT
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD, D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	21,200.	0.			CHARITABLE SUPPORT
BLUFFTON SELF HELP, INC. 39 SHERIDAN PARK CIRCLE, UNIT 9 & 1 BLUFFTON, SC 29910	57-0862658	501(C)(3)	30,000.	0.			CHARITABLE SUPPORT
ST. PHILIPS EPISCOPAL CHURCH 142 CHURCH STREET CHARLESTON, SC 29401	57-0327892	501(C)(3)	7,250.	0.			CHARITABLE SUPPORT
CONFEDERATE HOME AND COLLEGE 62 BROAD STREET CHARLESTON, SC 29401	57-0314432	501(C)(3)	7,000.	0.			CHARITABLE SUPPORT
CITY OF CHARLESTON GRANTS ADMINISTRATION - 75 CALHOUN STREET - CHARLESTON, SC 29401	57-6000226	GOV	25,000.	0.			CHARITABLE SUPPORT
CITY OF CHARLESTON - MOJA ARTS FESTIVAL - OFFICE OF CULTURAL AFFAIRS 75 CALHOUN ST., #3800 - CHARLESTON, SC 29401	57-6000226	GOV	17,250.	0.			CHARITABLE SUPPORT
COMING STREET CEMETERY KKBE 90 HASELL STREET CHARLESTON, SC 29401	57-0406806	501(C)(3)	8,500.	0.			CHARITABLE SUPPORT
ANGEL FLIGHT SOARS, INC. PO BOX 1291 SPARTANBURG, SC 29304	58-1702239	501(C)(3)	12,000.	0.			CHARITABLE SUPPORT

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UNITARIAN UNIVERSALIST CHURCH OF SPARTANBURG, SC, INC. - PO BOX 1942 - SPARTANBURG, SC 29304	57-0947382	501(C)(3)	105,000.	0.			CHARITABLE SUPPORT
ETV ENDOWMENT OF SOUTH CAROLINA, INC. - 401 EAST KENNEDY STREET - SUITE B1 - SPARTANBURG, SC 29302	57-0657549	501(C)(3)	17,440.	0.			CHARITABLE SUPPORT
CONGAREE LAND TRUST 2231 DEVINE STREET, SUITE 100 P.O. COLUMBIA, SC 29250	57-0937485	501(C)(3)	11,500.	0.			CHARITABLE SUPPORT
COLUMBIA GREEN PO BOX 50191 COLUMBIA, SC 29250	57-0768951	501(C)(3)	500,000.	0.			CHARITABLE SUPPORT
NATURE CONSERVANCY, INC. P.O. BOX 5475 COLUMBIA, SC 29250	53-0242652	501(C)(3)	23,000.	0.			CHARITABLE SUPPORT
SOUTH CAROLINA VICTIM ASSISTANCE NETWORK - PO BOX 212863 - COLUMBIA, SC 29221	57-0813749	501(C)(3)	8,000.	0.			CHARITABLE SUPPORT
MARSHVIEW COMMUNITY ORGANIC FARM PO BOX 750 SAINT HELENA ISLAND, SC 29220	14-2013158	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
TOGETHER SC PO BOX 12903 COLUMBIA, SC 29211	57-1057398	501(C)(3)	30,000.	0.			CHARITABLE SUPPORT
LIONS VISION SERVICES 234 OUTLET POINTE BLVD., SUITE C COLUMBIA, SC 29210	23-7105526	501(C)(3)	21,500.	0.			CHARITABLE SUPPORT

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RECONCILIATION MINISTRIES SC 3120 KAY STREET COLUMBIA, SC 29210	26-0067588	501(C)(3)	14,000.	0.			CHARITABLE SUPPORT
ABLE SOUTH CAROLINA 720 GRACERN ROAD SUITE 106 COLUMBIA, SC 29210	58-2336332	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - 1027 BARNWELL STREET - COLUMBIA, SC 29208	57-6017985	501(C)(3)	513,500.	0.			CHARITABLE SUPPORT
HOMELESS NO MORE 2711 MIDDLEBURG DR. SUITE 213 COLUMBIA, SC 29204	57-0898981	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
JUNIOR ACHIEVEMENT OF GREATER SOUTH CAROLINA, INC. - 2711 MIDDLEBURG DRIVE, SUITE 301 - COLUMBIA, SC 29204	57-0511131	501(C)(3)	8,000.	0.			CHARITABLE SUPPORT
HEALTHY LEARNERS SOUTH CAROLINA OFFICE 2749 LAUREL S COLUMBIA, SC 29204	57-1127197	501(C)(3)	41,000.	0.			CHARITABLE SUPPORT
HARVEST HOPE FOOD BANK CAROLINA CAN! P.O. BOX 451 COLUMBIA, SC 29202	57-0725560	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
CONSERVATION VOTERS OF SOUTH CAROLINA EDUCATION FUND - PO BOX 1766 - COLUMBIA, SC 29202	20-0335383	501(C)(3)	6,500.	0.			CHARITABLE SUPPORT
GRENADINES PARTNERSHIP FUND 808 LADY STREET, SUITE C COLUMBIA, SC 29201	27-1329191	501(C)(3)	70,993.	0.			CHARITABLE SUPPORT

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SOUTH CAROLINA ARTS COMMISSION 1026 SUMTER STREET SUITE 200 COLUMBIA, SC 29201	57-6000286	GOV	14,737.	0.			CHARITABLE SUPPORT
SOUTH CAROLINA ARTS FOUNDATION 1989 - 1026 SUMTER STREET, SUITE 200 - COLUMBIA, SC 29201	57-0892045	501(C)(3)	33,197.	0.			CHARITABLE SUPPORT
TRINITY EPISCOPAL CATHEDRAL 1100 SUMTER STREET COLUMBIA, SC 29201	57-0314419	501(C)(3)	11,500.	0.			CHARITABLE SUPPORT
HISTORIC COLUMBIA FOUNDATION, INC. 1601 RICHLAND STREET COLUMBIA, SC 29201	57-6020250	501(C)(3)	50,000.	0.			CHARITABLE SUPPORT
NEW MORNING FOUNDATION 1501 MAIN STREET, SUITE 150 COLUMBIA, SC 29201	95-4894776	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
RALPH H JOHNSON VA MEDICAL CENTER 109 BEE ST. CHARLESTON, SC 29401	57-0720016	GOV	15,000.	0.			CHARITABLE SUPPORT
GIBBES MUSEUM OF ART 135 MEETING STREET CHARLESTON, SC 29401	57-0323047	501(C)(3)	36,359.	0.			CHARITABLE SUPPORT
KAHAL KADOSH BETH ELOHIM 90 HASELL STREET CHARLESTON, SC 29401	57-0406806	501(C)(3)	43,979.	0.			CHARITABLE SUPPORT
SPOLETO FESTIVAL U.S.A. 14 GEORGE STREET CHARLESTON, SC 29401	57-0660848	501(C)(3)	363,133.	0.			CHARITABLE SUPPORT

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EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE ROAD MT. PLEASANT, SC 29466	57-0939280	501(C)(3)	112,500.	0.			CHARITABLE SUPPORT
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE, STE. 2 BLUFFTON, SC 29910	57-1036680	501(C)(3)	12,000.	0.			CHARITABLE SUPPORT
LOWCOUNTRY LEGAL VOLUNTEERS P.O. BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	50,000.	0.			CHARITABLE SUPPORT
CAMPBELL CHAPEL AME CHURCH PO BOX 83 25 BOUNDARY ST BLUFFTON, SC 29910	82-3632224	501(C)(3)	5,100.	0.			CHARITABLE SUPPORT
ADOPT A SCHOOL OF BEAUFORT COUNTY, INC. - C/O BILL PADDOCK, TREASURER 1000 CURISHA POINT SOUTH - ST. HELENA ISLAND, SC 29920	57-1033986	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
FRIENDS OF CAROLINE HOSPICE OF BEAUFORT, INC. - 155 DATAW DRIVE - SAINT HELENA ISLAND, SC 29920	57-0725866	501(C)(3)	16,000.	0.			CHARITABLE SUPPORT
PENN CENTER, INC. MARTIN LUTHER KING, JR. DRIVE POST OFFICE BOX 126 - ST. HELENA ISLAND, SC 29	57-0324930	501(C)(3)	12,000.	0.			CHARITABLE SUPPORT
ST. STEPHEN AFRICAN METHODIST EPISCOPAL CHURCH - P.O. BOX 828 - HARDEVILLE, SC 29924	03-0410979	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
COASTAL DISCOVERY MUSEUM 100 WILLIAM HILTON PARKWAY POST OFFICE BOX 23497 - HILTON HEAD, SC 29925	57-0801415	501(C)(3)	16,000.	0.			CHARITABLE SUPPORT

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MEALS ON WHEELS, BLUFFTON-HILTON HEAD, INC. - P.O. BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
SECOND HELPINGS, INC. P.O. BOX 23521 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
SECOND HELPINGS 4 NORTHRIDGE, SUITE C PO BOX 23621 HILTON HEAD ISLAND, SC 29926	57-0938469	501(C)(3)	9,000.	0.			CHARITABLE SUPPORT
MEMORY MATTERS MEMORY MATTERS 117 WILLIAM HILTON P HILTON HEAD, SC 29926	58-2291775	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
BOYS & GIRLS CLUB OF HILTON HEAD ISLAND - 151 GUM TREE ROAD - HILTON HEAD ISLAND, SC 29926	57-0811876	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
BOYS AND GIRLS CLUBS OF THE LOWCOUNTRY, INC. - 10 PINCKNEY COLONY ROAD, SUITE 103 - BLUFFTON, SC 29909	57-0811876	501(C)(3)	15,750.	0.			CHARITABLE SUPPORT
CHILDREN'S CENTER, INC. 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	24,000.	0.			CHARITABLE SUPPORT
AGAPE FAMILY LIFE CENTER, INC. 5855 SOUTH OKATIE HIGHWAY HARDEVILLE, SC 29927	57-1106874	501(C)(3)	40,000.	0.			CHARITABLE SUPPORT
THE LEGACY FOUNDATION OF SC PO BOX 277 PINELAND, SC 29934	81-3231985	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HAND CENTER, INC. 1263 COHEN ROAD PINELAND, SC 29934	80-0751064	501(C)(3)	6,000.	0.			CHARITABLE SUPPORT
THE COMPLETE STUDENT 1903 SOUTHSIDE BLVD. PORT ROYAL, SC 29935	84-4793012	501(C)(3)	22,111.	0.			CHARITABLE SUPPORT
BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY - 1801 RICHMOND AVENUE - PORT ROYAL, SC 29935	57-0910326	501(C)(3)	36,000.	0.			CHARITABLE SUPPORT
POLARIS TECH CHARTER SCHOOL 1508 GRAYS HIGHWAY RIDGELAND, SC 29936	81-5150351	501(C)(3)	17,574.	0.			CHARITABLE SUPPORT
NEW DESTINY CENTER, INC. 406 CAL CAUSEWAY ROAD TILLMAN, SC 29943	26-1640743	501(C)(3)	6,000.	0.			CHARITABLE SUPPORT
FENNELL ELEMENTARY SCHOOL P.O. BOX 427 131 YEMASSEE HIGHWAY YEMASSEE, SC 29945	57-0601405	GOV	23,000.	0.			CHARITABLE SUPPORT
BETHEL UNITED METHODIST CHURCH 57 PITT STREET CHARLESTON, SC 29401	36-2167731	501(C)(3)	6,972.	0.			CHARITABLE SUPPORT
SOUTH CAROLINA AQUARIUM 100 AQUARIUM WHARF CHARLESTON, SC 29401	57-0961897	501(C)(3)	26,250.	0.			CHARITABLE SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON SC, INC. - 81 GADSDEN STREET - CHARLESTON, SC 29401	57-0724845	501(C)(3)	41,058.	0.			CHARITABLE SUPPORT

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CHARLESTON AREA SENIOR CITIZENS SERVICES, INC. - 259 MEETING STREET - CHARLESTON, SC 29401	57-6030048	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
CHARLESTON COUNTY PUBLIC LIBRARY 68 CALHOUN STREET CHARLESTON, SC 29401	57-6000317	GOV	25,398.	0.			CHARITABLE SUPPORT
CHARLESTON DAY SCHOOL, INC. 15 ARCHDALE STREET CHARLESTON, SC 29401	57-0524184	501(C)(3)	8,000.	0.			CHARITABLE SUPPORT
PREGNANCY CENTER AND CLINIC OF THE LOW COUNTRY - 1 CARDINAL ROAD - SUITES 1&2 - HILTON HEAD ISLAND, SC 29926	57-0923523	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
SOUTH CAROLINA CONGRESS OF PARENTS AND TEACHERS - 3100 THOMAS CARIO BOULEVARD - MOUNT PLEASANT, SC 29466	57-0403384	501(C)(3)	11,948.	0.			CHARITABLE SUPPORT
PRINGLETOWN COMMUNITY SERVICE COMMITTEE - PO BOX 65 - RIDGEVILLE, SC 29472	47-5293107	501(C)(3)	9,000.	0.			CHARITABLE SUPPORT
EAST COOPER HABITAT FOR HUMANITY P.O. BOX 1990 MOUNT PLEASANT, SC 29465	57-0903917	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
HALOS 4995 LACROSS RD., SUITE 1300 NORTH CHARLESTON, SC 29406	20-0858549	501(C)(3)	46,505.	0.			CHARITABLE SUPPORT
PALMETTO PROJECT, INC. CHARLESTON OFFICE 6296 RIVERS AVENUE, SUITE 100 - NORTH CHARLESTON, SC 29406	57-0807801	501(C)(3)	15,509.	0.			CHARITABLE SUPPORT

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TRIDENT LITERACY ASSOCIATION 6185-D RIVERS AVENUE NORTH CHARLESTON, SC 29406	57-0721308	501(C)(3)	56,927.	0.			CHARITABLE SUPPORT
FATHER TO FATHER PROJECT, INC. 5675 WOODBINE AVENUE NORTH CHARLESTON, SC 29406	57-1121606	501(C)(3)	16,500.	0.			CHARITABLE SUPPORT
50CAN, INC. CHARLESTON RISE 8983 UNIVERSITY BLVD, SUITE 104-142 - NORTH CHARLESTON, SC 2	27-3069592	501(C)(3)	35,000.	0.			CHARITABLE SUPPORT
BOY SCOUTS OF AMERICA COASTAL CAROLINA COUNCIL, INC. - 9297 MEDICAL PLAZA DRIVE - NORTH CHARLESTON, SC 29406	57-0327870	501(C)(3)	21,789.	0.			CHARITABLE SUPPORT
AMERICAN RED CROSS 2424A CITY HALL LANE CHARLESTON, SC 29406	53-0196605	501(C)(3)	34,875.	0.			CHARITABLE SUPPORT
AMERICAN CANCER SOCIETY, INC. TRIDENT AREA OFFICE 5900 CORE ROAD, SUITE 504 - NORTH CHARLESTON, SC 29406	13-1788491	501(C)(3)	34,500.	0.			CHARITABLE SUPPORT
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406	57-6021863	501(C)(3)	75,469.	0.			CHARITABLE SUPPORT
ALDERSGATE UNITED METHODIST CHURCH 1444 REMOUNT ROAD NORTH CHARLESTON, SC 29406	57-0469823	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
DRESS FOR SUCCESS OF CHARLESTON COUNTY - 1643 SAVANNAH HIGHWAY STE 231 - CHARLESTON, SC 29407	54-2104815	501(C)(3)	19,000.	0.			CHARITABLE SUPPORT

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ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED SC - 1 CARRIAGE LANE, BUILDING A - CHARLESTON, SC 29407	57-0324912	501(C)(3)	29,109.	0.			CHARITABLE SUPPORT
JEWISH FAMILY SERVICES OF GREATER CHARLESTON - 176 CROGHAN SPUR ROAD SUITE - CHARLESTON, SC 29407	85-3901332	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
CAMP HAPPY DAYS 1 CARRIAGE LANE, BUILDING C SUITES CHARLESTON, SC 29407	57-0755466	501(C)(3)	64,455.	0.			CHARITABLE SUPPORT
LEAD>CHS FOUNDATION 4922 O'HEAR AVE NORTH CHARLESTON, SC 29405	27-1199140	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
JUNIOR LEAGUE OF CHARLESTON, INC. 51 FOLLY ROAD CHARLESTON, SC 29407	57-0335419	501(C)(3)	10,985.	0.			CHARITABLE SUPPORT
PLANNED PARENTHOOD - CHARLESTON HEALTH CENTER - CHARLESTON HEALTH CENTER 1312 ASHLEY RIVER ROAD - CHARLESTON, SC 29407	56-1282557	501(C)(3)	5,870.	0.			CHARITABLE SUPPORT
FAMILY RESOURCE CENTER FOR DISABILITIES AND SPECIAL NEEDS - 1575 SAVANNAH HIGHWAY, SUITE 6 - CHARLESTON, SC 29407	57-1127412	501(C)(3)	7,500.	0.			CHARITABLE SUPPORT
CHARLESTON HORTICULTURAL SOCIETY 46 WINDERMERE BOULEVARD CHARLESTON, SC 29407	56-2211468	501(C)(3)	8,800.	0.			CHARITABLE SUPPORT
CENTER FOR HEIRS' PROPERTY PRESERVATION - 1535 SAM RITTENBERG BLVD., SUITE D - CHARLESTON, SC 29407	52-2452879	501(C)(3)	34,944.	0.			CHARITABLE SUPPORT

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PORTER-GAUD FOUNDATION 300 ALBEMARLE ROAD CHARLESTON, SC 29407	45-2701202	501(C)(3)	8,404.	0.			CHARITABLE SUPPORT
PORTER-GAUD SCHOOL 300 ALBEMARLE ROAD CHARLESTON, SC 29407	57-0342032	GOV	11,500.	0.			CHARITABLE SUPPORT
COOPER SCHOOL 13 OAKDALE PLACE CHARLESTON, SC 29407	20-8818159	501(C)(3)	6,000.	0.			CHARITABLE SUPPORT
ADDLESTONE HEBREW ACADEMY 1675 RAOUL WALLENBERG BOULEVARD CHARLESTON, SC 29407	57-0409223	501(C)(3)	78,958.	0.			CHARITABLE SUPPORT
DRAGON BOAT CHARLESTON 1578 DOWDEN COURT CHARLESTON, SC 29407	32-0253953	501(C)(3)	6,000.	0.			CHARITABLE SUPPORT
THE CITADEL 171 MOULTRIE STREET CHARLESTON, SC 29409	57-6020493	501(C)(3)	5,552.	0.			CHARITABLE SUPPORT
SOUTH CAROLINA JUNIOR GOLF FOUNDATION - 109 WAPPOO CREEK DRIVE, SUITE 3C - CHARLESTON, SC 29412	57-1021847	501(C)(3)	12,000.	0.			CHARITABLE SUPPORT
THOMAS C. CARIO MIDDLE SCHOOL 3500 THOMAS CARIO BLVD. MT. PLEASANT, SC 29466	57-6000322	GOV	11,948.	0.			CHARITABLE SUPPORT
RESPITE CARE OF CHARLESTON 1605 HARBORVIEW ROAD CHARLESTON, SC 29412	45-1535756	501(C)(3)	10,650.	0.			CHARITABLE SUPPORT

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DANCE MATTERS 28 WYECREEK AVE. CHARLESTON, SC 29412	83-3481194	501(C)(3)	9,500.	0.			CHARITABLE SUPPORT
CHARLESTON COUNTY PARKS FOUNDATION, INC. - 2090 EXECUTIVE HALL ROAD, SUITE 170 - CHARLESTON, SC 29407	57-0913949	501(C)(3)	18,104.	0.			CHARITABLE SUPPORT
BIG BROTHERS BIG SISTERS OF THE LOWCOUNTRY - 4151 SPRUILL AVE., SUITE 140 - NORTH CHARESTON, SC 29405	83-3554712	501(C)(3)	20,000.	0.			CHARITABLE SUPPORT
COMMUNITIES IN SCHOOLS OF SOUTH CAROLINA - 1691 TURNBULL AVENUE - NORTH CHARLESTON, SC 29405	57-0931840	501(C)(3)	38,500.	0.			CHARITABLE SUPPORT
LOWCOUNTRY FOOD BANK, INC. 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501(C)(3)	123,936.	0.			CHARITABLE SUPPORT
CHARLESTON PRO BONO LEGAL SERVICES P.O. BOX 1116 CHARLESTON, SC 29402	20-0737728	501(C)(3)	21,000.	0.			CHARITABLE SUPPORT
HISTORIC CHARLESTON FOUNDATION POST OFFICE BOX 1120 CHARLESTON, SC 29402	57-6000599	501(C)(3)	10,700.	0.			CHARITABLE SUPPORT
FLORENCE CRITTENTON PROGRAMS OF SOUTH CAROLINA - 19 SAINT MARGARET STREET - CHARLESTON, SC 29403	57-0342030	501(C)(3)	18,175.	0.			CHARITABLE SUPPORT
ABLE LIFE FOUNDATION 995 MORRISON DRIVE P.O. BOX 22708 CHARLESTON, SC 29403	57-0516401	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT

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WINGS FOR KIDS 476 MEETING STREET, SUITE E CHARLESTON, SC 29403	57-1055054	501(C)(3)	55,000.	0.			CHARITABLE SUPPORT
DEE NORTON CHILD ADVOCACY CENTER 1061 KING STREET CHARLESTON, SC 29403	57-0905724	501(C)(3)	77,018.	0.			CHARITABLE SUPPORT
ASHLEY HALL FOUNDATION 172 RUTLEDGE AVENUE CHARLESTON, SC 29403	57-0314364	501(C)(3)	34,116.	0.			CHARITABLE SUPPORT
COASTAL CONSERVATION LEAGUE 131 SPRING STREET CHARLESTON, SC 29403	57-0887278	501(C)(3)	102,554.	0.			CHARITABLE SUPPORT
EASTSIDE COMMUNITY DEVELOPMENT CORPORATION - 60-A AMERICA STREET - CHARLESTON, SC 29403	51-0448669	501(C)(3)	10,500.	0.			CHARITABLE SUPPORT
LOWCOUNTRY AUTISM FOUNDATION MUSC-LAF, MSC 561 DEVELOPMENTAL BEHAVIORAL PEDIATRICS, 135 RUTLEDGE AVENUE -	26-0805420	501(C)(3)	9,500.	0.			CHARITABLE SUPPORT
POST AND COURIER FOUNDATION GOOD CHEER FUND 134 COLUMBUS STREET CHARLESTON, SC 29403	57-6020356	501(C)(3)	15,350.	0.			CHARITABLE SUPPORT
LOWCOUNTRY LAND TRUST, INC. 635 RUTLEDGE AVENUE, SUITE 107 CHARLESTON, SC 29403	57-0809313	501(C)(3)	16,500.	0.			CHARITABLE SUPPORT
ROPER ST. FRANCIS FOUNDATION 125 DOUGHTY STREET, STE 790 CHARLESTON, SC 29403	57-1068509	501(C)(3)	8,882.	0.			CHARITABLE SUPPORT

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SECOND PRESBYTERIAN CHURCH 342 MEETING STREET CHARLESTON, SC 29403	57-6000886	501(C)(3)	11,003.	0.			CHARITABLE SUPPORT
THE CHARLESTON CATHOLIC SCHOOL 888-A KING STREET CHARLESTON, SC 29403	57-0930700	OTHER	29,733.	0.			CHARITABLE SUPPORT
CHARLESTON GAILLARD MANAGEMENT CORPORATION - THE CHARLESTON GAILLARD CENTER - CHARLESTON, SC 29403	46-3018925	501(C)(3)	6,000.	0.			CHARITABLE SUPPORT
CHARLESTON LDC 2 RACE ST. CHARLESTON, SC 29403	57-0707663	501(C)(3)	7,000.	0.			CHARITABLE SUPPORT
TRI-COUNTY CRADLE-TO-CAREER COLLABORATIVE - 1691 TURNBULL AVENUE, SUITE 202 - NORTH CHARLESTON, SC 29405	46-2902337	501(C)(3)	55,000.	0.			CHARITABLE SUPPORT
LOWCOUNTRY LOCAL FIRST 1859 SUMMERVILLE AVENUE, SUITE 800 CHARLESTON, SC 29405	87-0792700	501(C)(3)	79,500.	0.			CHARITABLE SUPPORT
TEACHERS' SUPPLY CLOSET 2731 GORDON STREET NORTH CHARLESTON, SC 29405	45-0542815	501(C)(3)	57,000.	0.			CHARITABLE SUPPORT
METANOIA 2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405	20-0310400	501(C)(3)	105,405.	0.			CHARITABLE SUPPORT
BE A MENTOR 1801 REYNOLDS AVE, UNIT D4 NORTH CHARLESTON, SC 29405	81-3465237	501(C)(3)	13,630.	0.			CHARITABLE SUPPORT

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CHARLESTON LEGAL ACCESS 3775 SPRUILL AVE., SUITE B NORTH CHARLESTON, SC 29405	81-1013976	501(C)(3)	7,500.	0.			CHARITABLE SUPPORT
CAROLINA STUDIOS CORPORATION 125D WAPPOO CREEK DRIVE, SUITE 1 CHARLESTON, SC 29412	57-1126611	501(C)(3)	6,000.	0.			CHARITABLE SUPPORT
BEYOND OUR WALLS, INC.(BOWS) 2615 HARVEY AVENUE, SUITE 4 NORTH CHARLESTON, SC 29405	33-1087506	501(C)(3)	21,500.	0.			CHARITABLE SUPPORT
BRIDGES OF HOPE 1691 TURNBULL AVE. STE. 201 NORTH CHARLESTON, SC 29405	57-0701359	501(C)(3)	13,344.	0.			CHARITABLE SUPPORT
CHARITY FOUNDATION 1544 EAST MONTAGUE AVENUE NORTH CHARLESTON, SC 29405	57-1111199	501(C)(3)	85,000.	0.			CHARITABLE SUPPORT
OPERATION HOME 3973 RIVERS AVENUE, SUITE 104 NORTH CHARLESTON, SC 29405	62-1745925	501(C)(3)	26,897.	0.			CHARITABLE SUPPORT
CAROLINA YOUTH DEVELOPMENT CENTER 5055 LACKAWANNA BLVD. NORTH CHARLESTON, SC 29405	57-0669877	501(C)(3)	54,490.	0.			CHARITABLE SUPPORT
THE GREEN HEART PROJECT 759 KING STREET SUITE A CHARLESTON, SC 29403	46-0829120	501(C)(3)	24,400.	0.			CHARITABLE SUPPORT
ST. MATTHEW'S LUTHERAN CHURCH 405 KING STREET CHARLESTON, SC 29403	57-0350582	501(C)(3)	14,201.	0.			CHARITABLE SUPPORT

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WE ARE FAMILY 1801 REYNOLDS AVE. UNIT B NORTH CHARLESTON, SC 29405	57-1008020	501(C)(3)	12,125.	0.			CHARITABLE SUPPORT
JAMES ISLAND OUTREACH 1872-C CAMP ROAD CHARLESTON, SC 29412	57-0907554	501(C)(3)	12,000.	0.			CHARITABLE SUPPORT
SOUTHERN CLEMENTE COMMUNITY ALLIANCE - 1 BISHOP GADSDEN WAY #130 - CHARLESTON, SC 29412	83-0891247	501(C)(3)	30,000.	0.			CHARITABLE SUPPORT
EBONY CITY SOCCER CLUB AND YOUTH DEVELOPMENT PROGRAM - P.O. BOX 20661 - CHARLESTON, SC 29413	57-0923346	501(C)(3)	17,000.	0.			CHARITABLE SUPPORT
CAROLINA YOUTH ACTION PROJECT P.O. BOX 20971 CHARLESTON, SC 29413	27-5484213	501(C)(3)	8,500.	0.			CHARITABLE SUPPORT
GEORGETOWN PRESBYTERIAN CHURCH 558 BLACK RIVER ROAD GEORGETOWN, SC 29440	57-0648722	OTHER	10,000.	0.			CHARITABLE SUPPORT
TIDELANDS COMMUNITY HOSPICE FOUNDATION - 2591 NORTH FRASER STREET - GEORGETOWN, SC 29440	57-0752796	501(C)(3)	23,232.	0.			CHARITABLE SUPPORT
CAROLINA HUMAN REINVESTMENT, INC P.O. BOX 2440 GEORGETOWN, SC 29442	16-1777835	501(C)(3)	18,000.	0.			CHARITABLE SUPPORT
BIBLE WAY COMMUNITY LEARNING CENTER - P.O. BOX 38 - GEORGETOWN, SC 29442	57-0760817	501(C)(3)	13,000.	0.			CHARITABLE SUPPORT

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FRIENDSHIP PLACE, INC. P.O. BOX 282 GEORGETOWN, SC 29442	57-1073276	501(C)(3)	20,400.	0.			CHARITABLE SUPPORT
GEORGETOWN COUNTY FAMILY YMCA POST OFFICE BOX 1087 GEORGETOWN, SC 29442	57-0747196	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
BLACK RIVER UNITED WAY P.O. BOX 1065 GEORGETOWN, SC 29442	57-0526145	501(C)(3)	18,200.	0.			CHARITABLE SUPPORT
MISS RUBY'S KIDS P.O. BOX 1007 GEORGETOWN, SC 29442	20-3933169	501(C)(3)	18,000.	0.			CHARITABLE SUPPORT
THE VILLAGE GROUP P. O. BOX 700 GEORGETOWN, SC 29442	06-1749252	501(C)(3)	26,312.	0.			CHARITABLE SUPPORT
BARRIER ISLANDS FREE MEDICAL CLINIC, INC. - 3226 MAYBANK HWY, BUILDING C - JOHNS ISLAND, SC 29455	20-5628911	501(C)(3)	55,211.	0.			CHARITABLE SUPPORT
SEA ISLAND HABITAT FOR HUMANITY 2545 BOHICKET ROAD JOHNS ISLAND, SC 29455	57-0840667	501(C)(3)	23,200.	0.			CHARITABLE SUPPORT
PARENTS AND GUARDIANS ASSOCIATION OF THE COASTAL CENTER - 9995 JAMISON ROAD - LADSON, SC 29456	57-0735284	501(C)(3)	6,336.	0.			CHARITABLE SUPPORT
CHARLESTON AREA THERAPEUTIC RIDING, INC. - P.O. BOX 146 - JOHNS ISLAND, SC 29457	57-0937061	501(C)(3)	10,039.	0.			CHARITABLE SUPPORT

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SEA ISLANDS HUNGER AWARENESS FOUNDATION - P.O. BOX 268 - JOHNS ISLAND, SC 29457	47-2730495	501(C)(3)	15,500.	0.			CHARITABLE SUPPORT
OUR LADY OF MERCY COMMUNITY OUTREACH SERVICES - P.O. BOX 607 - JOHNS ISLAND, SC 29457	57-0905488	501(C)(3)	83,192.	0.			CHARITABLE SUPPORT
GRACE IMPACT DEVELOPMENT CENTER, INC. - 401 STONY LANDING ROAD - MONCKS CORNER, SC 29461	81-5401824	501(C)(3)	7,500.	0.			CHARITABLE SUPPORT
EAST COOPER MEALS ON WHEELS, INC. P.O. BOX 583 MOUNT PLEASANT, SC 29465	57-0804618	501(C)(3)	50,250.	0.			CHARITABLE SUPPORT
U.S.S. YORKTOWN CV-10 ASSOCIATION, INC. - POST OFFICE BOX 1021 - MOUNT PLEASANT, SC 29465	57-0646242	OTHER	11,761.	0.			CHARITABLE SUPPORT
MT. PLEASANT PRESBYTERIAN CHURCH 302 HIBBEN STREET MOUNT PLEASANT, SC 29464	57-0528685	501(C)(3)	11,000.	0.			CHARITABLE SUPPORT
JAMES B. EDWARDS ELEMENTARY SCHOOL ATTN: ROBIN FOUNTAIN 855 VON KOLNITZ ROAD - MOUNT PLEASANT, SC 29464	57-6000322	GOV	6,000.	0.			CHARITABLE SUPPORT
CHRIST OUR KING CATHOLIC CHURCH 1149 RUSSELL DRIVE MOUNT PLEASANT, SC 29464	57-0539914	501(C)(3)	6,000.	0.			CHARITABLE SUPPORT
TRIDENT ACADEMY, INC. 1455 WAKENDAW ROAD MOUNT PLEASANT, SC 29464	57-0542727	501(C)(3)	9,763.	0.			CHARITABLE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINDWOOD FARM HOME FOR CHILDREN, INC. - 4857 WINDWOOD FARM ROAD - AWENDAW, SC 29429	57-0807424	501(C)(3)	18,140.	0.			CHARITABLE SUPPORT
FIRST TEE - GREATER CHARLESTON 321 WINGO WAY, SUITE 201 MT PLEASANT, SC 29464	20-3959266	501(C)(3)	14,920.	0.			CHARITABLE SUPPORT
HUMANITIES FOUNDATION, INC. 474 WANDO PARK BLVD. STE. 102 MOUNT PLEASANT, SC 29464	57-0952289	501(C)(3)	27,500.	0.			CHARITABLE SUPPORT
ST. ANDREWS CHURCH - MT. PLEASANT 440 WHILDEN STREET MOUNT PLEASANT, SC 29464	57-0381068	501(C)(3)	105,000.	0.			CHARITABLE SUPPORT
LUTHERAN HOMES OF SOUTH CAROLINA INC. - FRANKE AT SEASIDE 1885 RIFLE RANGE ROAD - MOUNT PLEASANT, SC 29464	57-0327887	501(C)(3)	5,447.	0.			CHARITABLE SUPPORT
MEPKIN ABBEY CATHOLIC CONFERENCE 1098 MEPKIN ABBEY ROAD MONCK'S CORNER, SC 29461	57-0416728	501(C)(3)	15,500.	0.			CHARITABLE SUPPORT
CANAAAN CHRISTIAN CHURCH (DISCIPLES OF CHRIST) - 1232 QUEENIE RD - MONCK'S CORNER, SC 29461	16-1710562	501(C)(3)	12,500.	0.			CHARITABLE SUPPORT
HABITAT FOR HUMANITY OF BERKELEY COUNTY - 325 EAST MAIN STREET - MONCK'S CORNER, SC 29461	57-0907019	501(C)(3)	7,500.	0.			CHARITABLE SUPPORT
AMERICAN HEART ASSOCIATION - MT. PLEASANT - 887 JOHNNIE DODDS BLVD. SUITE #110 - MOUNT PLEASANT, SC 29464	13-5613797	501(C)(3)	35,054.	0.			CHARITABLE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL UNIVERSITY SOUTH CAROLINA FOUNDATION - CHILDREN'S HOSPITAL FUND - CHILDREN'S HOSPITAL FUND P.O. BOX 250450 - CHARLESTON, SC	57-6028985	501(C)(3)	35,000.	0.			CHARITABLE SUPPORT
HELPING HANDS OF GEORGETOWN, INC. 1813 HIGHMARKET STREET GEORGETOWN, SC 29440	57-0883461	501(C)(3)	15,000.	0.			CHARITABLE SUPPORT
JEWISH HISTORICAL SOCIETY OF SOUTH CAROLINA - 96 WENTWORTH STREET ROOM 203 - CHARLESTON, SC 29424	23-7069236	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION - 18 BEE STREET MSC 450 - CHARLESTON, SC 29425	57-6028985	501(C)(3)	62,506.	0.			CHARITABLE SUPPORT
PATTISON'S ACADEMY PO BOX 80426 CHARLESTON, SC 29416	20-3419262	501(C)(3)	36,000.	0.			CHARITABLE SUPPORT
MY SISTER'S HOUSE P.O. BOX 71171 NORTH CHARLESTON, SC 29415	57-0730861	501(C)(3)	58,994.	0.			CHARITABLE SUPPORT
CHARLESTON AREA JUSTICE MINISTRY P.O. BOX 71416 NORTH CHARLESTON, SC 29415	46-1758506	501(C)(3)	5,500.	0.			CHARITABLE SUPPORT
E3 EDUCATE, EMPOWER, ELEVATE 1857 BERMUDA STONE DRIVE CHARLESTON, SC 29414	85-4237427	OTHER	27,500.	0.			CHARITABLE SUPPORT
DRAYTON HALL PRESERVATION TRUST 3380 ASHLEY RIVER ROAD CHARLESTON, SC 29414	45-4938941	501(C)(3)	17,500.	0.			CHARITABLE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLESTON ACADEMY OF MUSIC P.O. BOX 22364 CHARLESTON, SC 29413	01-0739765	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
ONE80 PLACE P.O. BOX 20038 CHARLESTON, SC 29413	57-0789483	501(C)(3)	81,212.	0.			CHARITABLE SUPPORT
INTERNATIONAL AFRICAN AMERICAN MUSEUM - P.O. BOX 22761 - CHARLESTON, SC 29413	20-3398254	501(C)(3)	408,923.	0.			CHARITABLE SUPPORT
FRESH FUTURE FARM, INC. P.O. BOX 22194 CHARLESTON, SC 29413	46-5699947	501(C)(3)	6,000.	0.			CHARITABLE SUPPORT
SOUTH CAROLINA ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOP. - PO BOX 20577 - CHARLESTON, SC 29413	56-2049813	501(C)(3)	30,000.	0.			CHARITABLE SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF SOUTH CAROLINA FOUNDATION - P.O. BOX 20998 - CHARLESTON, SC 29413	27-1942832	501(C)(3)	5,500.	0.			CHARITABLE SUPPORT
CHARLESTON DEVELOPMENT ACADEMY INC. - 233 LINE STREET - CHARLESTON, SC 29413	02-0679580	501(C)(3)	17,500.	0.			CHARITABLE SUPPORT
KIDS ON POINT, INC. P.O. BOX 22731 CHARLESTON, SC 29413	27-0771548	501(C)(3)	51,250.	0.			CHARITABLE SUPPORT
COASTAL CRISIS CHAPLAINCY P.O. BOX 21833 CHARLESTON, SC 29413	57-0989842	501(C)(3)	14,890.	0.			CHARITABLE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMBER MUSIC CHARLESTON P.O. BOX 80072 CHARLESTON, SC 29416	06-1778633	501(C)(3)	9,474.	0.			CHARITABLE SUPPORT
YWCA OF GREATER CHARLESTON PO BOX 80935 CHARLESTON, SC 29416	57-0518147	501(C)(3)	65,261.	0.			CHARITABLE SUPPORT
CHARLESTON JEWISH FEDERATION P.O. BOX 80100 CHARLESTON, SC 29416	57-6000188	501(C)(3)	66,000.	0.			CHARITABLE SUPPORT
CATHOLIC COMMUNITY FOUNDATION OF SC - P.O. BOX 31257 - CHARLESTON, SC 29417	82-1557805	501(C)(3)	73,250.	0.			CHARITABLE SUPPORT
YASCHIK/ARNOLD JEWISH STUDIES PROGRAM AT THE COLLEGE OF CHARLESTON - 96 WENTWORTH ST. ROOM 203 - CHARLESTON, SC 29424	23-7069236	501(C)(3)	8,200.	0.			CHARITABLE SUPPORT
YOUTH EMPOWERMENT SERVICES P.O. BOX 41784 CHARLESTON, SC 29423	57-1092673	501(C)(3)	7,000.	0.			CHARITABLE SUPPORT
ADAPTIVE EXPEDITIONS PO BOX 13312 CHARLESTON, SC 29422	45-3850552	501(C)(3)	7,500.	0.			CHARITABLE SUPPORT
YESCAROLINA PO BOX 13472 CHARLESTON, SC 29422	20-3562766	501(C)(3)	20,700.	0.			CHARITABLE SUPPORT
YO ART, INC. P.O. BOX 12397 CHARLESTON, SC 29422	27-3158319	501(C)(3)	9,500.	0.			CHARITABLE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REAL TALK, REAL ACTION, REAL RESULTS, INC. - P.O. BOX 80369 - CHARLESTON, SC 29416	45-3449596	501(C)(3)	8,000.	0.			CHARITABLE SUPPORT
TRIDENT UNITED WAY, INC. P.O. BOX 63305 NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	226,236.	0.			CHARITABLE SUPPORT
READING PARTNERS PO BOX 61809 NORTH CHARLESTON, SC 29419	77-0568469	501(C)(3)	40,000.	0.			CHARITABLE SUPPORT
GIRL SCOUTS OF EASTERN SOUTH CAROLINA - NORTH CHARLESTON OFFICE 7257 CROSS COUNTY ROAD - NORTH CHARLESTON, SC 29418	57-0341216	501(C)(3)	13,000.	0.			CHARITABLE SUPPORT
FRIENDS OF THE CHARLESTON COUNTY LIBRARY - 68 CALHOUN STREET - CHARLESTON, SC 29401	57-0742388	501(C)(3)	15,300.	0.			CHARITABLE SUPPORT
CHARLESTON SYMPHONY ORCHESTRA P.O. BOX 30818 CHARLESTON, SC 29417	57-6000192	501(C)(3)	104,064.	0.			CHARITABLE SUPPORT
TRIDENT TECHNICAL COLLEGE FOUNDATION, INC. - P.O. BOX 61227 - CHARLESTON, SC 29419	57-0699317	501(C)(3)	106,712.	0.			CHARITABLE SUPPORT
CLOSING THE GAP IN HEALTH CARE, INC. - 3951 W. MONTAGUE AVENUE - NORTH CHARLESTON, SC 29418	52-2450102	501(C)(3)	120,000.	0.			CHARITABLE SUPPORT
OASIS CENTER, INC. 1704 CHARLOTTE AVE., SUITE 200 NASHVILLE, TN 37203	62-0968273	501(C)(3)	6,000.	0.			CHARITABLE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PI KAPPA ALPHA FOUNDATION 8347 WEST RANGE COVE MEMPHIS, TN 38125	62-6039877	501(C)(3)	25,000.	0.			CHARITABLE SUPPORT
YOURCAUSE 6111 WEST PLANO PARKWAY SUITE 1000Y PLANO, TX 75093	46-0942102	501(C)(3)	12,823.	0.			CHARITABLE SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY, INC. - GA/SC REGION PO BOX 735307 - DALLAS, TX 75373	13-5644916	501(C)(3)	25,173.	0.			CHARITABLE SUPPORT
SWEET BRIAR INSTITUTE DEVELOPMENT OFFICE P.O. BOX 1057 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	8,250.	0.			CHARITABLE SUPPORT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET, SUITE 14 CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	70,000.	0.			CHARITABLE SUPPORT
MEALS ON WHEELS AMERICA 1550 CRYSTAL DRIVE, SUITE 1004 ARLINGTON, VA 22202	23-7447812	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON STREET PO BOX 807 HARPERS FERRY, WV 25425	52-6046689	501(C)(3)	10,000.	0.			CHARITABLE SUPPORT

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	221	648,919.	0.		

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

PART I, LINE 2:

ONCE THE FUNDS ARE DISTRIBUTED FROM THE ORGANIZATION, A RECEIPT IS REQUESTED FOR ALL GRANTS AND AN ANNUAL REPORT IS REQUIRED OF ALL GRANTEES WHO HAVE RECIEVED A GRANT FROM AT LEAST ONE OF THE ORGANIZATION'S COMPETITIVE PROGRAMS OF \$5,000 OR MORE.

CCF HAS AN EXPENDITURE RESPONSIBILITY POLICY FOR THEIR DONOR ADVISED FUND GRANTS. ALL GRANTS ARE DISTRIBUTED AND MONITORED IN COMPLIANCE WITH CCF'S EXPENDITURE RESPONSIBILITY POLICY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- 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**

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**

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

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

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

Schedule J (Form 990) 2020

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 CEO	(i)	247,974.	0.	0.	12,469.	17,704.	278,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TINA JOHNSON-BREBNER EVP THROUGH NOV 2020	(i)	135,096.	0.	0.	6,696.	20,645.	162,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANE LITZ CFO	(i)	143,522.	0.	0.	4,062.	14,329.	161,913.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MELISSA LEVESQUE VP OF DEVELOPMENT	(i)	128,152.	0.	0.	5,194.	18,593.	151,939.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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	232	6,069,312.	AVG HI/LO ON GIFT DA
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	18	54,542.	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 V, Donee Acknowledgement **29** **0**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

2020

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 SO THAT ALL COMMUNITY MEMBERS HAVE A PATHWAY TO ACHIEVE THEIR
GOALS.

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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORTING SOCIAL JUSTICE PROGRAMS.

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

STRATEGIC INITIATIVES INCLUDE 1) THE REVEREND PINCKNEY SCHOLARSHIP
PROGRAM (EXPANDED DURING 2020-2021) DOUBLING THE NUMBER OF AREA
STUDENTS SERVED THROUGH SCHOLARSHIP AND THE ADDITION OF AN 18-MONTH
COLLEGE-READINESS PROGRAM FOR HIGH SCHOOL STUDENTS IN BEAUFORT,
CHARLESTON, COLLETON, HAMPTON AND JASPER COUNTIES, PROVIDING TAILORED
SUPPORT AND RESOURCES THROUGHOUT THE JUNIOR & SENIOR HIGH SCHOOL YEARS
IN ADDITION TO SCHOLARSHIPS AND CONTINUED MENTORING WHILE IN COLLEGE;
2) CCF WAS CHOSEN AS ONE OF 20 RECIPIENTS OF THE FACEBOOK GRANT FOR
SUSTAINING BLACK COMMUNITIES, AWARDED \$1 MILLION IN FUNDS OVER A TWO

YEAR ENGAGEMENT PERIOD FOR NONPROFIT ORGANIZATIONS AND PROGRAMS IN

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization COASTAL COMMUNITY FOUNDATION	Employer identification number 23-7390313
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BERKELEY, CHARLESTON, AND DORCHESTER COUNTIES SUPPORTING INNOVATION, CREATIVITY, AND RESILIENCY IN BLACK COMMUNITIES. A CAPACITY BUILDING OPPORTUNITY IS EMBEDDED INTO THIS GRANT PROGRAM TO HELP AWARDED APPLICANTS SUSTAIN THEIR OPERATIONS AND EXPAND THEIR REACH. (NEW IN 2020-2021).

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 FOUNDATION PARTICIPATES ANNUALLY IN THE GRANTMAKER SALARY AND BENEFITS SURVEY FROM THE COUNCIL ON FOUNDATIONS (COF), AND UTILIZES THE RESULTING ANNUAL REPORT TO REVIEW THE APPROPRIATE SALARY RANGES FOR THE PRESIDENT AND OTHER TOP MANAGEMENT/KEY STAFF MEMBERS. THE COF'S REPORT PROVIDES COMPARATIVE DATA ON A LARGE GROUP OF GRANTMAKERS FROM REGIONAL AND NATIONAL MARKETS. THE ANALYSIS OF THIS DATA BUILDS UPON THE METHODOLOGY AND APPROACH ESTABLISHED BY THE COF IN 1980. THE SALARY BUDGET IS APPROVED BY THE BOARD AS PART OF AN ANNUAL REVIEW. COMPENSATION FOR THE PRESIDENT/CEO IS BASED ON THE RECOMMENDATION OF THE GOVERNANCE AND PERSONNEL COMMITTEE AFTER THE

Name of the organization COASTAL COMMUNITY FOUNDATION	Employer identification number 23-7390313
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COMPLETION OF THE ANNUAL PERFORMANCE REVIEW PROCESS, AND IS APPROVED BY THE BOARD OF DIRECTORS. FINAL SALARIES FOR MANAGEMENT AND KEY STAFF MEMBERS ARE DETERMINED BY THE PRESIDENT/CEO BASED UPON THE RESULTS OF PERFORMANCE REVIEWS. ALL DECISIONS ABOUT THE FOUNDATION'S OFFICERS SALARIES ARE DOCUMENTED.

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 VALUE - DEFERRED COMP	4,105.
CHANGE IN BENEFICIAL INTEREST IN TRUST	91,574.
CHANGE IN CASH VALUE OF LIFE INSURANCE	-124,243.
CHANGE IN VALUE-GIFT ANNUITY	-53,718.
TRANSFERS	132,492.
TOTAL TO FORM 990, PART XI, LINE 9	50,210.

**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

2020

**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 1691 TURNBULL AVENUE NORTH CHARLESTON, SC 29405	REAL ESTATE TITLE	SOUTH CAROLINA	0.	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	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 TURNBULL 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

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

Schedule R (Form 990) 2020

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE FRANCES P. BUNNELLE FOUNDATION	C	11,000.	FAIR MARKET VALUE
(2) THE SAUL ALEXANDER FOUNDATION	C	114,357.	FAIR MARKET VALUE
(3) JEWISH ENDOWMENT FOUNDATION OF GREATER CHARLESTON	L	170,563.	FAIR MARKET VALUE
(4) THE SAUL ALEXANDER FOUNDATION	L	29,608.	FAIR MARKET VALUE
(5) THE FRANCES P. BUNNELLE FOUNDATION	L	102,975.	FAIR MARKET VALUE
(6) WACCAMAW COMMUNITY FOUNDATION INC.	L	99,308.	FAIR MARKET VALUE

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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) JEWISH ENDOWMENT FOUNDATION OF GREATER CHARLESTON	Q	2,464.	FAIR MARKET VALUE
(8) THE FRANCES P. BUNNELLE FOUNDATION	Q	484,796.	FAIR MARKET VALUE
(9) WACCAMAW COMMUNITY FOUNDATION INC.	Q	131,714.	FAIR MARKET VALUE
(10) WACCAMAW COMMUNITY FOUNDATION INC.	C	7,135.	FAIR MARKET VALUE
(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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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