

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **DEC 31, 2022**

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 <div style="border: 1px solid black; padding: 2px;">COASTAL COMMUNITY FOUNDATION</div> Doing business as <div style="border: 1px solid black; padding: 2px;">1691 TURNBULL AVE</div> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">N CHARLESTON, SC 29405</div> City or town, state or province, country, and ZIP or foreign postal code F Name and address of principal officer: JANE LITZ <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">23-7390313</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">(843) 723-5736</div> G Gross receipts \$ 164,840,475. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.COASTALCOMMUNITYFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1974		M State of legal domicile: SC

Part I Summary

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	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	61
6	Total number of volunteers (estimate if necessary)	6	95
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	164,232.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	157,885.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	52,755,702.	45,843,677.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,903,687.	1,892,412.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,396,079.	4,828,295.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,504.	-16,309.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	80,143,972.	52,548,075.
14	Benefits paid to or for members (Part IX, column (A), line 4)	17,169,822.	9,636,071.
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)	2,813,578.	1,799,815.
b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	500,556.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,644,355.	3,735,912.
19	Revenue less expenses. Subtract line 18 from line 12	26,627,755.	15,171,798.
20	Total assets (Part X, line 16)	53,516,217.	37,376,277.
21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
22	Net assets or fund balances. Subtract line 21 from line 20	293,333,431.	328,018,466.
		4,086,551.	4,388,090.
		289,246,880.	323,630,376.

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 <div style="border: 1px solid black; padding: 2px;">JANE LITZ, VP OF FINANCE AND CFO</div> Type or print name and title	Date <div style="border: 1px solid black; padding: 2px;">11/14/2023</div>
Paid Preparer Use Only	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">JANICE A RATICA</div> Preparer's signature <div style="border: 1px solid black; padding: 2px;">Janice A Ratica</div> Date <div style="border: 1px solid black; padding: 2px;">11/09/23</div> Check if self-employed <input type="checkbox"/> PTIN <div style="border: 1px solid black; padding: 2px;">P00358837</div> Firm's name <div style="border: 1px solid black; padding: 2px;">ELLIOTT DAVIS, LLC/PLLC</div> Firm's EIN <div style="border: 1px solid black; padding: 2px;">57-0381582</div> Firm's address <div style="border: 1px solid black; padding: 2px;">500 EAST MOREHEAD STREET, SUITE 700 CHARLOTTE, NC 28202</div> 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
- ☒
- No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 12,157,311. including grants of \$ 9,636,071.) (Revenue \$ 1,931,259.)
DEVELOPMENT & STEWARDSHIP - AS THE LARGEST COMMUNITY FOUNDATION IN SOUTH CAROLINA AND A RECOGNIZED PHILANTHROPIC LEADER IN THE SOUTHEAST, OUR DONOR-FOCUSED PHILOSOPHY PROVIDES A CONSULTATIVE 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. 1,546 GRANT & SCHOLARSHIP DISBURSEMENTS TOTALING \$9,636,070 DURING THE YEAR IN THE FOLLOWING AREAS: 420 GRANTS TOTALING \$2,892,881 SUPPORTING HUMAN NEEDS, 548 GRANTS TOTALING \$2,542,434 SUPPORTING EDUCATION, 149 GRANTS TOTALING \$788,685 SUPPORTING HEALTH INITIATIVES, 176 GRANTS TOTALING \$808,605 SUPPORTING ENVIRONMENTAL EFFORTS, 92 GRANTS TOTALING \$1,345,010 IN SUPPORT OF THE ARTS, 76 GRANTS TOTALING \$585,960 IN SUPPORT OF RELIGIOUS PROGRAMS, 37 GRANTS TOTALING \$338,250 SUPPORTING NEIGHBORHOOD & COMMUNITY DEVELOPMENT, 16 GRANTS TOTALING \$208,000 SUPPORTING PHILANTHROPY, AND 32 GRANTS TOTALING \$126,245 SUPPORTING

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 CHOSEN 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.

- 4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 12,157,311.

Form 990 (2022)

Part IV Checklist of Required Schedules

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

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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <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 line 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 on 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 ComplianceCheck 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 82	
b Enter the number of Forms W-2G included on 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)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 61		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

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

☒ X

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DARRIN GOSS CEO	50.00			X				295,161.	0.	39,036.
(2) JANE LITZ CFO	50.00			X				189,508.	0.	25,529.
(3) MELISSA LEVESQUE VP OF DEVELOPMENT	50.00				X			191,036.	0.	12,933.
(4) EDITH BLAKESLEE VP OF GRANDMAKING	50.00				X			139,827.	0.	25,994.
(5) DAVID GALVIN VP OF TALENT & OPERATIONS	50.00				X			120,087.	0.	16,373.
(6) RONDA K. DEAN DIRECTOR	1.00	X						0.	0.	0.
(7) WILLIAM DUNN DIRECTOR	1.00	X						0.	0.	0.
(8) G.P. DIMINICH DIRECTOR	1.00	X						0.	0.	0.
(9) ANTHONY J. GHOSTON DIRECTOR	1.00	X						0.	0.	0.
(10) TYEKA GRANT DIRECTOR	1.00	X						0.	0.	0.
(11) RUELL L. HICKS, JR. DIRECTOR	1.00	X						0.	0.	0.
(12) PAUL A. KOHLHEIM 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE H. WALKER DIRECTOR	1.00	X						0.	0.	0.
(19) ANGIE WASHINGTON DIRECTOR	1.00	X						0.	0.	0.
(20) WENDY ZARA DIRECTOR	1.00	X						0.	0.	0.
(21) ANITA ZUCKER DIRECTOR	1.00	X						0.	0.	0.
(22) DAVID BUNDY DIRECTOR	1.00	X						0.	0.	0.
(23) JEROME HARRIS DIRECTOR	1.00	X						0.	0.	0.
(24) MARILYN HARRIS DIRECTOR	1.00	X						0.	0.	0.
(25) TJ JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(26) MORGAN MORTON DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								935,619.	0.	119,865.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								935,619.	0.	119,865.

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

5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EARTHWORKS CONSTRUCTION COMPANY, LLC, 3092 SOUTH SHORE DRIVE, CHARLESTON, SC 29407	FISCAL SPONSORSHIP	460,478.

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

1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	133,297.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	45,710,380.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,090,845.				
	h Total. Add lines 1a-1f			45,843,677.			
Program Service Revenue	2 a MANAGEMENT FEE INCOME	Business Code	561000	1,818,900.	1,818,900.		
	b EARNED SERVICES FEES		561000	73,512.	73,512.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,892,412.			
	3 Investment income (including dividends, interest, and other similar amounts)			5,195,796.		164,232.	5031564.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	6a	(i) Real 38,500.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	38,500.				
	d Net rental income or (loss)			38,500.	38,500.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 111,850,163.				
	b Less: cost or other basis and sales expenses	7b	112,217,664.				
	c Gain or (loss)	7c	-367,501.				
	d Net gain or (loss)			-367,501.			-367,501.
	8 a Gross income from fundraising events (not including \$ 133,297. of contributions reported on line 1c). See Part IV, line 18	8a	19,580.				
	b Less: direct expenses	8b	74,736.				
	c Net income or (loss) from fundraising events			-55,156.			-55,156.
	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	561000	347.	347.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			347.			
	12 Total revenue. See instructions			52,548,075.	1,931,259.	164,232.	4608907.

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

☒ X

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	8,896,166.	8,896,166.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	508,505.	508,505.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	231,400.	231,400.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	273,758.	149,771.	76,219.	47,768.
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	1,186,008.	648,857.	330,206.	206,945.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	82,408.	45,085.	22,944.	14,379.
9 Other employee benefits	163,387.	89,388.	45,490.	28,509.
10 Payroll taxes	94,254.	51,566.	26,242.	16,446.
11 Fees for services (nonemployees):				
a Management	1,624,472.		1,624,472.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	120,936.		120,936.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	788,030.	597,588.	97,162.	93,280.
12 Advertising and promotion	18,485.	18,485.		
13 Office expenses	40,894.	22,372.	11,386.	7,136.
14 Information technology	103,665.	51,315.	32,182.	20,168.
15 Royalties				
16 Occupancy	83,600.	47,326.	22,299.	13,975.
17 Travel	44,269.	21,018.	14,293.	8,958.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,111.	16,322.	2,789.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	99,707.	49,350.	30,956.	19,401.
23 Insurance	49,126.	5,027.	35,471.	8,628.
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 OTHER PROGRAM EXPENSE	586,126.	586,126.		
b GIFTS/RECOGNITION	53,563.	38,566.	9,219.	5,778.
c DEVELOPMENT AND RELOCAT	53,355.	43,134.	6,283.	3,938.
d CONTRIBUTIONS/SPONSORSH	36,909.	36,909.		
e All other expenses SEE SCH O	13,664.	3,035.	5,382.	5,247.
25 Total functional expenses. Add lines 1 through 24e	15,171,798.	12,157,311.	2,513,931.	500,556.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	1,202,050.	1	16,693,342.
	2 Savings and temporary cash investments	1,000,009.	2	1,002,402.
	3 Pledges and grants receivable, net		3	64,288.
	4 Accounts receivable, net	7,500.	4	8,555.
	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	181,972.	9	114,830.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,890,028.		
	b Less: accumulated depreciation	10b 606,870.	10c	3,283,158.
	11 Investments - publicly traded securities	220,562,039.	11	244,757,930.
	12 Investments - other securities. See Part IV, line 11	64,846,246.	12	60,050,734.
	13 Investments - program-related. See Part IV, line 11	2,072,705.	13	2,041,244.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	86,105.	15	1,983.
16 Total assets. Add lines 1 through 15 (must equal line 33)	293,333,431.	16	328,018,466.	
Liabilities	17 Accounts payable and accrued expenses	110,351.	17	128,572.
	18 Grants payable	20,000.	18	452,497.
	19 Deferred revenue	89,262.	19	25,750.
	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		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,866,938.	25	3,781,271.
	26 Total liabilities. Add lines 17 through 25	4,086,551.	26	4,388,090.
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	287,067,726.	27	321,494,042.
	28 Net assets with donor restrictions	2,179,154.	28	2,136,334.
	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	289,246,880.	32	323,630,376.
33 Total liabilities and net assets/fund balances	293,333,431.	33	328,018,466.	

Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck 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	52,548,075.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,171,798.
3	Revenue less expenses. Subtract line 2 from line 1	3	37,376,277.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	289,246,880.
5	Net unrealized gains (losses) on investments	5	-3,041,224.
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	48,443.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	323,630,376.

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

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

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27516044.	36955989.	19338903.	52755701.	45843677.	182410314
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	27516044.	36955989.	19338903.	52755701.	45843677.	182410314
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)						59262157.
6 Public support. Subtract line 5 from line 4.						123148157

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	27516044.	36955989.	19338903.	52755701.	45843677.	182410314
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2629022.	4212804.	4433809.	7306721.	5234296.	23816652.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	98,615.	721,556.	323,723.	10,951.	164,232.	671,631.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	52,090.	62,987.	8,427.	5,915.	347.	129,766.
11 Total support. Add lines 7 through 10						207028363
12 Gross receipts from related activities, etc. (see instructions)					12	14,110,112.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	59.48	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	65.05	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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"/>		

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

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

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Schedule A (Form 990) 2022

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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Part VI

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>15,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>8,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>6,780,431.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>4,234,906.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>2,078,783.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,399,433.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 1,050,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
5	STOCK _____ _____ _____	\$ 2,078,783.	12/31/22
7	STOCK _____ _____ _____	\$ 1,050,000.	12/31/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Employer identification number

23-7390313

Part III

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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
---	---

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) 2022

LHA

232041 11-08-22

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)		0.													
c Total lobbying expenditures (add lines 1a and 1b)		0.													
d Other exempt purpose expenditures		15,171,856.													
e Total exempt purpose expenditures (add lines 1c and 1d)		15,171,856.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		908,593.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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)		227,148.													
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 checked="" 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	908,593.	3,908,593.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,862,890.
c Total lobbying expenditures	240.	18.	62.	0.	320.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	227,148.	977,148.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,465,722.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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 expenditures 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.

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

2022

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	271	3
2 Aggregate value of contributions to (during year)	21,109,345.	15,081,670.
3 Aggregate value of grants from (during year)	7,188,884.	1,122,452.
4 Aggregate value at end of year	114,789,394.	45,634,101.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

	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 July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under 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) 2022

232051 09-01-22

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 d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	156,633,344.	170,653,909.	128,676,344.	130,611,923.	121,329,983.
b Contributions	23,121,788.	5,884,191.	4,004,697.	2,929,350.	9,726,871.
c Net investment earnings, gains, and losses	878,726.	-11,263,255.	43,623,903.	1,739,863.	4,867,983.
d Grants or scholarships	4,397,666.	6,773,761.	4,072,347.	5,130,962.	3,768,185.
e Other expenditures for facilities and programs	21,693.	33,474.		66,242.	169,478.
f Administrative expenses	827,717.	1,834,266.	1,578,688.	1,407,588.	1,375,251.
g End of year balance	175,386,782.	156,633,344.	170,653,909.	128,676,344.	130,611,923.

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:

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		225,805.		225,805.
b Buildings		3,239,318.	536,497.	2,702,821.
c Leasehold improvements				
d Equipment		424,905.	70,373.	354,532.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,283,158.

Schedule D (Form 990) 2022

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	1,277,755.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	54,302,727.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE	578,010.	END-OF-YEAR MARKET VALUE
(D) BENEFICIAL INT REMAINDER		
(E) TRUST	752,678.	END-OF-YEAR MARKET VALUE
(F) OTHER TRUST ASSETS	3,139,564.	COST
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	60,050,734.	

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	7,203.
(4) CHARITABLE TRUST LIABILITY	2,035,162.
(5) DEFERRED COMPENSATION	108,404.
(6) GIFT ANNUITY PAYABLE - LONG TERM	1,317,718.
(7) GIFT ANNUITY PAYABLE - SHORT TERM	160,000.
(8) INCOME TAX LIABILITY	152,784.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,781,271.

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

Schedule D (Form 990) 2022

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 POSITIONS THAT WOULD REQUIRE RECOGNITION AS OF DECEMBER 31, 2022.

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 2020.

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

2022

Open to Public
Inspection

Name of the organization

Employer identification number

COASTAL COMMUNITY FOUNDATION

23-7390313

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTMAKING		187,000.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		44,400.
3 a Subtotal	0	0			231,400.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			231,400.

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

Schedule F (Form 990) 2022

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

Schedule F (Form 990) 2022

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.

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

23-7390313

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

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

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

Total

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CCF EQUITY SPEAKER SERIES	SOCIAL VENTURE PART	1		
		(event type)	(event type)	(total number)		
1	Gross receipts	76,505.	22,747.	53,625.	152,877.	
	2	Less: Contributions	65,985.	13,687.	53,625.	133,297.
	3	Gross income (line 1 minus line 2)	10,520.	9,060.		19,580.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	1,903.	3,000.		4,903.
	7	Food and beverages	8,976.	13,366.	9,410.	31,752.
	8	Entertainment	7,500.	500.	9,218.	17,218.
	9	Other direct expenses	12,016.	8,847.		20,863.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				74,736.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-55,156.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided	Quantity	Unit	Rate	Total

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Part IV	Supplemental Information (continued)
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**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

2022

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADDELESTONE HEBREW ACADEMY 1675 RAOUL WALLENBERG BOULEVARD CHARLESTON, SC 29407	57-0409223	501(C)(3)	8,976.	0.			EDUCATION GRANT
AGAPE FAMILY LIFE CENTER, INC. 5855 SOUTH OKATIE HIGHWAY HARDEEVILLE, SC 29927	57-1106874	501(C)(3)	8,000.	0.			HUMAN NEEDS GRANT
ALZHEIMERS FAMILY SERVICES OF GREATER BEAUFORT - 1111 BAY STREET, SUITE B - BEAUFORT, SC 29902	57-0879175	501(C)(3)	16,000.	0.			HEALTH GRANT
AMERICAN CANCER SOCIETY, INC. MAIL DONATIONS P. O. BOX 11796 CHARLOTTE, NC 28220	13-1788491	501(C)(3)	22,750.	0.			HEALTH GRANT
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	114,143.	0.			HUMAN NEEDS GRANT
ANTIOCH EDUCATIONAL CENTER P.O. BOX 1930 RIDGELAND, SC 29936	76-0818789	501(C)(3)	8,575.	0.			EDUCATION GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **299.**

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) 2022

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
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON STREET PO BOX 807 HARPERS FERRY, WV 25425	52-6046689	501(C)(3)	10,000.	0.			ENVIRONMENT GRANT
ARK OF SC P.O. BOX 1540 SUMMERVILLE, SC 29484	47-1350098	501(C)(3)	31,587.	0.			HEALTH GRANT
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD, SC 29928	57-1035817	501(C)(3)	16,000.	0.			ARTS GRANT
ASHLEY HALL FOUNDATION 172 RUTLEDGE AVENUE CHARLESTON, SC 29403	57-0314364	501(C)(3)	43,934.	0.			EDUCATION GRANT
ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED SOUTH CAROLINA (ABVI) - 1 CARRIAGE LANE, BUILDING A - CHARLESTON, SC 29407	57-0324912	501(C)(3)	8,013.	0.			HEALTH GRANT
ATLANTA HUMANE SOCIETY & SPCA 1551 PERRY BOULEVARD NW ATLANTA, GA 30318	58-0685900	501(C)(3)	5,500.	0.			ENVIRONMENT GRANT
AUDUBON SOUTH CAROLINA 125 WAPPOO CREEK DRIVE SUITE 214 CHARLESTON, SC 29412	13-1624102	501(C)(3)	10,200.	0.			ENVIRONMENT GRANT
AUGUSTINE INSTITUTE, INC. 6160 S. SYRACUSE WAY, SUITE 310 GREENWOOD VILLAGE, CO 80811	20-2349108	501(C)(3)	20,000.	0.			RELIGION GRANT
AVIAN CONSERVATION CENTER P.O. BOX 1247 CHARLESTON, SC 29402	57-0956813	501(C)(3)	7,734.	0.			ENVIRONMENT GRANT

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
BARRIER ISLANDS FREE MEDICAL CLINIC - 3226 MAYBANK HIGHWAY, #C - JOHNS ISLAND, SC 29455	20-5628911	501(C)(3)	10,374.	0.			HEALTH GRANT
BEAUFORT COUNTY HUMAN SERVICES DEPARTMENT - POST OFFICE DRAWER 1228 - BEAUFORT, SC 29901	57-6000311	501(C)(3)	15,000.	0.			HUMAN NEEDS GRANT
BEAUFORT COUNTY MEMORIAL HOSPITAL - RIDGELAND MED-I-ASSIST PROGRAM - 955 RIBAUT ROAD - BEAUFORT, SC 29902	57-6000094	501(C)(3)	18,000.	0.			HEALTH GRANT
BEAUFORT COUNTY OPEN LAND TRUST, INC. - P.O. BOX 75 - BEAUFORT, SC 29901	23-7114992	501(C)(3)	17,500.	0.			ENVIRONMENT GRANT
BEAUFORT-JASPER ECONOMIC OPPORTUNITY COMMISSION - 1905 DUKE ST., SUITE 250 PO DRAWER 9 - BEAUFORT, SC 29901	57-0477804	501(C)(3)	10,000.	0.			EDUCATION GRANT
BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY - 1801 RICHMOND AVENUE - PORT ROYAL, SC 29935	57-0910326	501(C)(3)	20,500.	0.			EDUCATION GRANT
BEE COLLECTIVE (BERKELEY EARLY EDUCATION AND CARE) - CHARLESTON GOOD 72 MEETING STREET - CHARLESTON, SC 29401	36-4896737	501(C)(3)	7,844.	0.			HUMAN NEEDS GRANT
BES, INC. 131 DARTMOUTH ST FL 3 BOSTON, MA 02116	35-2194153	501(C)(3)	25,000.	0.			EDUCATION GRANT
BEST BUDDIES INTERNATIONAL, INC. EXPANSION TEAM: SC 100 SOUTHEAST SECOND ST., STE. 220 - MIAMI, FL 33131	52-1614576	501(C)(3)	8,750.	0.			HUMAN NEEDS GRANT

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
BETH ISRAEL CONGREGATION PO BOX 328 401 SCOTTS STREET BEAUFORT, SC 29901	61-1751976	501(C)(3)	10,000.	0.			RELIGION GRANT
BEYOND BORDERS, INC. 5016 CONNECTICUT AVENUE NW WASHINGTON, DC 20008	23-2713126	501(C)(3)	20,000.	0.			HEALTH GRANT
BEYOND OUR WALLS, INC.(BOWS) 2615 HARVEY AVENUE NORTH CHARLESTON, SC 29405	33-1087506	501(C)(3)	10,000.	0.			EDUCATION GRANT
BIG BROTHERS AND BIG SISTERS OF NEW YORK CITY, INC. - 40 RECTOR STREET, ROOM 1101 - NEW YORK, NY 10006	13-5600383	501(C)(3)	25,000.	0.			HUMAN NEEDS GRANT
BIG BROTHERS BIG SISTERS OF THE LOWCOUNTRY - 4151 SPRUILL AVE., SUITE 140 - NORTH CHARLESTON, SC 29405	83-3554712	501(C)(3)	25,000.	0.			HUMAN NEEDS GRANT
BISHOP ENGLAND HIGH SCHOOL 363 SEVEN FARMS DRIVE CHARLESTON, SC 29492	57-6000118	501(C)(3)	17,000.	0.			EDUCATION GRANT
BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY - 1 BISHOP GADSDEN WAY - CHARLESTON, SC 29412	57-0337132	501(C)(3)	10,844.	0.			HUMAN NEEDS GRANT
BLACK ECONOMIC ALLIANCE FOUNDATION 1032 15TH STREET NW SUITE 247 WASHINGTON, DC 20005	83-3790370	501(C)(3)	25,000.	0.			PHILANTHROPY GRANT
BLACK RIVER UNITED WAY P.O. BOX 1065 GEORGETOWN, SC 29442	57-0526145	501(C)(3)	11,000.	0.			PHILANTHROPY GRANT

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
BLUFFTON SELF HELP 39 SHERIDAN PARK CIRCLE, UNITE 9 & BLUFFTON, SC 29910	57-0862658	501(C)(3)	20,000.	0.			HUMAN NEEDS GRANT
BOYS AND GIRLS CLUBS OF THE LOWCOUNTRY, INC. - 10 PINCKNEY COLONY ROAD, SUITE 103 - BLUFFTON, SC 29909	57-0811876	501(C)(3)	11,500.	0.			EDUCATION GRANT
BROAD STREET PRESBYTERIAN CHURCH 760 EAST BROAD STREET COLUMBUS, OH 43205	31-4380039	501(C)(3)	10,000.	0.			HUMAN NEEDS GRANT
CAMP HAPPY DAYS 933 DUPONT ROAD, SUITE B CHARLESTON, SC 29407	57-0755466	501(C)(3)	14,643.	0.			HUMAN NEEDS GRANT
CAMP WILDWOOD, INC. P.O. BOX 123 HAMPTON, SC 29924	57-1059635	501(C)(3)	20,000.	0.			EDUCATION GRANT
CAMPUS CRUSADE FOR CHRIST, INC. P.O. BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	7,800.	0.			RELIGION GRANT
CATHEDRAL OF ST. JOHN THE BAPTIST 105 QUEEN STREET CHARLESTON, SC 29401	57-0426378	501(C)(3)	9,600.	0.			RELIGION GRANT
CATHOLIC RELIEF SERVICES, INC. P.O. BOX 17090 BALTIMORE, MD 21297	13-5563422	501(C)(3)	25,000.	0.			HUMAN NEEDS GRANT
CEDARTOWN POLK COUNTY HUMANE SOCIETY - PO BOX 1339 - CEDARTOWN, GA 30125	46-5468996	501(C)(3)	10,000.	0.			ENVIRONMENT GRANT

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
CENTER FOR HEIRS' PROPERTY PRESERVATION - 8570 RIVERS AVE, SUITE 170 - NORTH CHARLESTON, SC 29406	52-2452879	501(C)(3)	33,750.	0.			NEIGHBORHOOD & COMMUNITY DEV. GRANT
CENTRAL OREGON COMMUNITY COLLEGE FOUNDATION - 2600 NW COLLEGE WAY - BEND, OR 97703	93-6041247	501(C)(3)	10,000.	0.			EDUCATION GRANT
CHABAD OF CHARLESTON, INC. 477 MATHIS FERRY ROAD MOUNT PLEASANT, SC 29464	20-8546631	501(C)(3)	15,534.	0.			EDUCATION GRANT
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406	57-6021863	501(C)(3)	44,150.	0.			ENVIRONMENT GRANT
CHARLESTON AREA SENIOR CITIZENS' SERVICES, INC. - 259 MEETING STREET - CHARLESTON, SC 29401	57-6030048	501(C)(3)	16,500.	0.			HUMAN NEEDS GRANT
CHARLESTON AREA THERAPEUTIC RIDING P.O. BOX 146 JOHNS ISLAND, SC 29457	57-0937061	501(C)(3)	8,330.	0.			HUMAN NEEDS GRANT
CHARLESTON GAILLARD CENTER 95 CALHOUN STREET CHARLESTON, SC 29401	46-3018925	501(C)(3)	7,600.	0.			ARTS GRANT
CHARLESTON HABITAT FOR HUMANITY 731 MEETING STREET P.O. BOX 21479 CHARLESTON, SC 29413	57-0889919	501(C)(3)	6,000.	0.			HUMAN NEEDS GRANT
CHARLESTON HORTICULTURAL SOCIETY 46 WINDERMERE BOULEVARD CHARLESTON, SC 29407	56-2211468	501(C)(3)	12,000.	0.			ENVIRONMENT GRANT

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 JAZZ 3005 WEST MONTAGUE AVENUE SUITE 200 NORTH CHARLESTON, SC 29418	83-0504523	501(C)(3)	28,000.	0.			ARTS GRANT
CHARLESTON JEWISH FEDERATION P.O. BOX 80100 CHARLESTON, SC 29416	57-6000188	501(C)(3)	25,034.	0.			EDUCATION GRANT
CHARLESTON LEGAL ACCESS 3775 SPRUILL AVENUE SUITE B NORTH CHARLESTON, SC 29405	81-1013976	501(C)(3)	15,000.	0.			SOCIAL JUSTICE GRANT
CHARLESTON LIBRARY SOCIETY 164 KING STREET CHARLESTON, SC 29401	57-0314372	501(C)(3)	14,200.	0.			EDUCATION GRANT
CHARLESTON ORPHAN HOUSE DBA/CAROLINA YOUTH DEVELOPMENT CENTER - 5055 LACKAWANNA BLVD. - NORTH CHARLESTON, SC 29405	57-0669877	501(C)(3)	9,800.	0.			HUMAN NEEDS GRANT
CHARLESTON PARKS CONSERVANCY, INC. PO BOX 31187 CHARLESTON, SC 29417	20-8375561	501(C)(3)	7,975.	0.			ENVIRONMENT GRANT
CHARLESTON PRO BONO LEGAL SERVICES 111 CHURCH STREET CHARLESTON, SC 29401	20-0737728	501(C)(3)	21,000.	0.			SOCIAL JUSTICE GRANT
CHARLESTON PROMISE NEIGHBORHOOD 1834 SUMMERVILLE AVE., SUITE 200 CHARLESTON, SC 29405	80-0597710	501(C)(3)	28,000.	0.			NEIGHBORHOOD & COMMUNITY DEV. GRANT
CHARLESTON SHARED FUTURE 186 SEVEN FARMS ROAD SUITE F#279 DANIEL ISLAND, SC 29492	87-2296161	501(C)(3)	13,319.	0.			EDUCATION GRANT

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 SOUTHERN UNIVERSITY BUSINESS CENTER 9200 UNIVERSITY BOULEVARD::POST OFFICE BOX 118087 - CHARLEST	57-0474291	501(C)(3)	30,700.	0.			EDUCATION GRANT
CHARLESTON STAGE COMPANY P.O. BOX 356 CHARLESTON, SC 29402	57-0694183	501(C)(3)	180,500.	0.			ARTS GRANT
CHARLESTON SYMPHONY ORCHESTRA P.O. BOX 30818 CHARLESTON, SC 29417	57-6000192	501(C)(3)	62,000.	0.			ARTS GRANT
CHILD ABUSE PREVENTION ASSOCIATION P.O. BOX 531 BEAUFORT, SC 29901	57-0722206	501(C)(3)	20,500.	0.			HUMAN NEEDS GRANT
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS - 364 SOUTH PINE STREET SUITE A-110 - SPARTANBURG, SC 29302	20-2511033	501(C)(3)	20,000.	0.			HUMAN NEEDS GRANT
CHILDREN'S MUSEUM OF THE LOWCOUNTRY - 25 ANN STREET - CHARLESTON, SC 29403	57-1014498	501(C)(3)	11,000.	0.			EDUCATION GRANT
CHILDRENS SCHOOL FOR CHILD-CENTERED EDUCATION INC - 2225 TORREY PINES LN - LA JOLLA, CA 92037	95-2871972	501(C)(3)	10,000.	0.			EDUCATION GRANT
CIRCLE OF HOPE MINISTRIES, INC. 612 ROBERT SMALLS PKWY, STE. D BEAUFORT, SC 29906	27-3678596	501(C)(3)	10,000.	0.			HUMAN NEEDS GRANT
CLEMSON UNIVERSITY OFFICE OF STUDENT FINANCIAL AID G-08 SIKES HALL::BOX 345307 - CLEMSON, SC 29	57-6000254	501(C)(3)	10,000.	0.			EDUCATION GRANT

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
COACHES 4 CHARACTER INC 7 HUGUENIN AVE. #3407 CHARLESTON, SC 29403	82-2966450	501(C)(3)	11,000.	0.			EDUCATION GRANT
COASTAL CONSERVATION LEAGUE 131 SPRING STREET CHARLESTON, SC 29403	57-0887278	501(C)(3)	114,700.	0.			ENVIRONMENT GRANT
COASTAL DISCOVERY MUSEUM PO BOX 23497 HILTON HEAD, SC 29925	57-0801415	501(C)(3)	15,000.	0.			EDUCATION GRANT
COASTAL DISTRICT COUNCIL OF THE ST. VINCENT DE PAUL SOCIETY - 225 SEVEN FARMS DRIVE, #107 - DANIEL ISLAND, SC 29492	43-1964461	501(C)(3)	24,000.	0.			HUMAN NEEDS GRANT
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST. CHARLESTON, SC 29424	23-7069236	501(C)(3)	44,508.	0.			EDUCATION GRANT
COLLETON COUNTY ARTS COUNCIL, INC. 334 WICHMAN ST WALTERBORO, SC 29488	57-0966741	501(C)(3)	13,609.	0.			ARTS GRANT
COLLETON COUNTY FIRST STEPS PO BOX 2090 WALTERBORO, SC 29488	57-1097790	501(C)(3)	15,000.	0.			EDUCATION GRANT
COLUMBIA MUSEUM OF ART P.O. BOX 2068 COLUMBIA, SC 29202	57-6007869	501(C)(3)	151,000.	0.			ARTS GRANT
COLUMBUS METROPOLITAN LIBRARY FOUNDATION - 96 S. GRANT AVE - COLUMBUS, OH 43215	31-1692755	501(C)(3)	10,000.	0.			EDUCATION GRANT

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
COLUMBUS STATE COMMUNITY COLLEGE DEVELOPMENT FOUNDATION, INC - 550 EAST SPRING STREET - COLUMBUS, OH 43215	31-1035280	501(C)(3)	25,000.	0.			EDUCATION GRANT
COMIC RELIEF, INC. P.O. BOX 419828 BOSTON, MA 02241	01-0885377	501(C)(3)	10,000.	0.			ARTS GRANT
COMING STREET CEMETERY KKBE 90 HASELI STREET CHARLESTON, SC 29401	57-0406806	501(C)(3)	15,000.	0.			ENVIRONMENT GRANT
COMMUNITIES IN SCHOOLS OF SOUTH CAROLINA - 1691 TURNBULL AVENUE - NORTH CHARLESTON, SC 29405	57-0931840	501(C)(3)	8,383.	0.			EDUCATION GRANT
COMMUNITY FIRST LAND TRUST P.O. BOX 71815 NORTH CHARLESTON, SC 29415	81-3879587	501(C)(3)	58,000.	0.			NEIGHBORHOOD & COMMUNITY DEV. GRANT
COMMUNITY FOOD BANK OF NEW JERSEY INC. - 31 EVANS TERMINAL ROAD - HILLSIDE, NJ 07205	22-2423882	501(C)(3)	10,000.	0.			HUMAN NEEDS GRANT
COMMUNITY HEALTH IMPROVEMENT PARTNERS - 5095 MURPHY CANYON ROAD SUITE 105 - SAN DIEGO, CA 92123	33-0496092	501(C)(3)	7,000.	0.			HEALTH GRANT
COVENANT HOUSE NEW YORK TIME SQUARE STATION P.O. BOX 731 NEW YORK, NY 10108	13-3076376	501(C)(3)	25,000.	0.			HUMAN NEEDS GRANT
CROSS RAILS MINISTRIES INC 108 CHESTERTON DR GOOSE CREEK, SC 29445	46-2294669	501(C)(3)	7,500.	0.			HEALTH GRANT

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DEE NORTON CHILD ADVOCACY CENTER 1061 KING STREET CHARLESTON, SC 29403	57-0905724	501(C)(3)	53,051.	0.			HUMAN NEEDS GRANT
DOCTORS WITHOUT BORDERS USA P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	36,167.	0.			HEALTH GRANT
DONORSCHOOSE ATTENTION: FINANCIAL OPERATIONS MAIL CODE 6656, PO BOX 7247 - PHILADELPHIA,	13-4129457	501(C)(3)	49,846.	0.			EDUCATION GRANT
DOORS TO DREAM PO BOX 182 SULLIVAN'S ISLAND, SC 29482	81-3949907	501(C)(3)	17,200.	0.			EDUCATION GRANT
DORCHESTER CHILDREN'S ADVOCACY CENTER - 303 EAST RICHARDSON AVENUE - SUMMERVILLE, SC 29483	57-1078099	501(C)(3)	26,500.	0.			SOCIAL JUSTICE GRANT
DORCHESTER COUNTY COMMUNITY OUTREACH - P.O. BOX 2994 - SUMMERVILLE, SC 29483	47-3909720	501(C)(3)	6,587.	0.			HUMAN NEEDS GRANT
DORCHESTER HABITAT FOR HUMANITY P.O. BOX 1685 SUMMERVILLE, SC 29484	57-0978123	501(C)(3)	19,500.	0.			HUMAN NEEDS GRANT
DORCHESTER PAWS 136 FOUR PAWS LANE SUMMERVILLE, SC 29483	57-0620182	501(C)(3)	39,000.	0.			ENVIRONMENT GRANT
DORCHESTER TRUST FOUNDATION PO BOX 1261 SUMMERVILLE, SC 29484	26-3359757	501(C)(3)	7,000.	0.			ENVIRONMENT GRANT

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DRAYTON HALL PRESERVATION TRUST 3380 ASHLEY RIVER ROAD CHARLESTON, SC 29414	45-4938941	501(C)(3)	17,000.	0.			ENVIRONMENT GRANT
DUCKS UNLIMITED, INC. ONE WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501(C)(3)	10,000.	0.			ENVIRONMENT GRANT
DUKE UNIVERSITY BURSAR'S OFFICE BOX NUMBER 104145 DURHAM, NC 27708	56-05322129	501(C)(3)	13,000.	0.			EDUCATION GRANT
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE ROAD MOUNT PLEASANT, SC 29465	57-0939280	501(C)(3)	84,590.	0.			HUMAN NEEDS GRANT
EAST COOPER HABITAT FOR HUMANITY P.O. BOX 1990 MOUNT PLEASANT, SC 29465	57-0903917	501(C)(3)	10,865.	0.			HUMAN NEEDS GRANT
EAST COOPER MEALS ON WHEELS P.O. BOX 583 MOUNT PLEASANT, SC 29465	57-0804618	501(C)(3)	19,500.	0.			HUMAN NEEDS GRANT
EASTSIDE COMMUNITY DEVELOPMENT CORPORATION - 60-A AMERICA STREET - CHARLESTON, SC 29403	51-0448669	501(C)(3)	7,062.	0.			HUMAN NEEDS GRANT
EDISTO INDIAN FREE CLINIC 1125 RIDGE ROAD RIDGEVILLE, SC 29472	82-1691197	501(C)(3)	18,000.	0.			HEALTH GRANT
EDISTO NATCHEZ-KUSSO TRIBE OF SC 1125 RIDGE ROAD RIDGEVILLE, SC 29472	57-0570165	501(C)(3)	7,500.	0.			HUMAN NEEDS GRANT

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ELDERIDGE PUBLIC LIBRARY 564 MAIN STREET CHATHAM, MA 02633	04-6064571	501(C)(3)	10,000.	0.			EDUCATION GRANT
ENGAGING CREATIVE MINDS PO BOX 31875 CHARLESTON, SC 29417	46-1710691	501(C)(3)	9,000.	0.			EDUCATION GRANT
ENVISION BEND 15 SW COLORADO AVE, SUITE 1 BEND, OR 97703	26-1367020	501(C)(3)	15,000.	0.			NEIGHBORHOOD & COMMUNITY DEV. GRANT
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	5,900.	0.			SOCIAL JUSTICE GRANT
ETV ENDOWMENT OF SOUTH CAROLINA, INC. - 401 EAST KENNEDY STREET - SUITE B1 - SPARTANBURG, SC 29302	57-0657549	501(C)(3)	5,890.	0.			EDUCATION GRANT
FIRST TEE - GREATER CHARLESTON 321 WINGO WAY, SUITE 201 MOUNT PLEASANT, SC 29464	20-3959266	501(C)(3)	12,700.	0.			HEALTH GRANT
FLORENCE CRITTENTON PROGRAMS OF SC 19 SAINT MARGARET STREET CHARLESTON, SC 29403	57-0342030	501(C)(3)	16,000.	0.			HUMAN NEEDS GRANT
FORMATION PROJECT PO BOX 80876 CHARLESTON, SC 29416	84-4695937	501(C)(3)	10,000.	0.			HUMAN NEEDS GRANT
FRIENDS OF COLUMBUS AND FRANKLIN COUNTY METRO PARKS - 1069 W. MAIN STREET - WESTERVILLE, OH 43081	26-2332568	501(C)(3)	10,000.	0.			ENVIRONMENT GRANT

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FRIENDSHIP PLACE, INC. P.O. BOX 282 GEORGETOWN, SC 29442	57-1073276	501(C)(3)	20,400.	0.			HUMAN NEEDS GRANT
GEORGETOWN UNIVERSITY GEORGETOWN SCHOLARS PROGRAM 3700 O ST. NW, HEALY HALL G20 - WASHINGTON, DC 2	53-0196603	501(C)(3)	10,000.	0.			EDUCATION GRANT
GIBBES MUSEUM OF ART 135 MEETING STREET CHARLESTON, SC 29401	57-0323047	501(C)(3)	39,534.	0.			ARTS GRANT
GIVEWELL 1714 FRANKLIN STREET, #100335 OAKLAND, CA 94612	20-8625442	501(C)(3)	10,000.	0.			PHILANTHROPY GRANT
GOOD NEIGHBOR FREE MEDICAL CLINIC 974 RIBAUT RD. BEAUFORT, SC 29902	26-0335357	501(C)(3)	20,000.	0.			HEALTH GRANT
GRACE CHURCH CATHEDRAL (GRACE EPISCOPAL CHURCH) - 98 WENTWORTH STREET - CHARLESTON, SC 29401	57-0362059	501(C)(3)	5,200.	0.			RELIGION GRANT
GREEN RIVER PRESERVE 301 GREEN RIVER ROAD CEDAR MOUNTAIN, NC 28718	56-1554526	501(C)(3)	10,000.	0.			ENVIRONMENT GRANT
HADASSAH - CHARLESTON CHAPTER 1249 HIDDEN LAKES DR. MOUNT PLEASANT, SC 29464	13-1656651	501(C)(3)	6,000.	0.			EDUCATION GRANT
HALOS 4995 LACROSS RD., SUITE 1300 NORTH CHARLESTON, SC 29406	20-0858549	501(C)(3)	53,225.	0.			HUMAN NEEDS GRANT

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HEALING FARMS POST OFFICE BOX 2002 MOUNT PLEASANT, SC 29465	32-0029626	501(C)(3)	6,500.	0.			HUMAN NEEDS GRANT
HEALTHY LEARNERS 2711 MIDDLEBURG DR., SUITE 304 COLUMBIA, SC 29204	57-1127197	501(C)(3)	10,913.	0.			EDUCATION GRANT
HEART MATH TUTORING PO BOX 30623 CHARLOTTE, NC 28230	46-4366030	501(C)(3)	8,500.	0.			EDUCATION GRANT
HELP OF BEAUFORT P.O. BOX 472 BEAUFORT, SC 29901	57-0721545	501(C)(3)	18,000.	0.			HUMAN NEEDS GRANT
HELPING HAND CENTER, INC 1263 COHEN ROAD PINELAND, SC 29934	80-0751064	501(C)(3)	8,000.	0.			HUMAN NEEDS GRANT
HELPING HANDS OF GEORGETOWN, INC. 1813 HIGHMARKET STREET GEORGETOWN, SC 29440	57-0883461	501(C)(3)	10,000.	0.			HUMAN NEEDS GRANT
HELPING HANDS OF GOOSE CREEK 104 B COMMERCE PLACE GOOSE CREEK, SC 29445	57-0891298	501(C)(3)	12,000.	0.			HUMAN NEEDS GRANT
HILTON HEAD REGIONAL HABITAT FOR HUMANITY - 21 BRENDAN LANE - BLUFFTON, SC 29910	57-0916245	501(C)(3)	10,000.	0.			NEIGHBORHOOD & COMMUNITY DEV. GRANT
HILTON HEAD SYMPHONY ORCHESTRA, INC. - 7 LAGOON RD, STE 100 - HILTON HEAD ISLAND, SC 29928	57-0761297	501(C)(3)	10,000.	0.			ARTS GRANT

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HISTORIC CHARLESTON FOUNDATION POST OFFICE BOX 1120 CHARLESTON, SC 29402	57-6000599	501(C)(3)	16,000.	0.			ENVIRONMENT GRANT
HOLE IN THE WALL GANG FUND, INC. 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	06-1157655	501(C)(3)	20,000.	0.			HUMAN NEEDS GRANT
HOME OF MONTCLAIR ECUMENICAL CORP. 17 TALBOT STREET MONTCLAIR, NJ 07042	22-2904529	501(C)(3)	10,000.	0.			HUMAN NEEDS GRANT
HOPE ACRES RESCUE P.O. BOX 2037 GOOSE CREEK, SC 29445	38-3812397	501(C)(3)	11,000.	0.			ENVIRONMENT GRANT
HOPEFUL HORIZONS, INC. P.O. BOX 1775 BEAUFORT, SC 29901	57-1063332	501(C)(3)	153,813.	0.			HUMAN NEEDS GRANT
HUMAN NEEDS FOOD PANTRY, INC. 9 LABEL STREET MONTCLAIR, NJ 07042	22-3057065	501(C)(3)	20,000.	0.			HUMAN NEEDS GRANT
I AM VOICES, INC 10070 DORCHESTER RD STE 50593 SUMMERVILLE, SC 29485	82-3159217	501(C)(3)	15,000.	0.			HUMAN NEEDS GRANT
INCREASING HOPE FINANCIAL TRAINING CENTER - 8570 RIVERS AVE., SUITE 120 - NORTH CHARLESTON, SC 29406	75-3070026	501(C)(3)	15,000.	0.			NEIGHBORHOOD & COMMUNITY DEV. GRANT
INTERNATIONAL AFRICAN AMERICAN MUSEUM - P.O. BOX 22761 - CHARLESTON, SC 29413	20-3398254	501(C)(3)	86,200.	0.			ARTS GRANT

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INTERNATIONAL RESCUE COMMITTEE, INC. - P.O. BOX 6068 - ALBERT LEA, MN 56007	13-5660870	501(C)(3)	25,000.	0.			HUMAN NEEDS GRANT
JACOBS & CUSHMAN SAN DIEGO FOOD BANK - 9850 DISTRIBUTION AVE - SAN DIEGO, CA 92121	20-4374795	501(C)(3)	7,000.	0.			HUMAN NEEDS GRANT
JAMES B. EDWARDS ELEMENTARY SCHOOL ATTN: M. SMALLS 855 VON KOLNITZ ROAD MOUNT PLEASANT, SC 29464	57-6000322	501(C)(3)	20,947.	0.			EDUCATION GRANT
JASPER COUNTY COUNCIL ON AGING 444 WISE STREET RIDGELAND, SC 29936	57-0564656	501(C)(3)	20,000.	0.			HUMAN NEEDS GRANT
JAZZ HOUSE KIDS, INC. 347 BLOOMFIELD AVENUE LOWER LEVEL MONTCLAIR, NJ 07042	56-2303577	501(C)(3)	10,000.	0.			ARTS GRANT
JEAN'S ANGELS 257 EMERALD ISLE DRIVE MONCK'S CORNER, SC 29461	81-3212317	501(C)(3)	13,000.	0.			HUMAN NEEDS GRANT
JEWISH HISTORICAL SOCIETY OF SOUTH CAROLINA - 96 WENTWORTH STREET ROOM 203 - CHARLESTON, SC 29424	23-7069236	501(C)(3)	10,500.	0.			EDUCATION GRANT
JUBILEE JOBS, INC. 2712 ONTARIO ROAD, N.W. WASHINGTON, DC 20009	52-1248559	501(C)(3)	20,000.	0.			HUMAN NEEDS GRANT
JUNIOR ACHIEVEMENT OF GREATER SOUTH CAROLINA, INC. - 2711 MIDDLEBURG DRIVE, SUITE 301 - COLUMBIA, SC 29204	57-0511131	501(C)(3)	11,500.	0.			EDUCATION GRANT

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KETO HOPE FOUNDATION 610 HOBCAW BLUFF DR. MOUNT PLEASANT, SC 29464	81-0784807	501(C)(3)	8,000.	0.			HEALTH GRANT
KIDS ON POINT, INC. P.O. BOX 22731 CHARLESTON, SC 29413	27-0771548	501(C)(3)	6,000.	0.			HUMAN NEEDS GRANT
LIBERTY HILL REDEVELOPMENT GROUP 8763 ALEXANDRIA DRIVE NORTH CHARLESTON, SC 29420	87-2144122	501(C)(3)	25,000.	0.			NEIGHBORHOOD & COMMUNITY DEV. GRANT
LIONS VISION SERVICES 234 OUTLET POINTE BLVD., SUITE C COLUMBIA, SC 29210	23-7105526	501(C)(3)	26,000.	0.			HEALTH GRANT
LONON FOUNDATION 1045 PROVINCIAL CIR UNIT D MOUNT PLEASANT, SC 29464	81-5428998	501(C)(3)	6,000.	0.			HUMAN NEEDS GRANT
LOOKINGGLASS THEATRE COMPANY 3320 W FOSTER #102 CHICAGO, IL 60625	36-3653114	501(C)(3)	10,000.	0.			ARTS GRANT
LOVE HOUSE LEARNING ACADEMY 423 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	82-5305685	501(C)(3)	5,600.	0.			HUMAN NEEDS GRANT
LOWCOUNTRY AUTISM FOUNDATION 15 RUTLEDGE AVENUE CHARLESTON, SC 29403	26-0805420	501(C)(3)	10,000.	0.			HUMAN NEEDS GRANT
LOWCOUNTRY FOOD BANK, INC. 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501(C)(3)	76,910.	0.			HUMAN NEEDS GRANT

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LOWCOUNTRY HABITAT FOR HUMANITY 616 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	57-0920920	501(C)(3)	20,000.	0.			NEIGHBORHOOD & COMMUNITY DEV. GRANT
LOWCOUNTRY LAND TRUST 635 RUTLEDGE AVENUE, SUITE 107 CHARLESTON, SC 29403	57-0809313	501(C)(3)	10,930.	0.			ENVIRONMENT GRANT
LOWCOUNTRY LEGAL VOLUNTEERS 108 TRADERS CROSS OKATIE, SC 29909	56-2202319	501(C)(3)	20,000.	0.			SOCIAL JUSTICE GRANT
LOWCOUNTRY LOCAL FIRST 1859 SUMMERVILLE AVENUE, SUITE 800 CHARLESTON, SC 29405	87-0792700	501(C)(3)	6,000.	0.			NEIGHBORHOOD & COMMUNITY DEV. GRANT
LOWCOUNTRY PREGNANCY CENTER 7481 NORTHSIDE DRIVE SUITE 3 NORTH CHARLESTON, SC 29420	57-0838453	501(C)(3)	10,500.	0.			HEALTH GRANT
LUTHERAN FAMILY SERVICES OF THE CAROLINAS - 11 COX AVENUE POST OFFICE BOX 12287 - RALEIGH, NC 27605	56-1286323	501(C)(3)	10,000.	0.			HUMAN NEEDS GRANT
LUTHERAN THEOLOGICAL SOUTHERN SEMINARY AT LENOIR-RHYNE UNIVERSITY - PO BOX 7467 - HICKORY, NC 29603	56-0556753	501(C)(3)	10,870.	0.			RELIGION GRANT
MANHATTAN CLASS COMPANY, INC. ATTN: DEVELOPMENT 511 W. 52ND STREET NEW YORK, NY 10019	13-3391844	501(C)(3)	10,000.	0.			ARTS GRANT
MARSHVIEW COMMUNITY ORGANIC FARM PO BOX 750 SAINT HELENA ISLAND, SC 29220	14-2013158	501(C)(3)	20,000.	0.			NEIGHBORHOOD & COMMUNITY DEV. GRANT

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MEALS ON WHEELS AMERICA 1550 CRYSTAL DRIVE, SUITE 1004 ARLINGTON, VA 22202	23-7447812	501(C)(3)	10,000.	0.			HUMAN NEEDS GRANT
MEALS ON WHEELS BLUFFTON-HILTON HEAD, INC. - P.O. BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	20,000.	0.			HUMAN NEEDS GRANT
MEALS ON WHEELS OF SUMMERVILLE, INC. - P.O. BOX 592 - SUMMERVILLE, SC 29484	57-0730993	501(C)(3)	8,057.	0.			HUMAN NEEDS GRANT
MEDIA REFORM SC, INC. 1640 MEETING ST., SUITE 100 CHARLESTON, SC 29415	46-2474438	501(C)(3)	12,500.	0.			ARTS GRANT
MED-I-ASSIST, INC. P.O. BOX 3164 BLUFFTON, SC 29910	32-0212924	501(C)(3)	10,000.	0.			HEALTH GRANT
MEDICAL UNIVERSITY SOUTH CAROLINA FOUNDATION - CHILDREN'S HOSPITAL FUND - CHILDREN'S HOSPITAL FUND P.O. BOX 250450 - CHARLESTON, SC	57-6028985	501(C)(3)	356,150.	0.			EDUCATION GRANT
MEET THE NEEDS CHARLESTON, DBA FEED THE NEED - 275 BEECH HILL - MOUNT PLEASANT, SC 29464	47-2703106	501(C)(3)	10,000.	0.			HUMAN NEEDS GRANT
MEETING STREET ACADEMY SPARTANBURG 201 E. BROAD ST., UNIT 110 SPARTANBURG, SC 29306	20-4587841	501(C)(3)	15,000.	0.			EDUCATION GRANT
MEMORY MATTERS 117 WILLIAM HILTON PARKWAY HILTON HEAD, SC 29926	58-2291775	501(C)(3)	20,000.	0.			HUMAN NEEDS GRANT

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MEPKIN ABBEY CATHOLIC CONFERENCE 1098 MEPKIN ABBEY ROAD MONCK'S CORNER, SC 29461	57-0416728	501(C)(3)	25,500.	0.			RELIGION GRANT
MEREDITH COLLEGE 3800 HILLSBOROUGH ST RALEIGH, NC 27607	56-0530242	501(C)(3)	25,000.	0.			EDUCATION GRANT
MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC. - 1615 L STREET NW, SUITE 430 - WASHINGTON, DC 20036	75-2816066	501(C)(3)	10,000.	0.			HEALTH GRANT
METANOIA 2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405	20-0310400	501(C)(3)	80,500.	0.			NEIGHBORHOOD & COMMUNITY DEV. GRANT
MILITARY COMMUNITY CONNECTIONS OF SC - PO BOX 21795 13 HANOVER ST. - CHARLESTON, SC 29403	47-3007172	501(C)(3)	11,500.	0.			HUMAN NEEDS GRANT
MISS RUBY'S KIDS P.O. BOX 1007 GEORGETOWN, SC 29442	20-3933169	501(C)(3)	6,000.	0.			EDUCATION GRANT
MONTCLAIR ART MUSEUM 3 SOUTH MOUNTAIN AVENUE MONTCLAIR, NJ 07042	22-1487582	501(C)(3)	10,000.	0.			ARTS GRANT
MONTCLAIR FILM 505 BLOOMFIELD AVE. MONTCLAIR, NJ 07042	27-1732322	501(C)(3)	52,500.	0.			ARTS GRANT
MONTCLAIR FREE PUBLIC LIBRARY FOUNDATION, INC. - 50 SOUTH FULLERTON AVENUE - MONTCLAIR, NJ 07042	82-0558746	501(C)(3)	10,000.	0.			EDUCATION GRANT

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MONTCLAIR KIMBERLY ACADEMY FOUNDATION - 201 VALLEY ROAD - MONTCLAIR, NJ 07042	23-7365263	501(C)(3)	10,000.	0.			EDUCATION GRANT
MONTCLAIR LOCAL NONPROFIT NEWS INC 309 ORANGE RD. MONTCLAIR, NJ 07042	83-3801012	501(C)(3)	10,000.	0.			EDUCATION GRANT
MOUNTAINSTAR FAMILY RELIEF NURSERY 2125 NE DAGGETT LANE BEND, OR 97701	42-1560891	501(C)(3)	30,000.	0.			HUMAN NEEDS GRANT
MT. CARMEL BAPTIST CHURCH MED-I-ASSIST PROGRAM - 367 KEANS NECK ROAD - SEABROOK ISLAND, SC 29940	58-0114210	501(C)(3)	18,000.	0.			HEALTH GRANT
MULTIPLYING GOOD (FORMERLY THE JEFFERSON AWARDS FOUNDATION) - 15 WEST 38TH STREET, SUITE 1210 - NEW YORK, NY 10018	52-0959336	501(C)(3)	25,000.	0.			EDUCATION GRANT
NAMI LOWCOUNTRY P.O. BOX 24128 HILTON HEAD ISLAND, SC 29925	57-0920882	501(C)(3)	12,000.	0.			HEALTH GRANT
NATURAL RESOURCES DEFENSE COUNCIL, INC. - ATTN: MEMBERSHIP DEPARTMENT 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	10,000.	0.			ENVIRONMENT GRANT
NATURE CONSERVANCY, INC. 1417 STUART ENGELS BOULEVARD MOUNT PLEASANT, SC 29464	53-0242652	501(C)(3)	27,000.	0.			ENVIRONMENT GRANT
NEIGHBORS TOGETHER 2105 COSGROVE AVE NORTH CHARLESTON, SC 29405	57-0794782	501(C)(3)	15,091.	0.			HUMAN NEEDS GRANT

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
NEW MORNING 1501 MAIN STREET SUITE 150 COLUMBIA, SC 29201	95-4894776	501(C)(3)	11,000.	0.			HEALTH GRANT
NEW YORK PUBLIC RADIO P.O. BOX 1550 NEW YORK, NY 10116	13-3015230	501(C)(3)	10,000.	0.			EDUCATION GRANT
NORTHWESTERN UNIVERSITY 2020 RIDGE AVENUE EVANSTON, IL 60208	36-2167817	501(C)(3)	15,000.	0.			EDUCATION GRANT
NPR FOUNDATION DEPT. 6054 WASHINGTON, DC 20042	52-1795789	501(C)(3)	10,000.	0.			EDUCATION GRANT
ONE FELLOWSHIP 142 SPORTSMAN ISLAND DRIVE, UNIT C CHARLESTON, SC 29492	84-3427442	501(C)(3)	212,000.	0.			RELIGION GRANT
ONE80 PLACE P.O. BOX 20038 CHARLESTON, SC 29413-0038	57-0789483	501(C)(3)	48,450.	0.			HUMAN NEEDS GRANT
OPEN SPACE INSTITUTE LAND TRUST, INC. - 1350 BROADWAY, SUITE 201 - NEW YORK, NY 10018	13-3028060	501(C)(3)	16,000.	0.			ENVIRONMENT GRANT
OPERATION HOME 3973 RIVERS AVENUE, STE 104 NORTH CHARLESTON, SC 29405	62-1745925	501(C)(3)	76,514.	0.			HUMAN NEEDS GRANT
OPERATION SIGHT 1101 CLARITY ROAD, SUITE 100 MOUNT PLEASANT, SC 29405	45-3449443	501(C)(3)	12,700.	0.			HEALTH GRANT

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
OUR LADY OF MERCY COMMUNITY OUTREACH SERVICES, INC. - P.O. BOX 607 - JOHNS ISLAND, SC 29457	57-0905488	501(C)(3)	38,902.	0.			HUMAN NEEDS GRANT
PALMETTO COMMUNITY CARE 3547 MEETING STREET ROAD NORTH CHARLESTON, SC 29405	57-0905550	501(C)(3)	6,500.	0.			HEALTH GRANT
PALMETTO GOODWILL 2150 EAGLE DRIVE, BUILDING 100 NORTH CHARLESTON, SC 29406	47-4183942	501(C)(3)	20,000.	0.			HUMAN NEEDS GRANT
PALMETTO PROJECT, INC. CHARLESTON OFFICE 6296 RIVERS AVENUE, SUITE 100 - NORTH CHARLESTON, SC 29407	57-0807801	501(C)(3)	28,297.	0.			EDUCATION GRANT
PARENTS AND GUARDIANS ASSOCIATION OF THE COASTAL CENTER - 9995 JAMISON ROAD - LADSON, SC 29456	57-0735284	501(C)(3)	6,986.	0.			HUMAN NEEDS GRANT
PATTISON'S ACADEMY PO BOX 80426 CHARLESTON, SC 29416	20-3419262	501(C)(3)	11,000.	0.			HUMAN NEEDS GRANT
PEARLSTINE/LIPOV CENTER FOR SOUTHERN JEWISH CULTURE - 96 WENTWORTH ST., ROOM 303 - CHARLESTON, SC 29424	23-7069236	501(C)(3)	8,000.	0.			RELIGION GRANT
PERIOD PROJECT P.O. BOX 402 GREENVILLE, SC 29602	47-5144792	501(C)(3)	15,000.	0.			HUMAN NEEDS GRANT
PLANNED PARENTHOOD OF GREATER OHIO 206 E. STATE STREET COLUMBUS, OH 43215	34-1015976	501(C)(3)	10,000.	0.			HEALTH GRANT

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
PLANNED PARENTHOOD SOUTH ATLANTIC SOUTHEAST REGIONAL OFFICE 100 SOUTH BOYLAN AVENUE - RALEIGH, NC 27603	56-1282557	501(C)(3)	36,742.	0.			HEALTH GRANT
PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922	501(C)(3)	35,743.	0.			ENVIRONMENT GRANT
POSSE FOUNDATION 14 WALL STREET, SUITE 8A-60 NEW YORK, NY 10005	13-3840394	501(C)(3)	10,000.	0.			HUMAN NEEDS GRANT
POST AND COURIER FOUNDATION 148 WILLIAM STREET CHARLESTON, SC 29403	57-6020356	501(C)(3)	13,000.	0.			HUMAN NEEDS GRANT
PREGNANCY CENTER AND CLINIC OF THE LOW COUNTRY - 1 CARDINAL ROAD - SUITES 1&2 - HILTON HEAD ISLAND, SC 29926	57-0923523	501(C)(3)	16,000.	0.			HEALTH GRANT
PRESERVATION SOCIETY OF CHARLESTON P.O. BOX 521 CHARLESTON, SC 29402	57-0439524	501(C)(3)	18,189.	0.			ENVIRONMENT GRANT
PRINCETON AREA COMMUNITY FOUNDATION - PO BOX 825454 - PHILADELPHIA, PA 19182	52-1746234	501(C)(3)	25,000.	0.			PHILANTHROPY GRANT
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE, STE. 2 BLUFFTON, SC 29910	57-1036680	501(C)(3)	20,000.	0.			HUMAN NEEDS GRANT
PURE THEATRE 134 CANNON STREET CHARLESTON, SC 29403	13-4240676	501(C)(3)	7,669.	0.			ARTS GRANT

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
RADIO LOLLIPOP USA, INC. 3959 BROADWAY, 5 TOWER ROOM 561 NEW YORK, NY 10032	65-0454674	501(C)(3)	15,000.	0.			HEALTH GRANT
REACH OUT AND READ CAROLINAS PO BOX 55 CENTRAL, SC 29630	04-3481253	501(C)(3)	15,000.	0.			EDUCATION GRANT
READING PARTNERS 6296 RIVERS AVE. SUITE 305 NORTH CHARLESTON, SC 29406	77-0568469	501(C)(3)	40,500.	0.			EDUCATION GRANT
REFUGEES INTERNATIONAL 2001 S STREET, NW SUITE 700 WASHINGTON, DC 20009	52-1224516	501(C)(3)	10,000.	0.			HUMAN NEEDS GRANT
RESPIRE CARE CHARLESTON 1605 HARBORVIEW ROAD CHARLESTON, SC 29412	45-1535756	501(C)(3)	18,000.	0.			HUMAN NEEDS GRANT
ROBERT SMALLS INTERNATIONAL ACADEMY - 43 W.K. ALSTON DRIVE - BEAUFORT, SC 29906	57-6000310	501(C)(3)	10,000.	0.			EDUCATION GRANT
RONALD McDONALD HOUSE CHARITIES OF CHARLESTON, INC. - 81 GADSDEN STREET - CHARLESTON, SC 29401	57-0724845	501(C)(3)	36,388.	0.			HUMAN NEEDS GRANT
RONALD McDONALD HOUSE CHARITIES OF THE COASTAL EMPIRE, INC. - 4710 WATERS AVENUE - SAVANNAH, GA 31404	58-1630107	501(C)(3)	15,000.	0.			HUMAN NEEDS GRANT
ROPER ST. FRANCIS FOUNDATION 125 DOUGHTY STREET, STE 790 CHARLESTON, SC 29403	57-1068509	501(C)(3)	36,500.	0.			HEALTH GRANT

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
SANDALWOOD COMMUNITY FOOD PANTRY 114 BEACH CITY RD HILTON HEAD, SC 29926	27-2766571	501(C)(3)	8,000.	0.			HUMAN NEEDS GRANT
SECOND HELPINGS P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	20,000.	0.			HUMAN NEEDS GRANT
SECOND PRESBYTERIAN CHURCH 342 MEETING STREET CHARLESTON, SC 29403	57-6000886	501(C)(3)	21,000.	0.			RELIGION GRANT
SERVE AND CONNECT 1721 SAUNDERS ST COLUMBIA, SC 29201	81-1369953	501(C)(3)	8,400.	0.			SOCIAL JUSTICE GRANT
SOMOS AMIGOS MEDICAL MISSIONS PO BOX 2351 SARASOTA, CA 95070	77-0553014	501(C)(3)	15,000.	0.			HEALTH GRANT
SOUTH CAROLINA AQUARIUM 100 AQUARIUM WHARF CHARLESTON, SC 29401	57-0961897	501(C)(3)	48,000.	0.			EDUCATION GRANT
SOUTH CAROLINA ARTS COMMISSION 1026 SUMTER STREET SUITE 200 COLUMBIA, SC 29201	57-6000286	501(C)(3)	53,033.	0.			ARTS GRANT
SOUTH CAROLINA ENVIRONMENTAL LAW PROJECT - P.O. BOX 1380 - PAWLEYS ISLAND, SC 29585	57-1031430	501(C)(3)	43,000.	0.			ENVIRONMENT GRANT
SOUTH CAROLINA FORESTRY FOUNDATION P.O. BOX 21303 COLUMBIA, SC 29221	57-0702583	501(C)(3)	6,000.	0.			ENVIRONMENT GRANT

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
SOUTH CAROLINA GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION - 15 UNIVERSITY STREET - GREENVILLE, SC 29601	57-0794878	501(C)(3)	9,000.	0.			EDUCATION GRANT
SOUTH CAROLINA NURSE RETENTION SCHOLARSHIP - PO BOX 23019 - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	8,000.	0.			HEALTH GRANT
SOUTHERN CLEMENTE COMMUNITY ALLIANCE - 1 BISHOP GADSDEN WAY #130 - CHARLESTON, SC 29412	83-0891247	501(C)(3)	25,000.	0.			HUMAN NEEDS GRANT
SOUTHERN DHARMA RETREAT CENTER, INC. - 1661 WEST ROAD - HOT SPRINGS, NC 28743	56-1695711	501(C)(3)	25,000.	0.			RELIGION GRANT
SOUTHERN ENVIRONMENTAL LAW CENTER 120 GARRETT ST. SUITE 400 CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	58,500.	0.			ENVIRONMENT GRANT
SPARTANBURG COUNTY FOUNDATION 424 EAST KENNEDY STREET SPARTANBURG, SC 29302	57-0351398	501(C)(3)	12,500.	0.			PHILANTHROPY GRANT
SPECIALIZED ALTERNATIVES FOR FAMILIES & YOUTH OF SC, INC. - 4925 LACROSS ROAD, SUITE 111 - CHARLESTON, SC 29406	57-0940094	501(C)(3)	6,000.	0.			HUMAN NEEDS GRANT
SPOLETO FESTIVAL U.S.A. 14 GEORGE STREET CHARLESTON, SC 29401	57-0660848	501(C)(3)	329,720.	0.			ARTS GRANT
ST. LUKE'S EPISCOPAL CHURCH 73 S. FULLERTON AVENUE MONTCLAIR, NJ 07042	22-1487605	501(C)(3)	50,000.	0.			HUMAN NEEDS GRANT

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
ST. PHILIPS EPISCOPAL CHURCH 142 CHURCH STREET CHARLESTON, SC 29401	57-0327892	501(C)(3)	7,700.	0.			RELIGION GRANT
STELLA MARIS ROMAN CATHOLIC CHURCH P.O. BOX 280 SULLIVAN'S ISLAND, SC 29482	57-0654817	501(C)(3)	10,000.	0.			RELIGION GRANT
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HVLAN BLVD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	10,300.	0.			HUMAN NEEDS GRANT
STORYCORPS, INC. 80 HANSON PLACE, 2ND FLOOR BROOKLYN, NY 11217	13-3753011	501(C)(3)	10,000.	0.			EDUCATION GRANT
SULLIVAN'S ISLAND ELEMENTARY SCHOOL - 2014 MIKE PERKIS PLACE - SULLIVAN'S ISLAND, SC 29482	57-3000322	501(C)(3)	5,204.	0.			EDUCATION GRANT
SUSTAIN SOUTH CAROLINA PO BOX 1407 COLUMBIA, SC 29202	83-3354091	501(C)(3)	5,305.	0.			ENVIRONMENT GRANT
SYMPHONY SPACE, INC. 2537 BROADWAY AT 95TH ST. NEW YORK, NY 10025	13-2941455	501(C)(3)	10,000.	0.			ARTS GRANT
TEACH MY PEOPLE P.O. BOX 2848 PAWLEYS ISLAND, SC 29585	57-1075900	501(C)(3)	10,000.	0.			HEALTH GRANT
TEACHERS' SUPPLY CLOSET 2731 GORDON STREET NORTH CHARLESTON, SC 29405	45-0542815	501(C)(3)	13,000.	0.			EDUCATION GRANT

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
THE BLACKBAUD GIVING FUND 65 FAIRCHILD STREET CHARLESTON, SC 29492	46-0942102	501(C)(3)	5,771.	0.			HUMAN NEEDS GRANT
THE CHILDREN'S CENTER 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	20,000.	0.			EDUCATION GRANT
THE CHURCH AT LIFE PARK 1151 GEORGE BROWDER BLVD MOUNT PLEASANT, SC 29466	47-1094917	501(C)(3)	15,000.	0.			HUMAN NEEDS GRANT
THE CITADEL FOUNDATION 171 MOULTRIE STREET CHARLESTON, SC 29409	57-6020493	501(C)(3)	16,647.	0.			EDUCATION GRANT
THE COMPLETE STUDENT 1903 SOUTHSIDE BLVD. PORT ROYAL, SC 29935	84-4793012	501(C)(3)	17,500.	0.			EDUCATION GRANT
THE GREEN HEART PROJECT 759 KING STREET SUITE A CHARLESTON, SC 29403	46-0829120	501(C)(3)	22,483.	0.			ENVIRONMENT GRANT
THE HAITI PROJECT, INC. BOX 594 124 RAYMOND AVE POUGHKEEPSIE, NY 12604	02-0815125	501(C)(3)	20,000.	0.			ARTS GRANT
THE HILTON HEAD ISLAND DEEP WELL PROJECT - PO BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	16,000.	0.			HUMAN NEEDS GRANT
THE LAMB INSTITUTE P.O. BOX 2557 MOUNT PLEASANT, SC 29465	57-1086826	501(C)(3)	6,000.	0.			HUMAN NEEDS GRANT

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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
THE MARFAN FOUNDATION, INC. 22 MANHASSET AVE PORT WASHINGTON, NY 11050	52-1265361	501(C)(3)	10,000.	0.			HEALTH GRANT
THE NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	23-7825575	501(C)(3)	20,000.	0.			PHILANTHROPY GRANT
THE VILLAGE GROUP P. O. BOX 700 GEORGETOWN, SC 29442	06-1749252	501(C)(3)	22,075.	0.			EDUCATION GRANT
THE VILLAGE REPERTORY COMPANY PO BOX 22012 CHARLESTON, SC 29413	30-0137284	501(C)(3)	101,000.	0.			ARTS GRANT
TOGETHER SC PO BOX 12903 COLUMBIA, SC 29211	57-1057398	501(C)(3)	20,000.	0.			EDUCATION GRANT
TRI-COMMUNITY CENTER, INC. 2509 HWY 311 CROSS, SC 29436	57-0929247	501(C)(3)	8,000.	0.			NEIGHBORHOOD & COMMUNITY DEV. GRANT
TRI-COUNTY CRADLE-TO-CAREER COLLABORATIVE - 2180 MCWILLAN AVE #71544 - NORTH CHARLESTON, SC 29415	46-2902337	501(C)(3)	16,500.	0.			EDUCATION GRANT
TRIDENT ACADEMY, INC. 1455 WAKENDAW ROAD MOUNT PLEASANT, SC 29464	57-0542727	501(C)(3)	11,200.	0.			EDUCATION GRANT
TRIDENT LITERACY ASSOCIATION 6185-D RIVERS AVENUE NORTH CHARLESTON, SC 29406	57-0721308	501(C)(3)	18,000.	0.			EDUCATION GRANT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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TRIDENT TECHNICAL COLLEGE FOUNDATION, INC. - P.O. BOX 61227 - CHARLESTON, SC 29419	57-0699317	501(C)(3)	31,650.	0.			EDUCATION GRANT
TRIDENT UNITED WAY P.O. BOX 63305 NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	122,447.	0.			HUMAN NEEDS GRANT
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVENUE, SUITE 700 BOSTON, MA 02215	04-2103547	501(C)(3)	10,000.	0.			EDUCATION GRANT
TURN90 (FORMERLY TURNING LEAF) 3765 LEEDS AVENUE NORTH CHARLESTON, SC 29405	46-0671501	501(C)(3)	24,000.	0.			HUMAN NEEDS GRANT
UNDER ONE ROOF SERVICES P.O. BOX 1901 BEAUFORT, SC 29901	27-0981486	501(C)(3)	20,000.	0.			HUMAN NEEDS GRANT
UNITED SCHOOLS NETWORK, INC. 1469 E. MAIN STREET COLUMBUS, OH 43205	46-2265149	501(C)(3)	10,000.	0.			EDUCATION GRANT
UNIVERSITY OF SOUTH CAROLINA - BEAUFORT - BURSAR'S OFFICE 801 CARTERET STREET - BEAUFORT, SC 29902	57-6001153	501(C)(3)	5,050.	0.			EDUCATION GRANT
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - OFFICE OF GIFT PROCESSING 1600 HAMPTON ST., SUITE 735 - COLOMBIA, SC 29208	57-6017985	501(C)(3)	115,000.	0.			EDUCATION GRANT
UNIVERSITY OF VIRGINIA ATTN: JOY SABOL P O BOX 400764 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	15,000.	0.			EDUCATION GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANTAGE POINT FOUNDATION 174 MEETING ST STE 200 CHARLESTON, SC 29401	81-3500667	501(C)(3)	25,000.	0.			HUMAN NEEDS GRANT
VASSAR COLLEGE BOX 14 124 RAYMOND AVENUE POUGHKEEPSIE, NY 12604	14-1338587	501(C)(3)	10,000.	0.			EDUCATION GRANT
VISION TO LEARN 12100 WILSHIRE BLVD SUITE 1275 LOS ANGELES, CA 90049	45-3457853	501(C)(3)	11,756.	0.			HEALTH GRANT
VITAL AGING OF WILLIAMSBURG COUNTY, INC. - 204 OAK STREET - KINGSTREE, SC 29556	58-2276534	501(C)(3)	11,000.	0.			HUMAN NEEDS GRANT
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND (VIM HHI) - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	20,000.	0.			HEALTH GRANT
WARRIORWOD FOUNDATION 4176 HOME TOWN LANE RAVENEL, SC 29470	87-1065126	501(C)(3)	12,000.	0.			HEALTH GRANT
WATER MISSIONS INTERNATIONAL 1150 MOLLY GREENE WAY BLDG. 1605 NORTH CHARLESTON, SC 29405	57-1116978	501(C)(3)	44,000.	0.			HUMAN NEEDS GRANT
WE ARE FAMILY 1801 REYNOLDS AVE. UNIT B NORTH CHARLESTON, SC 29405	57-1008020	501(C)(3)	14,000.	0.			HUMAN NEEDS GRANT
WINDWOOD FAMILY SERVICES 4857 WINDWOOD FARM ROAD AWENDAW, SC 29429	57-0807424	501(C)(3)	177,900.	0.			HUMAN NEEDS GRANT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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WINGS FOR KIDS 476 MEETING STREET, SUITE E CHARLESTON, SC 29403	57-1055054	501(C)(3)	40,000.	0.			HUMAN NEEDS GRANT
WORLD CENTRAL KITCHEN DONOR SERVICES TEAM 200 MASS AVE NW, 7TH FLOOR - WASHINGTON, DC 20001	27-3521132	501(C)(3)	30,000.	0.			HUMAN NEEDS GRANT
YALE UNIVERSITY OFFICE OF DEVELOPMENT CONTRIBUTION PROCESSING::P.O. BOX 2038 - NEW HAVEN, CT	06-0646973	501(C)(3)	15,000.	0.			EDUCATION GRANT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	195	508,505.	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 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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

23-7390313

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2022

Part III	Supplemental Information
-----------------	---------------------------------

Part III **Supplemental information**

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

23-7390313

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	171	4,910,845.	AVG HI/LO ON GIFT DA
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential	X	1	180,000.	APPRAISED VALUE
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

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 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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) 2022

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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**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:
SOCIAL JUSTICE PROGRAMS.

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

STRATEGIC INITIATIVES INCLUDE 1) SCHOLARSHIP PROGRAMS OPERATED BY THE
FOUNDATION RESULTED IN 232 SCHOLARSHIPS TO 155 STUDENTS TOTALING
\$543,800. THE REVEREND PINCKNEY SCHOLARSHIP PROGRAM WHICH INCLUDES AN
18-MONTH COLLEGE-READINESS PROGRAM FOR HIGH SCHOOL STUDENTS IN
BEAUFORT, CHARLESTON, COLLETON, HAMPTON AND JASPER COUNTIES, ACCOUNTED
FOR 80 OF THESE SCHOLARSHIPS TO 40 STUDENTS IN THE AMOUNT OF \$240,000;
2) THE CATALYST GRANT PROGRAM PROVIDES MULTI-YEAR FUNDING TO NONPROFITS
IN BEAUFORT, COLLETON, HAMPTON AND JASPER COUNTIES FOR COLLABORATIVE
BUILDING, STRATEGIC CAPACITY BUILDING OR COMMUNITY INNOVATION. THIS
FUNDING IS MEANT TO SUPPORT MEASURABLE IMPACT THROUGH STRATEGIC

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

COASTAL COMMUNITY FOUNDATION

Employer identification number

23-7390313

PARTNERING, COLLABORATION, AND/OR STRENGTHENING ORGANIZATIONAL CAPACITY

WHILE ADDRESSING COMMUNITY NEEDS. PROJECTS OF UP TO FIVE YEARS WILL BE

CONSIDERED IF THE PROJECT PERIOD IS WELL JUSTIFIED IN THE PROPOSAL.

SELECTED ORGANIZATIONS CAN ALSO RECEIVE TECHNICAL ASSISTANCE FROM A

CONSULTANT THROUGHOUT THE TERM OF THE GRANT, WHERE APPROPRIATE.

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

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 IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

OTHER ADMIN EXPENSE:

PROGRAM SERVICE EXPENSES	3,035.
MANAGEMENT AND GENERAL EXPENSES	566.
FUNDRAISING EXPENSES	5,247.
TOTAL EXPENSES	8,848.

TAXES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,816.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,816.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	13,664.

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

CHANGE IN VALUE - DEFERRED COMP	2,032.
CHANGE IN BENEFICIAL INTEREST IN TRUST	-42,819.
CHANGE IN CASH VALUE OF LIFE INSURANCE	8,203.

Name of the organization

COASTAL COMMUNITY FOUNDATION

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23-7390313

CHANGE IN VALUE-GIFT ANNUITY -28,182.

TRANSFERS 109,209.

TOTAL TO FORM 990, PART XI, LINE 9 48,443.

SCHEDULE R
(Form 990)

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Employer identification number
23-7390313

Department of the Treasury
Internal Revenue Service

Name of the organization
COASTAL COMMUNITY FOUNDATION

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	180,000.	180,000.	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	SUPPORTING ORGANIZATION -				COASTAL COMMUNITY		
PAWLEYS ISLAND, SC 29585	GRANTMAKING	SOUTH CAROLINA	501(C)(3)	509(A)(3) (TYPE1)	FOUNDATION		X
JEWISH ENDOWMENT FOUNDATION OF GREATER							
CHARLESTON - 57-1042419, 1691 TURNBULL AVE,	SUPPORTING ORGANIZATION -			509(A)(3)	COASTAL COMMUNITY		
N CHARLESTON, SC 29405	GRANTMAKING	SOUTH CAROLINA	501(C)(3)	(TYPE1)	FOUNDATION AND CHARLESTON JEWISH		X
SAUL ALEXANDER FOUNDATION - 23-7420175							
1691 TURNBULL AVE	SUPPORTING ORGANIZATION -			509(A)(3)			
N CHARLESTON, SC 29405	GRANTMAKING	SOUTH CAROLINA	501(C)(3)	(TYPE3)	N/A		X
WACCAMAW COMMUNITY FOUNDATION - 56-2121992							
3655 S. HIGHWAY 17 BUSINESS	SUPPORTING ORGANIZATION -			509(A)(3)	COASTAL COMMUNITY		
MURRELLS INLET, SC 29576	GRANTMAKING	SOUTH CAROLINA	501(C)(3)	(TYPE1)	FOUNDATION		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**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 SAUL ALEXANDER FOUNDATION JEWISH ENDOWMENT FOUNDATION OF GREATER CHARLESTON	C	124,709.	FAIR MARKET VALUE
(2) THE SAUL ALEXANDER FOUNDATION	L	89,809.	FAIR MARKET VALUE
(3) THE SAUL ALEXANDER FOUNDATION	L	15,013.	FAIR MARKET VALUE
(4) THE FRANCES P. BUNNELLE FOUNDATION	L	53,501.	FAIR MARKET VALUE
(5) WACCAMAW COMMUNITY FOUNDATION INC. JEWISH ENDOWMENT FOUNDATION OF GREATER CHARLESTON	L	49,629.	FAIR MARKET VALUE
(6) CHARLESTON	Q	3,006.	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) THE FRANCES P. BUNNELLE FOUNDATION	Q	268,760.	FAIR MARKET VALUE
(8) WACCAMAW COMMUNITY FOUNDATION INC.	Q	184,952.	FAIR MARKET VALUE
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

JEWISH ENDOWMENT FOUNDATION OF GREATER CHARLESTON

DIRECT CONTROLLING ENTITY: COASTAL COMMUNITY FOUNDATION AND CHARLESTON

JEWISH FEDERATION

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

OMB No. 1545-0047

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

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

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

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

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

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

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

JANE LITZ

- The books are in the care of ► **1691 TURNBULL AVE - N CHARLESTON, SC 29405-1944**

Telephone No. ► **843-723-3635**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2022**, and ending **DEC 31, 2022**.

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

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

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