

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

Open to Public  
Inspection

<b>A</b> For the <b>2024</b> calendar year, or tax year beginning and ending																				
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input checked="" 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>COASTAL COMMUNITY FOUNDATION OF SOUTH CAROLINA, INC.</b></td> <td><b>D</b> Employer identification number <b>23-7390313</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3"><b>E</b> Telephone number <b>(843) 723-5736</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>1691 TURNBULL AVE</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>N CHARLESTON, SC 29405</b></td> <td><b>G</b> Gross receipts \$ <b>103,419,019.</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>JANE LITZ</b> <b>SAME AS C ABOVE</b></td> <td> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No            If "No," attach a list. See instructions  <b>H(c)</b> Group exemption number         </td> </tr> <tr> <td colspan="3"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  <b>J</b> Website: <b>WWW.COASTALCOMMUNITYFOUNDATION.ORG</b>  <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: <b>1974</b> <b>M</b> State of legal domicile: <b>SC</b> </td> </tr> </table>	<b>C</b> Name of organization <b>COASTAL COMMUNITY FOUNDATION OF SOUTH CAROLINA, INC.</b>		<b>D</b> Employer identification number <b>23-7390313</b>	Doing business as		<b>E</b> Telephone number <b>(843) 723-5736</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>1691 TURNBULL AVE</b>		City or town, state or province, country, and ZIP or foreign postal code <b>N CHARLESTON, SC 29405</b>		<b>G</b> Gross receipts \$ <b>103,419,019.</b>	<b>F</b> Name and address of principal officer: <b>JANE LITZ</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <b>WWW.COASTALCOMMUNITYFOUNDATION.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: <b>1974</b> <b>M</b> State of legal domicile: <b>SC</b>		
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITE PEOPLE AND RESOURCES TO BUILD COMMUNITIES RICH IN OPPORTUNITY AND WELL-BEING.</b>																								
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																								
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>20</b>																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>20</b>																								
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a) ..... <b>63</b>																								
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>147</b>																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>915,993.</b>																								
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>549,837.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">48,111,845.</td> <td align="right">24,219,502.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">4,371,414.</td> <td align="right">4,640,047.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">6,607,159.</td> <td align="right">17,734,803.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">-101,384.</td> <td align="right">-266,254.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">58,989,034.</td> <td align="right">46,328,098.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	48,111,845.	24,219,502.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	4,371,414.	4,640,047.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	6,607,159.	17,734,803.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-101,384.	-266,254.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	58,989,034.	46,328,098.						
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**Part II Signature Block**

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

<b>Sign Here</b>	 Signature of officer	<b>11/11/2025</b> Date		
	<b>JANE LITZ, SENIOR VICE PRESIDENT AND CFO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Preparer's name <b>JANICE A RATICA</b>	Preparer's signature 	Date <b>11/10/25</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00358837</b>
	Firm's name <b>ELLIOTT DAVIS ADVISORY, LLC</b>		Firm's EIN <b>39-2519050</b>	
Firm's address <b>500 EAST MOREHEAD STREET, SUITE 700 CHARLOTTE, NC 28202</b>		Phone no. (704) 333-8881		

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

COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.

Form 990 (2024)

23-7390313 Page 2

**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 BUILDS THRIVING COMMUNITIES BY CONNECTING PEOPLE AND INVESTING RESOURCES, ACROSS THE NINE COASTAL COUNTIES OF SC BEAUFORT, BERKELEY, CHARLESTON, COLLETON, DORCHESTER, GEORGETOWN, HAMPTON, HORRY, AND JASPER. IT ALSO MANAGES OVER 800 INDIVIDUAL FUNDS, EACH

**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 \$ 33,289,237. including grants of \$ 28,525,446. ) (Revenue \$ 4,714,498. )

PHILANTHROPY - AS SOUTH CAROLINA'S LARGEST COMMUNITY FOUNDATION AND A RECOGNIZED TRUSTED PHILANTHROPIC LEADER IN THE SOUTHEAST, COASTAL COMMUNITY FOUNDATION (CCF) DELIVERS DONOR-CENTERED GUIDANCE AND EXCEPTIONAL STEWARDSHIP TO INDIVIDUALS, FAMILIES, AND ORGANIZATIONS. WITH A PROVEN ABILITY TO TRANSFORM BOLD IDEAS INTO MEANINGFUL ACTION, WE HELP FUND PROGRAMS THAT ADDRESS URGENT NEEDS AND SUSTAIN VITAL COMMUNITY INITIATIVES FOR GENERATIONS. CCF'S 50TH ANNIVERSARY IN 2024 CELEBRATED PROVIDING OVER \$433M IN PHILANTHROPIC GRANTMAKING AND SCHOLARSHIP DISTRIBUTIONS SINCE INCEPTION.

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

GRANTMAKING - WITH ROBUST EXPERTISE IN LONG-TERM CHARITABLE GIVING AND EMERGENCY RESPONSE, THE FOUNDATION DELIVERS VITAL OPERATIONAL AND CATALYTIC SUPPORT ACROSS OUR NINE-COUNTY SERVICE AREA. 2,369 GRANTS AND SCHOLARSHIPS WERE DISBURSED DURING THE YEAR TOTALING \$28.5M. THESE INVESTMENTS REFLECT OUR COMMITMENT TO BUILDING STRONGER, MORE RESILIENT COMMUNITIES FUELING PROGRESS IN KEY AREAS: HUMAN NEEDS \$7M; EDUCATION \$9.9M; HEALTH INITIATIVES: \$3M; ENVIRONMENTAL EFFORTS: \$1.6M; ARTS: \$2.4M; FAITH-BASED PROGRAMS: \$918K; NEIGHBORHOOD & COMMUNITY DEVELOPMENT: \$2.7M; PHILANTHROPY: \$624K; SOCIAL JUSTICE: \$185K.

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

STRATEGIC INITIATIVES INCLUDE 1) THE FOUNDATION'S SCHOLARSHIP PROGRAMS AWARDED 192 SCHOLARSHIPS TOTALING \$833K, EXPANDING ACCESS TO HIGHER EDUCATION ACROSS THE REGION; 2) THE CATALYST GRANT PROGRAM PROVIDED \$2.4M IN FUNDING WITH A \$4.3M FUTURE MULTI-YEAR COMMITMENT, TO NONPROFITS IN BEAUFORT, COLLETON, HAMPTON, AND JASPER COUNTIES TO ADVANCE COLLABORATION, BUILD STRATEGIC CAPACITY, AND DRIVE COMMUNITY INNOVATION. GRANTS SUPPORT INITIATIVES WITH MEASURABLE IMPACT THROUGH PARTNERSHIPS, ORGANIZATIONAL STRENGTHENING, AND SOLUTIONS THAT ADDRESS LOCAL NEEDS FOR UP TO FIVE YEARS. SOME GRANTEEES MAY ALSO RECEIVE EXPERT TECHNICAL ASSISTANCE THROUGHOUT THE GRANT TERM TO ENHANCE EFFECTIVENESS AND SUSTAINABILITY; 3) THE PLACE-BASED IMPACT INVESTMENT INITIATIVE DEPLOYED NEARLY \$1.4M INTO LIFTING AFFORDABLE HOUSING, SMALL BUSINESS

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

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

**4e** Total program service expenses 33,289,237.

Form 990 (2024)

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.**

Form 990 (2024)

23-7390313 Page **3**

**Part IV Checklist of Required Schedules**

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

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
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**Part IV Checklist of Required Schedules** *(continued)*

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 42	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

	Yes	No
<b>2a</b> 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 <span style="float:right">2a 63</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>X</b>	
<b>4a</b> 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)?		<b>X</b>
<b>b</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).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> 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?		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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?		<b>X</b>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		<b>X</b>
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		<b>X</b>
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <span style="float:right">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<b>X</b>
<b>17 Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.		

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**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <span style="float:right"><b>1a</b> 20</span> 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>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <span style="float:right"><b>1b</b> 20</span>			
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>		<b>X</b>
<b>3</b> 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? .....	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	<b>9</b>		<b>X</b>

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

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

**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**

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

• List all of the organization's **current** key employees, if any. See 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				318,000.	0.	82,983.
(2) JANE LITZ CFO	50.00			X				221,952.	0.	31,369.
(3) MELISSA LEVESQUE CHIEF STRATEGY OFFICER	50.00			X				187,270.	0.	32,887.
(4) DAVID GALVIN VP OF TALENT & OPERATIONS	50.00				X			147,696.	0.	24,653.
(5) CHRISTOPHER BALLAD SR DIRECTOR FINANCE & CONTROLLER	50.00				X			122,383.	0.	36,464.
(6) TODD LOHRENZ SR DIRECTOR MARKETING & COMMUNICATIO	50.00				X			111,726.	0.	38,103.
(7) HELEN WOLFE SR DIRECTOR DEVELOPMENT & STEWARDSHI	50.00				X			123,564.	0.	15,872.
(8) KERRI FOREST VP OF GRANTMAKING AND COMMUNITY LEAD	50.00				X			124,419.	0.	11,116.
(9) VANESSA GONGORA DIRECTOR	1.00	X						0.	0.	0.
(10) STACY DAVIS DIRECTOR	1.00	X						0.	0.	0.
(11) MASON HOLLAND DIRECTOR	1.00	X						0.	0.	0.
(12) CHRISTIE WOOTTON DIRECTOR	1.00	X						0.	0.	0.
(13) ELLIS REGENBOGEN DIRECTOR	1.00	X						0.	0.	0.
(14) MORGAN MORTON DIRECTOR	1.00	X						0.	0.	0.
(15) JEROME HARRIS DIRECTOR	1.00	X						0.	0.	0.
(16) DAVID BUNDY DIRECTOR	1.00	X						0.	0.	0.
(17) ANITA ZUCKER DIRECTOR	1.00	X						0.	0.	0.



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**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) WENDY ZARA DIRECTOR	1.00	X						0.	0.	0.
(19) JAMIE PHILLIPPE DIRECTOR	1.00	X						0.	0.	0.
(20) CATHERINE C. LACOUR DIRECTOR	1.00	X						0.	0.	0.
(21) COKEITHA GADDIST DIRECTOR	1.00	X						0.	0.	0.
(22) JULIE H. WALKER DIRECTOR	1.00	X						0.	0.	0.
(23) BERNETT W. MAZYCK DIRECTOR - THRU 1.3.25	1.00	X						0.	0.	0.
(24) TYEKA GRANT DIRECTOR - THRU 12.31.24	1.00	X						0.	0.	0.
(25) LARRY MERCADO DIRECTOR - THRU 12.31.24	1.00	X						0.	0.	0.
(26) HERBERT L. DRAYTON III IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,357,010.	0.	273,447.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,357,010.	0.	273,447.

**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 8

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

**Section B. Independent Contractors**

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

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

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

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form **990** (2024)

[illegible]

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	485,519.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	23,733,983.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,479,593.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> <u>MANAGEMENT FEE INCOME</u>	<b>Business Code</b>	561000	4,304,019.	4,304,019.		
	<b>b</b> <u>EARNED SERVICES FEES</u>		561000	336,028.	336,028.		
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			4,640,047.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			11,480,308.		915,993.
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal 69,876.				
<b>b</b> Less: rental expenses ...		<b>6b</b>	0.				
<b>c</b> Rental income or (loss)		<b>6c</b>	69,876.				
<b>d</b> Net rental income or (loss) .....			69,876.				
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other 62,764,282.				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	56,509,787.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	6,254,495.				
<b>d</b> Net gain or (loss) .....			6,254,495.				
<b>8 a</b> Gross income from fundraising events (not including \$ 485,519. of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>	240,429.				
<b>b</b> Less: direct expenses .....		<b>8b</b>	581,134.				
<b>c</b> Net income or (loss) from fundraising events .....			-340,705.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> <u>OTHER INCOME</u>	<b>Business Code</b>	561000	4,575.	4,575.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			4,575.			
	<b>12 Total revenue.</b> See instructions .....			46,328,098.	4,714,498.	915,993.	16478105.

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.**

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	27,347,364.	27,347,364.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	799,942.	799,942.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	378,140.	378,140.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	727,221.	429,334.	187,017.	110,870.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,597,148.	1,533,293.	667,900.	395,955.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	197,943.	116,861.	50,904.	30,178.
<b>9</b> Other employee benefits	458,484.	270,678.	117,907.	69,899.
<b>10</b> Payroll taxes	243,836.	143,955.	62,706.	37,175.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	4,265,721.		4,265,721.	
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	328,468.		328,468.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	953,776.	665,093.	166,265.	122,418.
<b>12</b> Advertising and promotion	159,668.	159,668.		
<b>13</b> Office expenses	49,104.	27,108.	13,809.	8,187.
<b>14</b> Information technology	228,459.	117,967.	69,368.	41,124.
<b>15</b> Royalties				
<b>16</b> Occupancy	436,984.	229,366.	130,345.	77,273.
<b>17</b> Travel	59,080.	41,183.	11,236.	6,661.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	94,331.	47,714.	31,961.	14,656.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	177,605.	92,301.	53,555.	31,749.
<b>23</b> Insurance	123,070.		76,008.	47,062.
<b>24</b> 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.)				
<b>a OTHER PROGRAM EXPENSE</b>	726,503.	726,503.	0.	0.
<b>b GIFTS/RECOGNITION</b>	81,548.	50,800.	19,304.	11,444.
<b>c CONTRIBUTIONS/SPONSORSH</b>	77,331.	77,331.	0.	0.
<b>d DEVELOPMENT AND RELOCAT</b>	50,340.	29,584.	13,031.	7,725.
<b>e</b> All other expenses	19,943.	5,052.	6,919.	7,972.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	40,582,009.	33,289,237.	6,272,424.	1,020,348.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.**

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	735,268.	<b>1</b>	777,126.
	<b>2</b> Savings and temporary cash investments .....	34,857,733.	<b>2</b>	8,166,833.
	<b>3</b> Pledges and grants receivable, net .....	349,249.	<b>3</b>	670,916.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	12,622.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	317,522.	<b>9</b>	342,002.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	3,913,347.		
	<b>b</b> Less: accumulated depreciation .....	892,837.	<b>10c</b>	3,020,510.
	<b>11</b> Investments - publicly traded securities .....	285,614,499.	<b>11</b>	359,604,574.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	62,317,385.	<b>12</b>	60,841,865.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,040,707.	<b>13</b>	2,135,963.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,983.	<b>15</b>	1,983.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	389,376,801.	<b>16</b>	435,574,394.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	162,981.	<b>17</b>	272,721.
	<b>18</b> Grants payable .....	189,626.	<b>18</b>	4,711,782.
	<b>19</b> Deferred revenue .....	13,273.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	4,282,150.	<b>25</b>	4,273,379.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,648,030.	<b>26</b>	9,257,882.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	382,225,446.	<b>27</b>	423,285,626.
	<b>28</b> Net assets with donor restrictions .....	2,503,325.	<b>28</b>	3,030,886.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	384,728,771.	<b>32</b>	426,316,512.
	<b>33</b> Total liabilities and net assets/fund balances .....	389,376,801.	<b>33</b>	435,574,394.

Form **990** (2024)

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.**

Form 990 (2024)

23-7390313 Page **12**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	46,328,098.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	40,582,009.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,746,089.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	384,728,771.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	35,118,671.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	722,981.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	426,316,512.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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	<b>2a</b>	<b>X</b>
<b>b</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	<b>2b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	

Form **990** (2024)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public Inspection**

Name of the organization	COASTAL COMMUNITY FOUNDATION OF SOUTH CAROLINA, INC.
--------------------------	--

Employer identification number	23-7390313
--------------------------------	------------

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).

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		
<b>Total</b>						

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.**

Schedule A (Form 990) 2024

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**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19338903.	52755701.	45843677.	48111845.	24219501.	190269627
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	19338903.	52755701.	45843677.	48111845.	24219501.	190269627
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						66083400.
<b>6 Public support.</b> Subtract line 5 from line 4.						124186227

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	19338903.	52755701.	45843677.	48111845.	24219501.	190269627
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4433809.	7306721.	5234296.	8883431.	10434916.	36293173.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	-323,723.	10,951.	164,232.	821,939.	915,993.	1589392.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	8,427.	5,915.	347.	6,053.	4,575.	25,317.
<b>11 Total support.</b> Add lines 7 through 10						228177509
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	9,007,827.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	54.43	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	62.81	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			
			<input type="checkbox"/>

Schedule A (Form 990) 2024



**COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.**

Schedule A (Form 990) 2024

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**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</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 <b>Part VI</b>.</i>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV

Supporting Organizations (continued)

	Yes	No
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?		
11a		
b A family member of a person described on line 11a above?		
11b		
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.		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.

Schedule A (Form 990) 2024

23-7390313 Page 6

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
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) 2024

COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.

Schedule A (Form 990) 2024

23-7390313 Page 7

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

## 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)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.**

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

COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.

Employer identification number

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>1,865,856.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,586,902.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,518,146.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,089,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,000,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.

Employer identification number

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		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 998,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 926,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 557,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>COASTAL COMMUNITY FOUNDATION OF SOUTH CAROLINA, INC.</b>	Employer identification number <b>23-7390313</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 506,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 501,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 500,000.	Person <input checked="" 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.)

Employer identification number

23-7390313

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
3	STOCK  	\$ 1,518,146.	12/03/02
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	  	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	  	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	  	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	  	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	  	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	  	\$	

Name of organization	Employer identification number
COASTAL COMMUNITY FOUNDATION OF SOUTH CAROLINA, INC.	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
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 OF SOUTH CAROLINA, INC.	Employer identification number (EIN)	23-7390313
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs 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) 2024

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		0.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		0.	
<b>d</b> Other exempt purpose expenditures		40,582,011.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		40,582,011.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
IF the amount on line 1e, column (a) or (b), is:	THEN 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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	908,593.	1,000,000.	1,000,000.	3,908,593.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,862,890.
<b>c</b> Total lobbying expenditures	62.				62.
<b>d</b> Grassroots nontaxable amount	250,000.	227,148.	250,000.	250,000.	977,148.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,465,722.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024



**SCHEDULE D**

(Form 990)

(Rev. December 2024)

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](http://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 OF SOUTH  
CAROLINA, INC.**

Employer identification number  
**23-7390313**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	267	3
2 Aggregate value of contributions to (during year) .....	15,695,207.	329,297.
3 Aggregate value of grants from (during year) .....	16,275,121.	1,514,144.
4 Aggregate value at end of year .....	144,255,572.	88,041,704.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c 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 2d 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 .....

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

Schedule D (Form 990) (Rev. 12-2024)



## COASTAL COMMUNITY FOUNDATION OF SOUTH

Schedule D (Form 990) (Rev. 12-2024) CAROLINA, INC.

23-7390313 Page 2

**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:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	221,943,993.	175,386,782.	156,633,344.	170,653,909.	128,676,344.
b Contributions	11,061,160.	30,068,348.	23,121,788.	5,884,191.	4,004,697.
c Net investment earnings, gains, and losses	31,654,040.	24,099,303.	878,726.	-11,263,255.	43,623,903.
d Grants or scholarships	6,511,728.	5,630,111.	4,397,666.	6,773,761.	4,072,347.
e Other expenditures for facilities and programs		36,200.	21,693.	33,474.	
f Administrative expenses	2,065,957.	1,944,129.	827,717.	1,834,266.	1,578,688.
g End of year balance	256,081,508.	221,943,993.	175,386,782.	156,633,344.	170,653,909.

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? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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		3,298,696.	567,973.	2,730,723.
c Leasehold improvements				
d Equipment		388,846.	324,864.	63,982.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,020,510.

Schedule D (Form 990) (Rev. 12-2024)

## COASTAL COMMUNITY FOUNDATION OF SOUTH

Schedule D (Form 990) (Rev. 12-2024) CAROLINA, INC.

23-7390313 Page 3

**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	1,159,101.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	54,023,281.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE	455,480.	END-OF-YEAR MARKET VALUE
(D) BENEFICIAL INT REMAINDER		
(E) TRUST	927,632.	END-OF-YEAR MARKET VALUE
(F) OTHER TRUST ASSETS	4,276,371.	COST
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	60,841,865.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**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 DEPOSITS	5,277.
(3) CHARITABLE TRUST LIABILITY	2,628,594.
(4) DEFERRED COMPENSATION	232,283.
(5) GIFT ANNUITY PAYABLE - LONG TERM	1,094,441.
(6) GIFT ANNUITY PAYABLE - SHORT TERM	160,000.
(7) INCOME TAX LIABILITY	152,784.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,273,379.

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) (Rev. 12-2024)

## COASTAL COMMUNITY FOUNDATION OF SOUTH

Schedule D (Form 990) (Rev. 12-2024) CAROLINA, INC.

23-7390313 Page 4

**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, 2024.

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 2022.

**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.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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SCHEDULE F  
(Form 990)

(Rev. December 2024)  
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](http://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 OF SOUTH  
CAROLINA, INC.

Employer identification number

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, pro- gram 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	0	0	GRANTMAKING		360,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		18,140.
<b>3 a</b> Subtotal .....	0	0			378,140.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			378,140.

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

Schedule F (Form 990) (Rev. 12-2024)

**COASTAL COMMUNITY FOUNDATION OF SOUTH**

Schedule F (Form 990) (Rev. 12-2024) **CAROLINA, INC.**

**23-7390313**

Page **2**

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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	HUMAN NEEDS GRANT	18,140.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUMAN NEEDS GRANT	360,000.	CHECK	0.		

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

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

**Schedule F (Form 990) (Rev. 12-2024)**

Schedule F (Form 990) (Rev. 12-2024) **CAROLINA, INC.**

Page 3

Part III can be duplicated if additional space is needed.

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## COASTAL COMMUNITY FOUNDATION OF SOUTH

Schedule F (Form 990) (Rev. 12-2024) CAROLINA, INC.

23-7390313 Page 4

**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)



**Part V** Supplemental Information

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

**PART I, LINE 2:**

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

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

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public
Inspection

Name of the organization COASTAL COMMUNITY FOUNDATION OF SOUTH
CAROLINA, INC.
Employer identification number
23-7390313

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment 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?
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.

Table with 6 columns: (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. Includes a Total row at the bottom.

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.

## COASTAL COMMUNITY FOUNDATION OF SOUTH

Schedule G (Form 990) (Rev. 12-2024) CAROLINA, INC.

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

	(a) Event #1 CCF 50TH ANNIVERSARY	(b) Event #2 CCSD GALA EVENT	(c) Other events 2	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts .....	317,577.	302,670.	105,701.	725,948.
2 Less: Contributions .....	202,378.	186,080.	97,061.	485,519.
3 Gross income (line 1 minus line 2) .....	115,199.	116,590.	8,640.	240,429.
Direct Expenses				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....			3,500.	3,500.
7 Food and beverages .....	256,089.	114,205.	25,824.	396,118.
8 Entertainment .....	26,509.	8,024.	8,414.	42,947.
9 Other direct expenses .....	33,717.	93,180.	11,672.	138,569.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				581,134.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-340,705.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

Schedule G (Form 990) (Rev. 12-2024) **CAROLINA, INC.**

**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:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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

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 the name and address of the third party:

Address \_\_\_\_\_

**16** Gaming manager information:

Gaming manager compensation      \$ \_\_\_\_\_

Description of services provided

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

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

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

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

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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](http://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 OF SOUTH  
CAROLINA, INC.**

**Employer identification number**  
**23-7390313**

**Part I General Information on Grants and Assistance**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
50CAN DBA CHARLESTON RISE 8983 UNIVERSITY BLVD, SUITE 104-142 - NORTH CHARLESTON, SC 29406	27-3069592	501(C)(3)	49,702.	0.			EDUCATION
A CALL TO ACTION 21 BOUNDARY STREET BLUFFTON, SC 29910	47-3057571	501(C)(3)	6,000.	0.			EDUCATION
A FATHER'S PLACE 1800 RACEPATH AVE. CONWAY, SC 29527	57-1145908	501(C)(3)	30,000.	0.			HUMAN NEEDS
ACADEMIC MAGNET FOUNDATION 5109 A WEST ENTERPRISE STREET NORTH CHARLESTON, SC 29405	26-2530146	501(C)(3)	6,479.	0.			EDUCATION
ACRES PROJECT 2400 BERNEL ROAD STATE COLLEGE, PA 16803	47-1371290	501(C)(3)	35,000.	0.			HUMAN NEEDS
ADDLESTONE HEBREW ACADEMY 1675 RAOUL WALLENBERG BOULEVARD CHARLESTON, SC 29407	57-0409223	501(C)(3)	25,680.	0.			EDUCATION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **467.**

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

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

Schedule I (Form 990) (Rev. 12-2024)

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.**

Schedule I (Form 990)

**23-7390313**

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE FAMILY LIFE CENTER, INC. 5855 SOUTH OKATIE HIGHWAY HARDEEVILLE, SC 29927	57-1106874	501(C)(3)	8,000.	0.			HUMAN NEEDS
ALLIANCE FOR FULL ACCEPTANCE 3265 N. CAROLINA AVE., SUITE 202 NORTH CHARLESTON, SC 29405	57-1072394	501(C)(3)	51,000.	0.			SOCIAL JUSTICE
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - MAIN SC OFFICE - UPSTATE OFFICE, 123 W. ANTRIM DRIVE - GREENVILLE, SC	13-3039601	501(C)(3)	6,478.	0.			HEALTH
ALZHEIMERS FAMILY SERVICES OF GREATER BEAUFORT - 1500 KING STREET - BEAUFORT, SC 29902	57-0879175	501(C)(3)	24,000.	0.			HUMAN NEEDS
AMAZING JOURNEY, INC. P.O. BOX 1146 PAWLEYS ISLAND, SC 29585	47-3087429	501(C)(3)	5,500.	0.			HUMAN NEEDS
AMERICAN CANCER SOCIETY - HOPE LODGE - 269 CALHOUN STREET - CHARLESTON, SC 29401	13-1788491	501(C)(3)	252,298.	0.			HEALTH
AMERICAN CANCER SOCIETY, INC. MAIL DONATIONS, P. O. BOX 11796 CHARLOTTE, NC 28220	13-1788491	501(C)(3)	76,500.	0.			HEALTH
AMERICAN COLLEGE OF THE BUILDING ARTS - P O BOX 71668 - NORTH CHARLESTON, SC 29415	57-1075250	501(C)(3)	29,253.	0.			EDUCATION
AMERICAN NATIONAL RED CROSS NATIONAL GRANTS, PO BOX 37839 BOONE, IA 50037	53-0196605	501(C)(3)	56,500.	0.			HUMAN NEEDS

Schedule I (Form 990)

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS - CAROLINA LOWCOUNTY CHAPTER - 2424A CITY HALL LANE - CHARLESTON, SC 29406	53-0196605	501(C)(3)	110,735.	0.			HUMAN NEEDS
AMERICAN NATIONAL RED CROSS - NORTHERN NEW JERSEY CHAPTER - 209 FAIRFIELD ROAD - FAIRFIELD, NJ 07004	53-0196605	501(C)(3)	25,000.	0.			HUMAN NEEDS
AMIKIDS GEORGETOWN PO BOX 638 GEORGETOWN, SC 29442	65-0101637	501(C)(3)	80,000.	0.			HUMAN NEEDS
AMOR HEALING KITCHEN, INC. 944 PORTABELLA LANE CHARLESTON, SC 29412	82-3998998	501(C)(3)	75,640.	0.			HUMAN NEEDS
ANGEL FLIGHT SOARS, INC. 2000 AIRPORT ROAD, SUITE 227 PDK AI ATLANTA, GA 30341	58-1702239	501(C)(3)	7,500.	0.			HEALTH
ANTIOCH EDUCATIONAL CENTER P.O. BOX 1930 RIDGELAND, SC 29936	76-0818789	501(C)(3)	14,000.	0.			EDUCATION
ARK OF SC P.O. BOX 1540 SUMMERVILLE, SC 29484	47-1350098	501(C)(3)	31,446.	0.			HEALTH
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD, SC 29928	57-1035817	501(C)(3)	16,250.	0.			ARTS
ARTS ED NJ 432 HIGH ST. BURLINGTON, NJ 08016	47-3402518	501(C)(3)	10,000.	0.			ARTS

Schedule I (Form 990)



**COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.**

Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHEVILLE HUMANE SOCIETY 14 FOREVER FRIEND LANE ASHEVILLE, NC 28806	56-1444098	501(C)(3)	10,000.	0.			ENVIRONMENT
ASHLEY HALL FOUNDATION 172 RUTLEDGE AVENUE CHARLESTON, SC 29403	57-0314364	501(C)(3)	1,062,826.	0.			EDUCATION
ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED SOUTH CAROLINA (ABVI) - 1 CARRIAGE LANE, BUILDING A - CHARLESTON, SC 29407	57-0324912	501(C)(3)	44,385.	0.			HEALTH
ATHENS AREA HABITAT FOR HUMANITY 532 BARBER STREET ATHENS, GA 30601	58-1809143	501(C)(3)	25,200.	0.			HUMAN NEEDS
AUDUBON SOUTH CAROLINA 125 WAPPOO CREEK DRIVE, SUITE 214 CHARLESTON, SC 29412	13-1624102	501(C)(3)	30,500.	0.			ENVIRONMENT
AVERY C. THOMPSON, SR. COMMUNITY CENTER - 63 E. PALMETTO AVENUE, POST OFFICE BOX 601 - VARNVILLE, SC 29944	82-2294314	501(C)(3)	11,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
AVIAN CONSERVATION CENTER P.O. BOX 1247 CHARLESTON, SC 29402	57-0966813	501(C)(3)	14,328.	0.			ENVIRONMENT
BARRIER ISLANDS FREE MEDICAL CLINIC - 3226 MAYBANK HIGHWAY, #C - JOHNS ISLAND, SC 29455	20-5628911	501(C)(3)	92,627.	0.			HEALTH
BEAR HUG CATTLE COMPANY PO BOX 12 MANHATTAN, MT 59741	86-3911353	501(C)(3)	10,000.	0.			EDUCATION

Schedule I (Form 990)

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
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Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAUFORT COUNTY BLACK CHAMBER OF COMMERCE - 711 BLADEN ST. - BEAUFORT, SC 29902	04-3627371	501(C)(3)	1,264,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
BEAUFORT COUNTY HUMAN SERVICES DEPARTMENT - POST OFFICE DRAWER 1228 - BEAUFORT, SC 29901	57-6000311	501(C)(3)	19,500.	0.			HUMAN NEEDS
BEAUFORT COUNTY MEMORIAL HOSPITAL - RIDGELAND MED-I-ASSIST PROGRAM - ATTN: ACCESSHEALTH LOWCOUNTRY, 955 RIBAUT RD. - BEAUFORT, SC 29902	57-6000094	501(C)(3)	20,000.	0.			HEALTH
BEAUFORT COUNTY SCHOOL DISTRICT 2900 MINK POINT BOULEVARD BEAUFORT, SC 29902	57-6000367	501(C)(3)	2,300,000.	0.			EDUCATION
BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY - 1801 RICHMOND AVENUE - PORT ROYAL, SC 29935	57-0910326	501(C)(3)	23,250.	0.			EDUCATION
BEE COLLECTIVE (BERKELEY EARLY EDUCATION AND CARE) - BEE COLLECTIVE, PO BOX 50593 - SUMMERVILLE, SC 29485	82-3159217	501(C)(3)	12,000.	0.			HUMAN NEEDS
BETH ISRAEL CONGREGATION PO BOX 328, 401 SCOTTS STREET BEAUFORT, SC 29901	61-1751976	501(C)(3)	10,000.	0.			RELIGION
BETHEL UNITED METHODIST CHURCH PO BOX 62 SMOAKS, SC 29481	57-0787893	501(C)(3)	11,500.	0.			EDUCATION
BETHLEHEM INN PO BOX 8540 BEND, OR 97708	93-1323419	501(C)(3)	25,000.	0.			HUMAN NEEDS

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**COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.**

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(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
BEYOND BASIC LIFE SKILLS 406 N. GUM STREET SUMMERVILLE, SC 29483	81-3196257	501(C)(3)	64,139.	0.			HUMAN NEEDS
BEYOND OUR WALLS, INC.(BOWS) 2615 HARVEY AVENUE NORTH CHARLESTON, SC 29405	33-1087506	501(C)(3)	19,300.	0.			EDUCATION
BIG BROTHERS BIG SISTERS OF THE LOWCOUNTRY - 5055 LACKAWANNA BLVD. - NORTH CHARLESTON, SC 29405	83-3554712	501(C)(3)	45,868.	0.			HUMAN NEEDS
BISHOP ENGLAND HIGH SCHOOL 363 SEVEN FARMS DRIVE CHARLESTON, SC 29492	57-6000118	501(C)(3)	55,115.	0.			EDUCATION
BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY - 1 BISHOP GADSDEN WAY - CHARLESTON, SC 29412	57-0337132	501(C)(3)	28,500.	0.			HUMAN NEEDS
BLACK RIVER UNITED WAY P.O. BOX 1065 GEORGETOWN, SC 29442	57-0526145	501(C)(3)	11,000.	0.			PHILANTHROPY
BLINKNOW FOUNDATION A NJ NONPROFIT CORPORATION - PO BOX 453 - MENDHAM, NJ 07945	26-0819262	501(C)(3)	10,000.	0.			HUMAN NEEDS
BLUFFTON JASPER VOLUNTEERS IN MEDICINE - P.O. BOX 2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	7,500.	0.			HEALTH
BLUFFTON SELF HELP 39 SHERIDAN PARK CIRCLE BLUFFTON, SC 29910	57-0862658	501(C)(3)	15,000.	0.			HUMAN NEEDS

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**COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.**

Schedule I (Form 990)

**23-7390313**

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOLD DANCE CO., LLC 5101 ASHLEY PHOSPHATE ROAD, SUITE 1 NORTH CHARLESTON, SC 29418	84-4999090	501(C)(3)	10,100.	0.			ARTS
BORN TO READ, INC. 703 BLADEN STREET BEAUFORT, SC 29902	20-8599185	501(C)(3)	7,500.	0.			EDUCATION
BOY SCOUTS OF AMERICA COASTAL CAROLINA COUNCIL, INC. - 9297 MEDICAL PLAZA DRIVE - NORTH CHARLESTON, SC 29406	57-0327870	501(C)(3)	14,668.	0.			HUMAN NEEDS
BOYS & GIRLS CLUB OF BLUFFTON PO BOX 1908 BLUFFTON, SC 29910	57-0811876	501(C)(3)	7,500.	0.			EDUCATION
BOYS AND GIRLS CLUBS OF THE LOWCOUNTRY, INC. - 10 PINCKNEY COLONY ROAD, SUITE 103 - BLUFFTON, SC 29909	57-0811876	501(C)(3)	10,067.	0.			EDUCATION
BOYS TOWN JERUSALEM FOUNDATION OF AMERICA INC - 209 W. 29TH STREET SUITE #6250, SUITE 6250 - NEW YORK, NY 10001	11-5324002	501(C)(3)	20,000.	0.			EDUCATION
BRADLEY BLAKE FOUNDATION PO BOX 1516 ST. STEPHEN, SC 29479	35-2469029	501(C)(3)	5,250.	0.			SOCIAL JUSTICE
BRIDGES FOR END-OF-LIFE DBA/ BRIDGES OF HOPE - 1691 TURNBULL AVENUE, SUITE 201 - NORTH CHARLESTON, SC 29405	57-0701359	501(C)(3)	14,878.	0.			HUMAN NEEDS
CAMP CANAAN 3111 SAND ISLAND RD ROCK HILL, SC 29732	16-1673655	501(C)(3)	10,000.	0.			HUMAN NEEDS

Schedule I (Form 990)

**COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.**

Schedule I (Form 990)

**23-7390313**

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HAPPY DAYS 933 DUPONT ROAD, SUITE B CHARLESTON, SC 29407	57-0755466	501(C)(3)	24,705.	0.			HUMAN NEEDS
CAMP RISE ABOVE, INC. PO BOX 31295 CHARLESTON, SC 29417	27-0545990	501(C)(3)	22,500.	0.			HUMAN NEEDS
CAMP WILDWOOD, INC. P.O. BOX 123 HAMPTON, SC 29924	57-1059635	501(C)(3)	23,750.	0.			HUMAN NEEDS
CAMPUS CRUSADE FOR CHRIST, INC. P.O. BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	10,600.	0.			RELIGION
CAROLINA HUMAN REINVESTMENT, INC P.O. BOX 2440 GEORGETOWN, SC 29442	16-1777835	501(C)(3)	56,000.	0.			EDUCATION
CATHOLIC COMMUNITY FOUNDATION OF SC - P.O. BOX 31257 - CHARLESTON, SC 29417	82-1557805	501(C)(3)	75,000.	0.			RELIGION
CATHOLIC RELIEF SERVICES, INC. P.O. BOX 5200 HARLAN, IA 51593-0700	13-5563422	501(C)(3)	29,000.	0.			HUMAN NEEDS
CEDARS-SINAI MEDICAL CENTER THE BRAIN TRUST, 8700 BEVERLY BOULEVARD, SUITE 2416 - LOS ANGELES, CA 90048	95-1644600	501(C)(3)	15,000.	0.			HEALTH
CENTER FOR HEIRS' PROPERTY PRESERVATION - 8570 RIVERS AVE, STE 170 - NORTH CHARLESTON, SC 29406	52-2452879	501(C)(3)	20,082.	0.			HUMAN NEEDS

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CENTRAL OREGON COLLECTIVE 62070 27TH ST BEND, OR 97701	93-0818219	501(C)(3)	20,000.	0.			HUMAN NEEDS
CENTRAL OREGON COMMUNITY COLLEGE FOUNDATION - 2600 NW COLLEGE WAY - BEND, OR 97703	93-6041247	501(C)(3)	10,000.	0.			EDUCATION
CENTRAL OREGON FLYFISHERS 2252 NW FERNIE COURT BEND, OR 97703	93-0881830	501(C)(3)	10,000.	0.			ENVIRONMENT
CHAKANA MEDIA INC (DBA RECONSIDER) 39 RAY CLIFF DR ACCORD, NY 12404	46-4754502	501(C)(3)	50,000.	0.			EDUCATION
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406	57-6021863	501(C)(3)	129,403.	0.			ENVIRONMENT
CHARLESTON AREA JUSTICE MINISTRY 2021 REYNOLDS AVENUE, A202 NORTH CHARLESTON, SC 29405	46-1758506	501(C)(3)	9,000.	0.			ENVIRONMENT
CHARLESTON AREA SENIOR CITIZENS' SERVICES, INC. - 259 MEETING STREET - CHARLESTON, SC 29401	57-6030048	501(C)(3)	98,035.	0.			HUMAN NEEDS
CHARLESTON AREA THERAPEUTIC RIDING P.O. BOX 146 JOHNS ISLAND, SC 29457	57-0937061	501(C)(3)	17,157.	0.			HUMAN NEEDS
CHARLESTON CHAMBER FOUNDATION 4500 LEEDS AVE, SUITE 199 CHARLESTON, SC 29464	27-1199140	501(C)(3)	40,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.

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CHARLESTON COMMUNITY RESEARCH TO ACTION BOARD - P.O. BOX 71824 - NORTH CHARLESTON, SC 29415	46-1521161	501(C)(3)	65,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
CHARLESTON COUNTY PARKS FOUNDATION 861 RIVERLAND DRIVE CHARLESTON, SC 29412	57-0913949	501(C)(3)	18,007.	0.			ENVIRONMENT
CHARLESTON COUNTY PUBLIC LIBRARY 68 CALHOUN STREET CHARLESTON, SC 29401	57-6000317	501(C)(3)	30,222.	0.			EDUCATION
CHARLESTON COUNTY SCHOOL OF THE ARTS - 5109-B WEST ENTERPRISE STREET - NORTH CHARLESTON, SC 29405		501(C)(3)	40,000.	0.			EDUCATION
CHARLESTON DAY SCHOOL, INC. 15 ARCHDALE STREET CHARLESTON, SC 29401	57-0524184	501(C)(3)	11,000.	0.			EDUCATION
CHARLESTON GAILLARD CENTER 95 CALHOUN STREET CHARLESTON, SC 29401	46-3018925	501(C)(3)	50,000.	0.			ARTS
CHARLESTON HABITAT FOR HUMANITY 731 MEETING STREET, P.O. BOX 21479 CHARLESTON, SC 29413	57-0889919	501(C)(3)	9,500.	0.			HUMAN NEEDS
CHARLESTON HOPE P.O. BOX 21315 CHARLESTON, SC 29413	90-0903530	501(C)(3)	55,500.	0.			HUMAN NEEDS
CHARLESTON HORTICULTURAL SOCIETY 46 WINDERMERE BOULEVARD CHARLESTON, SC 29407	56-2211468	501(C)(3)	21,885.	0.			ENVIRONMENT

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CHARLESTON JAZZ 3005 WEST MONTAGUE AVENUE, SUITE 20 NORTH CHARLESTON, SC 29418	83-0504523	501(C)(3)	7,500.	0.			ARTS
CHARLESTON JEWISH FEDERATION 167 CROGHAN SPUR RD., SUITE #100 CHARLESTON, SC 29407	57-6000188	501(C)(3)	47,034.	0.			RELIGION
CHARLESTON LEGAL ACCESS 1816 SUCCESS STREET, BUILDING A, UNIT 102 - NORTH CHARLESTON, SC 29405	81-1013976	501(C)(3)	25,000.	0.			SOCIAL JUSTICE
CHARLESTON LIBRARY SOCIETY 164 KING STREET CHARLESTON, SC 29401	57-0314372	501(C)(3)	19,250.	0.			EDUCATION
CHARLESTON LITERARY FESTIVAL, INC. PO BOX 1825 CHARLESTON, SC 29402	81-3123725	501(C)(3)	13,300.	0.			ARTS
CHARLESTON PARKS CONSERVANCY, INC. 720 MAGNOLIA RD, STE 25 CHARLESTON, SC 29407	20-8375561	501(C)(3)	60,000.	0.			ENVIRONMENT
CHARLESTON PRO BONO LEGAL SERVICES 111 CHURCH STREET CHARLESTON, SC 29401	20-0737728	501(C)(3)	6,000.	0.			SOCIAL JUSTICE
CHARLESTON PROMISE NEIGHBORHOOD 1834 SUMMERVILLE AVE, SUITE 200 CHARLESTON, SC 29405	80-0597710	501(C)(3)	53,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
CHARLESTON SOUTHERN UNIVERSITY BUSINESS CENTER, 9200 UNIVERSITY BOULEVARD::POST OFFICE BOX 118087 - CHARLES	57-0474291	501(C)(3)	34,184.	0.			EDUCATION

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CHARLESTON STAGE COMPANY P.O. BOX 356 CHARLESTON, SC 29402	57-0694183	501(C)(3)	113,500.	0.			ARTS
CHARLESTON SYMPHONY ORCHESTRA P.O. BOX 30818 CHARLESTON, SC 29417	57-6000192	501(C)(3)	243,154.	0.			ARTS
CHARLESTON WATERKEEPER P.O. BOX 29 CHARLESTON, SC 29402	26-4178586	501(C)(3)	37,407.	0.			ENVIRONMENT
CHARMECK FAMILY JUSTICE CENTER INC.(DBA THE UMBRELLA CENTER) - PO BOX 12342 - CHARLOTTE, NC 28220	85-0985013	501(C)(3)	500,000.	0.			HUMAN NEEDS
CHILDREN IN CRISIS, DBA KAY PHILLIPS CHILD ADVOCACY CENTER - 303 EAST RICHARDSON AVENUE - SUMMERVILLE, SC 29483	57-1078099	501(C)(3)	51,353.	0.			HUMAN NEEDS
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS - 364 SOUTH PINE STREET, SUITE A-110 - SPARTANBURG, SC 29302	20-2511033	501(C)(3)	26,500.	0.			HEALTH
CHILDREN'S RECOVERY CENTER P.O. BOX 1499 MYRTLE BEACH, SC 29572	57-1047247	501(C)(3)	134,000.	0.			HUMAN NEEDS
CHILDRENS SCHOOL FOR CHILD-CENTERED EDUCATION INC - 2225 TORREY PINES LN - LA JOLLA, CA 92037	95-2871972	501(C)(3)	10,000.	0.			EDUCATION
CHURCH OF THE NAZARENE GLOBAL MINISTRY CENTER, 17001 PRAIRIE STAR PKWY - LENEXA, KS 66220	44-0552034	501(C)(3)	30,000.	0.			RELIGION

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CIRCLE OF HOPE MINISTRIES, INC. P.O. BOX 554 BEAUFORT, SC 29901	27-3678596	501(C)(3)	19,500.	0.			HUMAN NEEDS
CLEMSON UNIVERSITY OFFICE OF STUDENT FINANCIAL AID, G-08 SIKES HALL::BOX 345307 - CLEMSON, SC 2	57-6000254	501(C)(3)	17,689.	0.			EDUCATION
CLIMATE MOBILIZATION PROJECT INC 228 PARK AVE. SOUTH, PMB 87816 NEW YORK, NY 10003	81-1235389	501(C)(3)	7,500.	0.			ENVIRONMENT
CLOSET OF HOPE 125 ESSEX DR. SUMMERVILLE, SC 29485	84-4388491	501(C)(3)	11,400.	0.			HUMAN NEEDS
COALITION FOR THE HOMELESS 129 FULTON STREET NY, NY 10038	13-3072967	501(C)(3)	15,000.	0.			HUMAN NEEDS
COASTAL DISTRICT COUNCIL OF THE ST. VINCENT DE PAUL SOCIETY - 225 SEVEN FARMS DRIVE, #100 - DANIEL ISLAND, SC 29492	43-1964461	501(C)(3)	24,500.	0.			HUMAN NEEDS
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON, SC 29424	23-7069236	501(C)(3)	55,355.	0.			EDUCATION
COLLEGE OF CHARLESTON FOUNDATION - HALSEY INSTITUTE FOR CONTEMPORARY ART - 161 CALHOUN ST - CHARLESTON, SC 29401-3516	23-7069236	501(C)(3)	19,956.	0.			ARTS
COLLEGE OF CHARLESTON FOUNDATION - JEWISH STUDIES PROGRAM - 66 GEORGE STREET - CHARLESTON, SC 29424-0001	23-7069236	501(C)(3)	10,000.	0.			EDUCATION

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COLLETON COUNTY ARTS COUNCIL, INC. 367 EAST WASHINGTON STREET WALTERBORO, SC 29488	57-0966741	501(C)(3)	14,095.	0.			ARTS
COLLETON COUNTY COUNCIL ON AGING, INC. - 39 SENIOR AVENUE - WALTERBORO, SC 29488	57-0571436	501(C)(3)	14,000.	0.			HUMAN NEEDS
COLLETON COUNTY FIRST STEPS PO BOX 2090 WALTERBORO, SC 29488	57-1097790	501(C)(3)	12,500.	0.			EDUCATION
COLLETON COUNTY MEMORIAL LIBRARY 600 HAMPTON STREET WALTERBORO, SC 29488	57-0765263	501(C)(3)	8,000.	0.			EDUCATION
COLUMBUS STATE COMMUNITY COLLEGE DEVELOPMENT FOUNDATION, INC - 550 EAST SPRING STREET - COLUMBUS, OH 43215	31-1035280	501(C)(3)	10,000.	0.			EDUCATION
COMMITTEE ON BETTER RACIAL ASSURANCE - 3962 RIVERS AVENUE, P.O. BOX 71473 - NORTH CHARLESTON, SC 29415	57-0523813	501(C)(3)	5,057.	0.			SOCIAL JUSTICE
COMMUNITIES IN SCHOOLS OF SOUTH CAROLINA - 1691 TURNBULL AVENUE, SUITE 200 - NORTH CHARLESTON, SC 29405	57-0931840	501(C)(3)	338,436.	0.			EDUCATION
COMMUNITIES OF COASTAL GEORGIA FOUNDATION - 777 GLOUCESTER STREET, SUITE 103 - BRUNSWICK, GA 31520	20-2454729	501(C)(3)	15,902.	0.			PHILANTHROPY
COMMUNITY FIRST LAND TRUST P.O. BOX 71815 NORTH CHARLESTON, SC 29415	81-3879587	501(C)(3)	50,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.

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COMMUNITY FOOD BANK OF NEW JERSEY, INC. - 31 EVANS TERMINAL ROAD - HILLSIDE, NJ 07205	22-2423882	501(C)(3)	10,000.	0.			HUMAN NEEDS
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC - P.O. BOX 23019 - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	13,250.	0.			PHILANTHROPY
COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC - 4 VANDERBILT PARK DR, STE 300 - ASHEVILLE, NC 28803	56-1223384	501(C)(3)	44,400.	0.			PHILANTHROPY
COMMUNITY INNOVATIONS PO BOX 1216 WALTERBORO, SC 29488	92-1965049	501(C)(3)	11,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
CONFEDERATE HOME AND COLLEGE 62 BROAD ST CHARLESTON, SC 29401-2910	57-0314432	501(C)(3)	6,366.	0.			HUMAN NEEDS
CONGREGATION DOR TIKVAH 1645 RAOUL WALLENBERG BOULEVARD CHARLESTON, SC 29407	45-5626741	501(C)(3)	9,059.	0.			EDUCATION
CONGREGATION OF HOLY CROSS OFFICE OF MISSION ADVANCEMENT, PO B NOTRE DAME, IN 46556		501(C)(3)	15,000.	0.			RELIGION
CORPUS CHRISTI CATHOLIC COMMUNITY 89 HASELL STREET CHARLESTON, SC 29401		501(C)(3)	9,200.	0.			RELIGION
COVENANT HOUSE NEW YORK PO BOX 758636 TOPEKA, KS 66675-9986	13-3076376	501(C)(3)	25,000.	0.			HUMAN NEEDS

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CROSTOWNE CHURCH 1941 BEES FERRY RD CHARLESTON, SC 29414	57-0993706	501(C)(3)	100,000.	0.			RELIGION
DANIEL O MORRIS SOUTH CAROLINA LOW COUNTRY HERITAGE TRUST - PO BOX 1116, 10782 S. JACOB SMART BLVD - RIDGELAND, SC 29936	20-4515695	501(C)(3)	7,500.	0.			ARTS
DAY ONE EARLY LEARNING COMMUNITY 70 HOOKER AVE. POUGHKEEPSIE, NY 12601	83-4360367	501(C)(3)	25,000.	0.			EDUCATION
DEE NORTON CHILD ADVOCACY CENTER 1061 KING STREET CHARLESTON, SC 29403	57-0905724	501(C)(3)	115,195.	0.			HUMAN NEEDS
DESCHUTES LAND TRUST 210 NW IRVING AVENUE, STE. 102 BEND, OR 97703	93-1186407	501(C)(3)	15,000.	0.			ENVIRONMENT
DESCHUTES PUBLIC LIBRARY FOUNDATION, INC. - P.O. BOX 963 - BEND, OR 97709	94-3178822	501(C)(3)	35,000.	0.			EDUCATION
DEW SOMETHING DIFFERENT 3820 FABER PLACE DR STE 300 NORTH CHARLESTON, SC 29405	93-4751819	501(C)(3)	10,000.	0.			EDUCATION
DOCTORS WITHOUT BORDERS USA P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	58,105.	0.			HEALTH
DONORSCHOOSE ATTENTION: FINANCIAL OPERATIONS, MAIL CODE 6656, PO BOX 7247 - PHILADELPHIA,	13-4129457	501(C)(3)	55,692.	0.			EDUCATION

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DOORS TO FREEDOM 1317-M N. MAIN ST. #263 SUMMERVILLE, SC 29483	90-0671470	501(C)(3)	35,000.	0.			HUMAN NEEDS
DORCHESTER COUNTY COMMUNITY OUTREACH D/B/A KEYS TO CHANGE - P.O. BOX 2994 - SUMMERVILLE, SC 29483	47-3909720	501(C)(3)	18,762.	0.			HUMAN NEEDS
DORCHESTER HABITAT FOR HUMANITY P.O. BOX 1685 SUMMERVILLE, SC 29484	57-0978123	501(C)(3)	16,360.	0.			HUMAN NEEDS
DORCHESTER PAWS 136 FOUR PAWS LANE SUMMERVILLE, SC 29483	57-0620182	501(C)(3)	45,163.	0.			ENVIRONMENT
DORCHESTER TWO EDUCATIONAL FOUNDATION - 815 SOUTH MAIN ST. - SUMMERVILLE, SC 29483	46-3049858	501(C)(3)	7,500.	0.			EDUCATION
DRAYTON HALL PRESERVATION TRUST 3380 ASHLEY RIVER ROAD CHARLESTON, SC 29414	45-4938941	501(C)(3)	16,500.	0.			ENVIRONMENT
E3 FOUNDATION 1857 BERMUDA STONE DRIVE CHARLESTON, SC 29414	85-4237427	501(C)(3)	8,019.	0.			EDUCATION
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE ROAD MOUNT PLEASANT, SC 29466	57-0939280	501(C)(3)	127,335.	0.			HUMAN NEEDS
EAST COOPER FAITH NETWORK, INC P.O. BOX 1071 MOUNT PLEASANT, SC 29465	45-4775468	501(C)(3)	12,500.	0.			NEIGHBORHOOD & COMMUNITY DEV.

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EAST COOPER HABITAT FOR HUMANITY P.O. BOX 1990 MOUNT PLEASANT, SC 29465	57-0903917	501(C)(3)	34,210.	0.			HUMAN NEEDS
EAST COOPER MEALS ON WHEELS P.O. BOX 583 MOUNT PLEASANT, SC 29465	57-0804618	501(C)(3)	52,900.	0.			HUMAN NEEDS
EDISTO INDIAN FREE CLINIC 1125 RIDGE ROAD RIDGEVILLE, SC 29472	82-1691197	501(C)(3)	19,000.	0.			HEALTH
EDISTO ISLAND OPEN LAND TRUST P.O. BOX 1 EDISTO ISLAND, SC 29438	57-1007436	501(C)(3)	25,792.	0.			ENVIRONMENT
EDISTO NATCHEZ-KUSSO TRIBE OF SC 1125 RIDGE ROAD RIDGEVILLE, SC 29472	57-0570165	501(C)(3)	20,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
ELEVATOR REPAIR SERVICE THEATER, INC. - 47 GREAT JONES STREET, FLOOR 3 - NEW YORK, NY 10012	13-3787877	501(C)(3)	10,000.	0.			ARTS
ENGAGING CREATIVE MINDS PO BOX 31875 CHARLESTON, SC 29417	46-1710691	501(C)(3)	10,526.	0.			EDUCATION
ENTREPRENEURSHIP FOR ALL, INC. (AKA EFORALL) - 175 CABOT STREET, #310 - LOWELL, MA 01854	47-1858182	501(C)(3)	525,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	6,000.	0.			SOCIAL JUSTICE

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EXTRA MILE CLUB OF THE LOWCOUNTRY P.O. BOX 1915 BEAUFORT, SC 29901	46-3127074	501(C)(3)	7,500.	0.			HUMAN NEEDS
FAMILY JUSTICE CENTER OF GEORGETOWN AND HORRY COUNTIES - P.O. BOX 366 - GEORGETOWN, SC 29442	30-0420199	501(C)(3)	48,372.	0.			HUMAN NEEDS
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD, D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	15,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
FAMILY RESOURCE CENTER FOR DISABILITIES AND SPECIAL NEEDS - 1575 SAVANNAH HIGHWAY, SUITE 6, STE. 6 - CHARLESTON, SC 29407	57-1127412	501(C)(3)	7,500.	0.			EDUCATION
FEEDING OF THE MULTITUDES 1060 RED HILL RD HUGER, SC 29450-9489	81-1035485	501(C)(3)	8,250.	0.			HUMAN NEEDS
FIELDS TO FAMILIES PO BOX 21117 CHARLESTON, SC 29413	03-0608779	501(C)(3)	11,045.	0.			HUMAN NEEDS
FIRST STORY 963 SW SIMPSON AVE STE 110 BEND, OR 97702	91-1755886	501(C)(3)	10,000.	0.			HUMAN NEEDS
FIRST TEE - GREATER CHARLESTON 321 WINGO WAY, SUITE 201 MOUNT PLEASANT, SC 29464	20-3959266	501(C)(3)	13,400.	0.			HUMAN NEEDS
FLORENCE CRITTENTON PROGRAMS OF SC 19 SAINT MARGARET STREET CHARLESTON, SC 29403	57-0342030	501(C)(3)	23,750.	0.			HUMAN NEEDS

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FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATION INC - 510 WALNUT STREET, SUITE 1250 - PHILADELPHIA, PA 19106	04-3467254	501(C)(3)	5,200.	0.			SOCIAL JUSTICE
FRANCES P. BUNNELLE FOUNDATION P.O. BOX 1965 PAWLEYS ISLAND, SC 29585	57-1095197	501(C)(3)	81,000.	0.			PHILANTHROPY - DISCRETIONARY
FREEDMAN ARTS DISTRICT INC 2015 BOUNDARY ST STE 317 BEAUFORT, SC 29902	88-2601196	501(C)(3)	26,104.	0.			ARTS
FRENCH CREEK VALLEY CONSERVANCY PO BOX 434 MEADVILLE, PA 16335	25-1459333	501(C)(3)	10,000.	0.			ENVIRONMENT
FRIENDS OF CAROLINE HOSPICE OF BEAUFORT, INC. - 329 FRIENDS LANE - RIDGELAND, SC 29936	57-0725866	501(C)(3)	25,500.	0.			HEALTH
FRIENDS OF COASTAL SOUTH CAROLINA P.O. BOX 1131 MT. PLEASANT, SC 29465	57-1039362	501(C)(3)	8,000.	0.			ENVIRONMENT
FRIENDS OF COLLETON COUNTY ANIMAL SHELTER - 33 POOR FARM ROAD - WALTERBORO, SC 29488	26-4474266	501(C)(3)	9,878.	0.			ENVIRONMENT
FRIENDS OF FISHER HOUSE CHARLESTON INC - PO BOX 1678 - CHARLESTON, SC 29402	46-2521401	501(C)(3)	7,000.	0.			HUMAN NEEDS
FRIENDS OF KEEP CHARLESTON BEAUTIFUL - PO BOX #32321 - CHARLESTON, SC 29417	41-2208776	501(C)(3)	12,500.	0.			ENVIRONMENT

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FRIENDS OF KENYA RISING 3 ECHO LN N SHERMAN, CT 06784	85-2355364	501(C)(3)	25,000.	0.			HUMAN NEEDS
FRIENDS OF SHANKLIN PO BOX 6362 BEAUFORT, SC 29903	46-3198057	501(C)(3)	6,000.	0.			EDUCATION
FRIENDS OF THE GRENADINES INITIATIVE - 2705 HARTZELL ST - EVANSTON, IL 60201	83-2147451	501(C)(3)	100,000.	0.			HUMAN NEEDS
FRIENDS OF THE SPANISH MOSS RAIL TRAIL - P.O. BOX 401 - BEAUFORT, SC 29901	45-5205655	501(C)(3)	7,550.	0.			ENVIRONMENT
FRIENDSHIP PLACE, INC. P.O. BOX 282 GEORGETOWN, SC 29442	57-1073276	501(C)(3)	33,700.	0.			HUMAN NEEDS
GARNET TRUST FOUNDATION RICE ATHLETICS CENTER, 1304 HEYWARD COLUMBIA, SC 29208	92-0463073	501(C)(3)	25,000.	0.			PHILANTHROPY
GEORGETOWN PRESBYTERIAN CHURCH 558 BLACK RIVER ROAD GEORGETOWN, SC 29440	57-0648722	501(C)(3)	40,000.	0.			RELIGION
GHS BULLDOG BOOSTER CLUB 2500 ANTHUAN MAYBANK DRIVE GEORGETOWN, SC 29440	57-0766290	501(C)(3)	23,500.	0.			EDUCATION
GIBBES MUSEUM OF ART 135 MEETING STREET CHARLESTON, SC 29401	57-0323047	501(C)(3)	54,212.	0.			ARTS

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GIVEWELL 1714 FRANKLIN STREET, #100335 OAKLAND, CA 94612	20-8625442	501(C)(3)	10,000.	0.			PHILANTHROPY
GOOD NEIGHBOR FREE MEDICAL CLINIC 974 RIBAUT RD. BEAUFORT, SC 29902	26-0335357	501(C)(3)	26,000.	0.			HEALTH
GRACE CHURCH CATHEDRAL (GRACE EPISCOPAL CHURCH) - 98 WENTWORTH STREET - CHARLESTON, SC 29401	57-0362059	501(C)(3)	13,089.	0.			RELIGION
GREATER TOLEDO COMMUNITY FOUNDATION - 300 MADISON AVE, STE 1300 - TOLEDO, OH 43604	23-7284004	501(C)(3)	250,000.	0.			PHILANTHROPY
GREEN RIVER PRESERVE 301 GREEN RIVER ROAD CEDAR MOUNTAIN, NC 28718	56-1554526	501(C)(3)	20,000.	0.			ENVIRONMENT
HABITAT FOR HUMANITY FOR GEORGETOWN COUNTY SOUTH CAROLINA INC - 1907 HAMPTON COURT - GEORGETOWN, SC 29440	57-0913768	501(C)(3)	20,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
HABITAT FOR HUMANITY OF BERKELEY COUNTY - 1 BELKNAP RD. - GOOSE CREEK, SC 29445	57-0907019	501(C)(3)	54,645.	0.			NEIGHBORHOOD & COMMUNITY DEV.
HALOS 4995 LACROSS RD., SUITE 1300 NORTH CHARLESTON, SC 29406	20-0858549	501(C)(3)	51,335.	0.			HUMAN NEEDS
HARRY R. E. HAMPTON MEMORIAL WILDLIFE FUND, INC. - P.O. BOX 2641 - COLUMBIA, SC 29202	57-0727731	501(C)(3)	19,500.	0.			ENVIRONMENT

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HEALTHY LEARNERS 2711 MIDDLEBURG DR., SUITE 304 COLUMBIA, SC 29204	57-1127197	501(C)(3)	21,700.	0.			HUMAN NEEDS
HEART MATH TUTORING PO BOX 30623 CHARLOTTE, NC 28230	46-4366030	501(C)(3)	12,500.	0.			EDUCATION
HELP OF BEAUFORT P.O. BOX 472 BEAUFORT, SC 29901	57-0721545	501(C)(3)	15,000.	0.			HUMAN NEEDS
HELP OF SUMMERVILLE 316 WEST CAROLINA AVENUE, P.O. BOX SUMMERVILLE, SC 29484	57-0624976	501(C)(3)	11,700.	0.			HUMAN NEEDS
HELPING HAND CENTER, INC 1263 COHEN ROAD PINELAND, SC 29934	80-0751064	501(C)(3)	10,000.	0.			HUMAN NEEDS
HELPING HANDS OF GEORGETOWN, INC. 1813 HIGHMARKET STREET GEORGETOWN, SC 29440	57-0883461	501(C)(3)	41,465.	0.			HUMAN NEEDS
HELPING HANDS OF GOOSE CREEK 104 B COMMERCE PLACE GOOSE CREEK, SC 29445	57-0891298	501(C)(3)	16,500.	0.			HUMAN NEEDS
HILTON HEAD ISLAND DEEP WELL PROJECT - POST OFFICE BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	7,500.	0.			HUMAN NEEDS
HILTON HEAD REGIONAL HABITAT FOR HUMANITY, DBA HABITAT FOR HUMANITY OF THE LOWCO - P.O. BOX 2747 - BLUFFTON, SC 29910	57-0916245	501(C)(3)	312,000.	0.			HUMAN NEEDS

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HILTON HEAD SYMPHONY ORCHESTRA, INC. - 7 LAGOON RD, STE 100 - HILTON HEAD ISLAND, SC 29928	57-0761297	501(C)(3)	7,500.	0.			ARTS
HISPANIC ALLIANCE OF SC P.O. BOX 17934 GREENVILLE, SC 29606	27-1041624	501(C)(3)	17,500.	0.			EDUCATION
HISTORIC BEAUFORT FOUNDATION P.O. BOX 11 BEAUFORT, SC 29901	23-7005532	501(C)(3)	9,398.	0.			NEIGHBORHOOD & COMMUNITY DEV.
HISTORIC CHARLESTON FOUNDATION PO BOX 1120 CHARLESTON, SC 29402	57-6000599	501(C)(3)	18,500.	0.			ENVIRONMENT
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
HOLY CROSS FAITH MEMORIAL/ BASKERVILL FOOD PANTRY - P.O. BOX 990 - PAWLEYS ISLAND, SC 29585	57-0704175	501(C)(3)	5,667.	0.			HUMAN NEEDS
HOPE ACRES RESCUE P.O. BOX 2037 GOOSE CREEK, SC 29445	38-3812397	501(C)(3)	7,000.	0.			ENVIRONMENT
HOPE CENTER AT PULLEN 112 COX AVE, SUITE 100-A RALEIGH, NC 27605	61-1570567	501(C)(3)	15,000.	0.			HUMAN NEEDS
HOPEFUL HORIZONS, INC. P.O. BOX 1775 BEAUFORT, SC 29901	57-1063332	501(C)(3)	178,342.	0.			HUMAN NEEDS

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HUMAN NEEDS FOOD PANTRY, INC. 9 LABEL STREET MONTCLAIR, NJ 07042	22-3057065	501(C)(3)	20,000.	0.			HUMAN NEEDS
HUNTERS HELPING HANDS 619 MILL CREEK ROAD RIDGEVILLE, SC 29472	88-3716539	501(C)(3)	7,560.	0.			HUMAN NEEDS
IN HIS NAME-COLLETON 1033 BELLS HIGHWAY, #146 WALTERBORO, SC 29488	47-2023002	501(C)(3)	20,000.	0.			HUMAN NEEDS
INCREASING HOPE FINANCIAL TRAINING CENTER - 8570 RIVERS AVE., SUITE 120 - NORTH CHARLESTON, SC 29406	75-3070026	501(C)(3)	70,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
INTERNATIONAL AFRICAN AMERICAN MUSEUM - P.O. BOX 22761 - CHARLESTON, SC 29413	20-3398254	501(C)(3)	417,800.	0.			EDUCATION
INTERNATIONAL RESCUE COMMITTEE, INC. - P.O. BOX 6068 - ALBERT LEA, MN 56007	13-5660870	501(C)(3)	25,000.	0.			HUMAN NEEDS
INTERVARSITY CHRISTIAN FELLOWSHIP/USA - P.O. BOX 7895 - MADISON, WI 53707	36-2171714	501(C)(3)	6,500.	0.			RELIGION
JASPER COUNTY COUNCIL ON AGING P.O. BOX 641 RIDGELAND, SC 29936	57-0564656	501(C)(3)	15,000.	0.			HUMAN NEEDS
JAZZ HOUSE KIDS, INC. 347 BLOOMFIELD AVENUE LOWER LEVEL MONTCLAIR, NJ 07042	56-2303577	501(C)(3)	10,000.	0.			ARTS

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JEAN'S ANGELS 257 EMERALD ISLE DRIVE MONCKS CORNER, SC 29461	81-3212317	501(C)(3)	30,500.	0.			HUMAN NEEDS
JEWISH ENDOWMENT FOUNDATION OF SOUTH CAROLINA - C/O THE COASTAL COMMUNITY FOUNDATION, 1691 TURNBULL AVENUE - CHARLESTON, SC	57-1042419	501(C)(3)	25,000.	0.			PHILANTHROPY - ADMINISTRATIVE
JEWISH FAMILY SERVICES OF GREATER CHARLESTON - 176 CROGHAN SPUR ROAD, STE 103 - CHARLESTON, SC 29407	85-3901332	501(C)(3)	20,000.	0.			HUMAN NEEDS
JON BON JOVI SOUL FOUNDATION 1600 MARKET STREET, SUITE 2600 PHILADELPHIA, PA 19103	20-5036346	501(C)(3)	10,000.	0.			HUMAN NEEDS
JUNIOR LEAGUE OF CHARLESTON INC. 51 FOLLY ROAD CHARLESTON, SC 29407	57-0335419	501(C)(3)	13,381.	0.			NEIGHBORHOOD & COMMUNITY DEV.
KAHAL KADOSH BETH ELOHIM 90 HASELL STREET CHARLESTON, SC 29401	57-0406806	501(C)(3)	69,261.	0.			RELIGION
KATIE'S KROPS P.O. BOX 1841 SUMMERVILLE, SC 29484	45-4257162	501(C)(3)	9,000.	0.			EDUCATION
KIDS ON POINT, INC. P.O. BOX 22731 CHARLESTON, SC 29413	27-0771548	501(C)(3)	14,200.	0.			EDUCATION
KT DESTINY CENTER INC PO BOX 2292 RIDGELAND, SC 29936	46-0704390	501(C)(3)	10,000.	0.			EDUCATION

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LANDMARKS FOR FAMILIES (FORMERLY CHARLESTON ORPHAN HOUSE DBA/CAROLINA YOUTH DEVE - 5055 LACKAWANNA BLVD. - NORTH	57-0669877	501(C)(3)	59,166.	0.			HUMAN NEEDS
LEVI PEARSON SCHOLARSHIP FUND PO BOX 2194 SUMTER, SC 29151	27-2911542	501(C)(3)	10,000.	0.			EDUCATION
LIBERTY FELLOWSHIP OF SOUTH CAROLINA - P.O. BOX 7060 - SPARTANBURG, SC 29304	92-2679075	501(C)(3)	16,500.	0.			EDUCATION
LIBERTY HILL IMPROVEMENT COUNCIL 4656 GAYNOR AVENUE NORTH CHARLESTON, SC 29405	20-1005617	501(C)(3)	13,500.	0.			NEIGHBORHOOD & COMMUNITY DEV.
LIBERTY HILL REDEVELOPMENT GROUP 8763 ALEXANDRIA DRIVE NORTH CHARLESTON, SC 29420	87-2144122	501(C)(3)	24,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
LIONS VISION SERVICES 234 OUTLET POINTE BOULEVARD, SUITE COLUMBIA, SC 29210	23-7105526	501(C)(3)	10,500.	0.			HEALTH
LOOKINGGLASS THEATRE COMPANY 3320 W FOSTER #102 CHICAGO, IL 60625	36-3653114	501(C)(3)	30,000.	0.			ARTS
LOWCOUNTRY ALLIANCE FOR MODEL COMMUNITIES (LAMC) - 2125 DORCHESTER ROAD - NORTH CHARLESTON, SC 29405	20-3979178	501(C)(3)	56,630.	0.			NEIGHBORHOOD & COMMUNITY DEV.
LOWCOUNTRY AUTISM FOUNDATION 10 PINCKNEY COLONY ROAD, BLDG. 100, SUITE 100 - BLUFFTON, SC 29909	26-0805420	501(C)(3)	10,000.	0.			HEALTH

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LOWCOUNTRY FOOD BANK, INC. 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501(C)(3)	334,630.	0.			HUMAN NEEDS
LOWCOUNTRY LAND TRUST 635 RUTLEDGE AVENUE, SUITE 107 CHARLESTON, SC 29403	57-0809313	501(C)(3)	74,950.	0.			ENVIRONMENT
LOWCOUNTRY LEGAL VOLUNTEERS 108 TRADERS CROSS OKATIE, SC 29909	56-2202319	501(C)(3)	544,500.	0.			HUMAN NEEDS
LOWCOUNTRY LOCAL FIRST 1859 SUMMERVILLE AVE., SUITE 800 CHARLESTON, SC 29405	87-0792700	501(C)(3)	70,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
LOWCOUNTRY MARINE MAMMAL NETWORK 1367 CLEARBROOK ST NORTH CHARLESTON, SC 29405	81-4887156	501(C)(3)	6,000.	0.			ENVIRONMENT
LOWCOUNTRY ORPHAN RELIEF P.O. BOX 70185 NORTH CHARLESTON, SC 29415	26-1108081	501(C)(3)	11,500.	0.			HUMAN NEEDS
LOWCOUNTRY YOUTH SERVICES PO BOX 62216 NORTH CHARLESTON, SC 29419	94-3446641	501(C)(3)	15,949.	0.			HUMAN NEEDS
LUTHERAN THEOLOGICAL SOUTHERN SEMINARY AT LENOIR-RHYNE UNIVERSITY - PO BOX 7467 - HICKORY, NC 29603	56-0556753	501(C)(3)	10,619.	0.			EDUCATION
MAKE-A WISH FOUNDATION OF SAN DIEGO, INC. - 4995 MURPHY CANYON ROAD, STE 402 - SAN DIEGO, CA 92123	33-0039466	501(C)(3)	10,000.	0.			HUMAN NEEDS

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MAKE-A-WISH FOUNDATION OF SOUTH CAROLINA - 225 SOUTH PLEASANTBURG DRIVE, #C17 - GREENVILLE, SC 29607	57-0786119	501(C)(3)	25,250.	0.			HUMAN NEEDS
MANHATTAN CLASS COMPANY, INC. ATTN: DEVELOPMENT, 511 W. 52ND STRE NEW YORK, CA 10019	13-3391844	501(C)(3)	10,000.	0.			ARTS
MANNA FOODBANK, INC. 627 SWANNANOA RIVER RD ASHEVILLE, NC 28805	58-1514800	501(C)(3)	6,000.	0.			HUMAN NEEDS
MARSHVIEW COMMUNITY ORGANIC FARM PO BOX 750 SAINT HELENA ISLAND, SC 29220	14-2013158	501(C)(3)	17,567.	0.			EDUCATION
MARTHA AND JOHN M. RIVERS PERFORMANCE HALL FOUNDATION - ATTN: INSTITUTIONAL ADVANCEMENT, 2 GEORGE ST., SUITE 2200 -	90-0616040	501(C)(3)	15,000.	0.			ARTS
MARTHA'S HOUSE P.O. BOX 434 GEORGETOWN, SC 29442	20-2587262	501(C)(3)	6,000.	0.			HUMAN NEEDS
MDC INC. 307 WEST MAIN STREET DURHAM, NC 27701	56-0894222	501(C)(3)	10,000.	0.			PHILANTHROPY
MEALS ON WHEELS AMERICA 1550 CRYSTAL DRIVE, SUITE 1004 ARLINGTON, VA 22202	23-7447812	501(C)(3)	10,000.	0.			HUMAN NEEDS
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

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MEALS ON WHEELS OF SUMMERVILLE, INC. - P.O. BOX 592 - SUMMERVILLE, SC 29484	57-0730993	501(C)(3)	53,562.	0.			HUMAN NEEDS
MEDICAL UNIVERSITY OF SOUTH CAROLINA - HOLLINGS CANCER CENTER - HOLLINGS CANCER CENTER, 86 JONATHAN LUCAS ST., MSC 955 -	57-6028985	501(C)(3)	8,226.	0.			HEALTH
MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION - 18 BEE STREET, MSC 450 - CHARLESTON, SC 29425	57-6028985	501(C)(3)	139,722.	0.			HEALTH
MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION - HEART & VASCULAR CENTER - HEART & VASCULAR CENTER, 268 CALHOUN ST., MSC 182 -	57-6028985	501(C)(3)	16,000.	0.			HEALTH
MEDICAL UNIVERSITY SOUTH CAROLINA FOUNDATION - CHILDREN'S HOSPITAL FUND - CHILDREN'S HOSPITAL FUND, 18 BEE STREET, MSC 450 -	57-6028985	501(C)(3)	220,000.	0.			HEALTH
MEISSNER NORDIC SKI CLUB PO BOX 2032 BEND, OR 97709	46-3255513	501(C)(3)	15,000.	0.			HEALTH
MEMORIAL SLOAN-KETTERING CANCER CENTER - P.O. BOX 5028 - HAGERSTOWN, MD 21741	13-1924236	501(C)(3)	15,000.	0.			HEALTH
MEMORY MATTERS 117 WILLIAM HILTON PARKWAY HILTON HEAD, SC 29926	58-2291775	501(C)(3)	25,500.	0.			HEALTH
MENTAL HEALTH AMERICA OF BEAUFORT-JASPER - P.O. BOX 1925 - BLUFFTON, SC 29910	57-0670742	501(C)(3)	14,000.	0.			HEALTH

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(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
MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC. - P.O. BOX 24041 - NEW YORK, NY 10087	75-2816066	501(C)(3)	10,000.	0.			HEALTH
METANOIA 2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405	20-0310400	501(C)(3)	326,467.	0.			NEIGHBORHOOD & COMMUNITY DEV.
METROPOLITAN INTER-FAITH ASSOCIATION - 910 VANCE AVENUE - MEMPHIS, TN 38126	62-0803601	501(C)(3)	20,000.	0.			HUMAN NEEDS
MID SOUTH RAPTOR CENTER 1176 DEARING ROAD MEMPHIS, TN 38117	38-3704653	501(C)(3)	7,500.	0.			ENVIRONMENT
MIRASOL HEALTH 7 PLANTATION PARK DRIVE #4, PO BOX BLUFFTON, SC 29910	57-0774530	501(C)(3)	13,625.	0.			HEALTH
MISS RUBY'S KIDS P.O. BOX 1007 GEORGETOWN, SC 29442	20-3933169	501(C)(3)	12,000.	0.			EDUCATION
MONASTERY OF ST. CLARE THE ABBESS, 37 MCCAULEY ROAD, TRAVELERS REST - TRAVELERS REST, SC 29690	57-0688060	501(C)(3)	10,774.	0.			RELIGION
MONTCLAIR ART MUSEUM 3 SOUTH MOUNTAIN AVENUE MONTCLAIR, NJ 07042	22-1487582	501(C)(3)	10,000.	0.			ARTS
MONTCLAIR FILM 505 BLOOMFIELD AVE. MONTCLAIR, NJ 07042	27-1732322	501(C)(3)	75,000.	0.			ARTS

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MONTCLAIR FOUNDATION, INC. 21 VAN VLECK STREET MONTCLAIR, NJ 07042	22-6310859	501(C)(3)	10,000.	0.			ARTS
MONTCLAIR FREE PUBLIC LIBRARY FOUNDATION, INC. - 50 SOUTH FULLERTON AVENUE - MONTCLAIR, NJ 07042	82-0558746	501(C)(3)	10,000.	0.			EDUCATION
MONTCLAIR KIMBERLY ACADEMY FOUNDATION - 201 VALLEY ROAD - MONTCLAIR, NJ 07042	23-7365263	501(C)(3)	10,000.	0.			EDUCATION
MONTCLAIR LOCAL NONPROFIT NEWS INC 309 ORANGE RD. MONTCLAIR, NJ 07042	83-3801012	501(C)(3)	10,000.	0.			EDUCATION
MONTREAT CONFERENCE CENTER PO BOX 969 MONTREAT, NC 28757	56-2151021	501(C)(3)	20,000.	0.			RELIGION
MOUNTAINSTAR FAMILY RELIEF NURSERY 2125 NE DAGGETT LANE BEND, OR 97701	42-1560891	501(C)(3)	10,000.	0.			HUMAN NEEDS
MT. CARMEL BAPTIST CHURCH MED-I-ASSIST PROGRAM - 367 KEANS NECK ROAD - SEABROOK, SC 29940	58-0114210	501(C)(3)	20,000.	0.			HEALTH
MT. PLEASANT PRESBYTERIAN CHURCH 302 HIBBEN STREET MOUNT PLEASANT, SC 29464	57-0528685	501(C)(3)	18,000.	0.			RELIGION
MUSICAL THEATRE CENTER 547 LONG POINT RD., SUITE 105 MOUNT PLEASANT, SC 29464	46-1868213	501(C)(3)	50,000.	0.			ARTS

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MUTUAL AID DISASTER RELIEF 503 E. JACKSON STREET #318 TAMPA, FL 33602	81-3606763	501(C)(3)	7,500.	0.			HUMAN NEEDS
MY FAVE 5 6358 TRAIL RIDGE COURT LOVELAND, OH 45140	82-2857890	501(C)(3)	12,850.	0.			HEALTH
MY NEIGHBOR'S VOICE PO BOX 97 TRAVELERS REST, SC 29609	82-1683584	501(C)(3)	60,000.	0.			HUMAN NEEDS
MY SISTER'S HOUSE P.O. BOX 71171 NORTH CHARLESTON, SC 29415-1171	57-0730861	501(C)(3)	36,204.	0.			HUMAN NEEDS
NAMI LOWCOUNTRY P.O. BOX 24128 HILTON HEAD ISLAND, SC 29925	57-0920882	501(C)(3)	12,500.	0.			HUMAN NEEDS
NATIONAL MARINE MAMMAL FOUNDATION 2240 SHELTER ISLAND DRIVE, SUITE 20 SAN DIEGO, CA 92106	26-1501109	501(C)(3)	6,000.	0.			ENVIRONMENT
NATIVITY SCHOOL 1125 PITTSFORD CIRCLE CHARLESTON, SC 29412	57-0442209	501(C)(3)	47,491.	0.			EDUCATION
NATURE CONSERVANCY - MONTANA ATTN: TREASURY, 4245 N. FAIRFAX DR., SUITE 100 - ARLINGTON, VA 22203	53-0242652	501(C)(3)	25,000.	0.			ENVIRONMENT
NATURE CONSERVANCY - NEW JERSEY NATURE CONSERVANCY - NEW JERSEY , 200 POTTERSVILLE RD. - CHESTER, NJ 07930	53-0242652	501(C)(3)	10,000.	0.			ENVIRONMENT

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NAVIGATION CENTER (AKA MILITARY COMMUNITY CONNECTIONS OF SC) - 529 MEETING STREET, PO BOX 21275 - CHARLESTON, SC 29492	47-3007172	501(C)(3)	6,500.	0.			HUMAN NEEDS
NEIGHBORHOOD OUTREACH CONNECTION P.O. BOX 23558 HILTON HEAD ISLAND, SC 29925	54-2083947	501(C)(3)	29,567.	0.			NEIGHBORHOOD & COMMUNITY DEV.
NEIGHBORS TOGETHER 2105 COSGROVE AVE NORTH CHARLESTON, SC 29405	57-0794782	501(C)(3)	31,431.	0.			HUMAN NEEDS
NEW DESTINY CENTER, INC. 406 CAL CAUSEWAY ROAD TILLMAN, SC 29943	26-1640743	501(C)(3)	6,000.	0.			HUMAN NEEDS
NEW JERSEY PERFORMING ARTS CENTER CORPORATION - 1 CENTER STREET - NEWARK, NJ 07102	22-2889703	501(C)(3)	10,000.	0.			ARTS
NEW MORNING 1501 MAIN STREET, SUITE 150 COLUMBIA, SC 29201	95-4894776	501(C)(3)	1,037,500.	0.			HEALTH
NEW YORK PUBLIC RADIO P.O. BOX 1550 NEW YORK, NY 10116	13-3015230	501(C)(3)	10,000.	0.			EDUCATION
NORTH CHARLESTON HIGH SCHOOL 1087 EAST MONTAGUE NORTH CHARLESTON, SC 29405	57-6000322	501(C)(3)	12,085.	0.			EDUCATION
NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC. - 1475 PARK AVE. - NEW YORK, NY 10029	13-1656679	501(C)(3)	50,000.	0.			HUMAN NEEDS

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NORTHWESTERN UNIVERSITY ACCOUNTS PAYABLE OFFICE, 2020 RIDGE EVANSTON, IL 60208	36-2167817	501(C)(3)	15,000.	0.			EDUCATION
ONE FELLOWSHIP 142 SPORTSMAN ISLAND DRIVE, UNIT C CHARLESTON, SC 29492	84-3427442	501(C)(3)	34,000.	0.			RELIGION
ONE80 PLACE P.O. BOX 20038 CHARLESTON, SC 29413-0038	57-0789483	501(C)(3)	120,005.	0.			HUMAN NEEDS
ONEWORLD HEALTH 21-D GAMECOCK AVENUE CHARLESTON, SC 29407	26-3717278	501(C)(3)	10,000.	0.			HEALTH
OPEN LAND TRUST, INC. P.O. BOX 75 BEAUFORT, SC 29901	23-7114992	501(C)(3)	28,000.	0.			ENVIRONMENT
OPEN SPACE INSTITUTE, INC. 1350 BROADWAY, SUITE 201 NEW YORK, NY 10018	52-1053406	501(C)(3)	6,000.	0.			ENVIRONMENT
OPERATION HOME 3973 RIVERS AVENUE, STE 104 NORTH CHARLESTON, SC 29405	62-1745925	501(C)(3)	55,831.	0.			NEIGHBORHOOD & COMMUNITY DEV.
OPERATION PATRIOT FOB 198 OKATIE VILLAGE DRIVE, SUITE 103 OKATIE, SC 29909	85-0894599	501(C)(3)	19,000.	0.			HEALTH
OPERATION SIGHT 1101 CLARITY ROAD, SUITE 100 MOUNT PLEASANT, SC 29464	45-3449443	501(C)(3)	12,000.	0.			HEALTH

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ORIGINAL SIX FOUNDATION 1301 GERVAIS ST COLUMBIA, SC 29201	45-3709610	501(C)(3)	10,000.	0.			EDUCATION
OSPREY VILLAGE, INC. 2600 MAIN ST, UNIT 101 HILTON HEAD ISLAND, SC 29926	26-2967726	501(C)(3)	10,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
OUR LADY OF MERCY COMMUNITY OUTREACH SERVICES, INC. - PO BOX 607 - JOHNS ISLAND, SC 29457	57-0905488	501(C)(3)	72,598.	0.			HUMAN NEEDS
PACEM IN TERRIS 96 COVERED BRIDGE ROAD WARWICK, NY 10990	23-7245979	501(C)(3)	15,000.	0.			RELIGION
PALMETTO COMMUNITY CARE 5064 RIVERS AVE. NORTH CHARLESTON, SC 29406	57-0905550	501(C)(3)	6,500.	0.			HEALTH
PARENTS AND GUARDIANS ASSOCIATION OF THE COASTAL CENTER - 9995 JAMISON ROAD - LADSON, SC 29456	57-0735284	501(C)(3)	7,198.	0.			EDUCATION
PARTNERS IN HEALTH A NONPROFIT CORPORATION - PO BOX 996 - FREDERICK, MD 21705	04-3567502	501(C)(3)	10,000.	0.			HEALTH
PATTISON'S ACADEMY PO BOX 80426 CHARLESTON, SC 29416	20-3419262	501(C)(3)	52,000.	0.			EDUCATION
PAWS CHICAGO 1997 N. CLYOURN AVENUE CHICAGO, IL 60614	36-4219778	501(C)(3)	5,250.	0.			ENVIRONMENT

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PENN CENTER, INC. MARTIN LUTHER KING, JR. DRIVE,, POST OFFICE BOX 126, - SAINT HELENA ISLAND,,	57-0324930	501(C)(3)	650,000.	0.			ARTS
PET HELPERS, INC. 1447 FOLLY ROAD CHARLESTON, SC 29412	57-0802283	501(C)(3)	7,574.	0.			ENVIRONMENT
PHILANTHROPY SOUTHEAST 100 PEACHTREE STREET, SUITE 2080 ATLANTA, GA 30303	56-0995114	501(C)(3)	50,000.	0.			PHILANTHROPY
PLANNED PARENTHOOD OF GREATER OHIO 206 E. STATE STREET COLUMBUS, OH 43215	34-1015976	501(C)(3)	25,000.	0.			HEALTH
PLANNED PARENTHOOD SOUTH ATLANTIC SOUTHEAST REGIONAL OFFICE, 100 SOUTH BOYLAN AVENUE - RALEIGH, NC 27603	56-1282557	501(C)(3)	22,000.	0.			HEALTH
PLAYERS PHILANTHROPY FUND 1122 KENILWORTH DRIVE, STE 201 TOWSON, MD 21204	27-6601178	501(C)(3)	10,000.	0.			HUMAN NEEDS
PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922	501(C)(3)	17,500.	0.			ENVIRONMENT
PORTER-GAUD 300 ALBEMARLE ROAD CHARLESTON, SC 29407	57-0342032	501(C)(3)	9,688.	0.			EDUCATION
POSSE FOUNDATION 14 WALL STREET, SUITE 8A-60 NEW YORK, NY 10005	13-3840394	501(C)(3)	10,000.	0.			HUMAN NEEDS

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POWER IN CHANGING (BUNDLES OF JOY DIAPER BANK) - 2638 TWO NOTCH ROAD, STE 116 - COLUMBIA, SC 29204	47-5060596	501(C)(3)	6,000.	0.			HUMAN NEEDS
PREGNANCY CENTER AND CLINIC OF THE LOW COUNTRY - 201 MERCHANT ST. - HILTON HEAD, SC 29926	57-0923523	501(C)(3)	10,000.	0.			HEALTH
PRESERVATION SOCIETY OF CHARLESTON P.O. BOX 521 CHARLESTON, SC 29402	57-0439524	501(C)(3)	52,259.	0.			ARTS
PRINCE GEORGE WINYAH EPISCOPAL CHURCH - 301 SCREVEN ST. - GEORGETOWN, SC 29440	30-0054727	501(C)(3)	10,000.	0.			RELIGION
PRINCETON AREA COMMUNITY FOUNDATION - PO BOX 825454 - PHILADELPHIA, PA 19182	52-1746234	501(C)(3)	25,000.	0.			PHILANTHROPY
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE, STE. 2 BLUFFTON, SC 29910	57-1036680	501(C)(3)	14,000.	0.			HUMAN NEEDS
PUBLIC WORKS ART CENTER 135 W RICHARDSON AVE SUMMERVILLE, SC 29483	83-2051277	501(C)(3)	15,000.	0.			ARTS
PURE THEATRE 134 CANNON STREET CHARLESTON, SC 29403	13-4240676	501(C)(3)	20,000.	0.			ARTS
R.B. STALL HIGH SCHOOL 3625 ASHLEY PHOSPATE ROAD NORTH CHARLESTON, SC 29418	57-6000322	501(C)(3)	13,000.	0.			EDUCATION

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RADIO LOLLIPOP USA, INC. 3959 BROADWAY, 5 TOWER ROOM 561 NEW YORK, NY 10032	65-0454674	501(C)(3)	215,000.	0.			HEALTH
RAPE CRISIS CENTER 552 BLACK RIVER ROAD GEORGETOWN, SC 29440	57-0918275	501(C)(3)	66,000.	0.			HUMAN NEEDS
RAYMOND JAMES CHARITABLE ENDOWMENT FUND - PO BOX 23559 - ST. PETERSBURG, FL 33742	59-3652538	501(C)(3)	15,000.	0.			PHILANTHROPY
REACH OUT AND READ - SOUTH CAROLINA - PO BOX 55 - CENTRAL, SC 29630	04-3481253	501(C)(3)	8,000.	0.			EDUCATION
READING PARTNERS 7410 NORTHSIDE DRIVE, STE 120 NORTH CHARLESTON, SC 29420	77-0568469	501(C)(3)	12,500.	0.			EDUCATION
REAL CHAMPIONS INC 7596 WEST MAIN ST. SUITE D RIDGELAND, SC 29936	81-3956956	501(C)(3)	7,500.	0.			EDUCATION
RECONCILIATION MINISTRIES SC 3120 KAY STREET COLUMBIA, SC 29210	26-0067588	501(C)(3)	100,000.	0.			HUMAN NEEDS
RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON, INC. - 81 GADSDEN STREET - CHARLESTON, SC 29401	57-0724845	501(C)(3)	39,886.	0.			HUMAN NEEDS
ROPER ST. FRANCIS FOUNDATION 125 DOUGHTY STREET, STE 790 CHARLESTON, SC 29403	57-1068509	501(C)(3)	43,991.	0.			HEALTH

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S.O.S. HEALTH CARE, INC. 5276 HIGHWAY 17 BUSINESS MURRELLS INLET, SC 29576	57-0909189	501(C)(3)	5,500.	0.			HEALTH
SAINT FRANCES ANIMAL CENTER 125 NORTH RIDGE STREET GEORGETOWN, SC 29440	57-0785170	501(C)(3)	73,668.	0.			ENVIRONMENT
SAINT HELENA GULLAH COMMUNITY HOUSING PROJECT - 4516 SPRING ISLAND - OKATIE, SC 29909	99-1255831	501(C)(3)	32,500.	0.			NEIGHBORHOOD & COMMUNITY DEV.
SANDALWOOD COMMUNITY FOOD PANTRY P.O. BOX 5061 HILTON HEAD, SC 29938	27-2766571	501(C)(3)	7,000.	0.			HUMAN NEEDS
SEA ISLAND HABITAT FOR HUMANITY 2545 BOHICKET ROAD JOHNS ISLAND, SC 29455	57-0840667	501(C)(3)	38,924.	0.			HUMAN NEEDS
SEA ISLANDS HERITAGE ACADEMY 10 B HOLLY HALL RD. BEAUFORT, SC 29907	87-3841822	501(C)(3)	800,000.	0.			EDUCATION
SECOND HELPINGS P.O. BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	31,500.	0.			HUMAN NEEDS
SECOND PRESBYTERIAN CHURCH 342 MEETING STREET CHARLESTON, SC 29403	57-6000886	501(C)(3)	11,123.	0.			RELIGION
SISTERS OF SAINTS CYRIL AND METHODIUS - 1002 RAILROAD ST. - DANVILLE, PA 17821		501(C)(3)	22,500.	0.			RELIGION

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SMITH MEDICAL CLINIC, INC. 99 BASKERVILL DR. PAWLEYS ISLAND, SC 29585	57-0786699	501(C)(3)	66,250.	0.			HEALTH
SOMOS AMIGOS MEDICAL MISSIONS PO BOX 2351 SARASOTA, CA 95070	77-0553014	501(C)(3)	10,000.	0.			HEALTH
SOUTH CAROLINA AQUARIUM 100 AQUARIUM WHARF CHARLESTON, SC 29401	57-0961897	501(C)(3)	209,000.	0.			ENVIRONMENT
SOUTH CAROLINA ARTS COMMISSION 1026 SUMTER STREET, SUITE 200 COLUMBIA, SC 29201	57-6000286	501(C)(3)	57,706.	0.			ARTS
SOUTH CAROLINA COASTAL CONSERVATION LEAGUE - 131 SPRING STREET - CHARLESTON, SC 29403	57-0887278	501(C)(3)	208,500.	0.			ENVIRONMENT
SOUTH CAROLINA COMMUNITY LOAN FUND, INC. - 1051-A GARDNER ROAD - CHARLESTON, SC 29407	01-0793507	501(C)(3)	5,686.	0.			NEIGHBORHOOD & COMMUNITY DEV.
SOUTH CAROLINA ENVIRONMENTAL LAW PROJECT - P.O. BOX 1380 - PAWLEYS ISLAND, SC 29585	57-1031430	501(C)(3)	33,250.	0.			ENVIRONMENT
SOUTH CAROLINA FORESTRY FOUNDATION P.O. BOX 21303 COLUMBIA, SC 29221	57-0702583	501(C)(3)	6,000.	0.			ENVIRONMENT
SOUTH CAROLINA INFANT YOUNG CHILD MENTAL HEALTH ASSOCIATION - 1 CARRIAGE LANE, STE J - CHARLESTON, SC 29407	82-2789013	501(C)(3)	7,500.	0.			HEALTH

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SOUTH CAROLINA JUNIOR GOLF FOUNDATION - P.O. BOX 286 - IRMO, SC 29063	57-1021847	501(C)(3)	17,500.	0.			EDUCATION
SOUTH CAROLINA NURSE RETENTION SCHOLARSHIP - PO BOX 23019 - HILTON HEAD ISLAND, SC 29925	57-0756987	501(C)(3)	8,000.	0.			HEALTH
SOUTH CAROLINA SPECIAL OLYMPICS C/O SANDYE WILLIAMS, 1626 REGIMENTAL LANE - JOHNS ISLAND, SC 29455	57-0680248	501(C)(3)	9,000.	0.			HUMAN NEEDS
SOUTH CAROLINA VICTIM ASSISTANCE NETWORK - PO BOX 212863 - COLUMBIA, SC 29221	57-0813749	501(C)(3)	10,000.	0.			SOCIAL JUSTICE
SOUTHERN DHARMA RETREAT CENTER, INC. - 1661 WEST ROAD - HOT SPRINGS, NC 28743	56-1695711	501(C)(3)	25,000.	0.			RELIGION
SOUTHERN ENVIRONMENTAL LAW CENTER 120 GARRETT ST., SUITE 400 CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	79,500.	0.			ENVIRONMENT
SPECTRUM SAILING PO BOX 1111 ISLE OF PALMS, SC 29451	88-0637151	501(C)(3)	10,000.	0.			EDUCATION
SPOLETO FESTIVAL USA 14 GEORGE STREET CHARLESTON, SC 29401	57-0660848	501(C)(3)	396,494.	0.			ARTS
SPRING ISLAND TRUST 174 CALLAWASSIE DRIVE OKATIE, SC 29909	57-0905093	501(C)(3)	8,000.	0.			ENVIRONMENT

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. CHRISTOPHER'S CHILDREN 14323 OCEAN HIGHWAY,, UNIT 4143 PAWLEYS ISLAND, SC 29585	26-1484198	501(C)(3)	55,500.	0.			HUMAN NEEDS
ST. JOHN'S EPISCOPAL CHURCH 3673 MAYBANK HIGHWAY JOHN'S ISLAND, SC 29455		501(C)(3)	10,000.	0.			RELIGION
ST. JOHN'S LUTHERAN CHURCH 5 CLIFFORD STREET CHARLESTON, SC 29401	57-0384822	501(C)(3)	5,120.	0.			RELIGION
ST. LUKE'S EPISCOPAL CHURCH 73 S. FULLERTON AVENUE MONTCLAIR, NJ 07042	22-1487605	501(C)(3)	20,000.	0.			HUMAN NEEDS
ST. MATTHEW'S LUTHERAN CHURCH 405 KING STREET CHARLESTON, SC 29403	57-0350582	501(C)(3)	5,539.	0.			RELIGION
ST. PAUL'S ANGLICAN 316 WEST CAROLINA AVENUE SUMMERVILLE, SC 29483	57-0329785	501(C)(3)	100,000.	0.			RELIGION
STAR GOSPEL MISSION 474 MEETING STREET CHARLESTON, SC 29403	57-6025786	501(C)(3)	7,500.	0.			HUMAN NEEDS
STELLA MARIS ROMAN CATHOLIC CHURCH P.O. BOX 280 SULLIVAN'S ISLAND, SC 29482	57-0654817	501(C)(3)	13,500.	0.			RELIGION
STORYCORPS, INC. 80 HANSON PLACE, 2ND FLOOR BROOKLYN, NY 11217	13-3753011	501(C)(3)	10,000.	0.			EDUCATION

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STUDIO MUSEUM IN HARLEM, INC. DEVELOPMENT OFFICE, 144 WEST 125TH NEW YORK, NY 10027	13-2590805	501(C)(3)	50,000.	0.			ARTS
SULLIVAN'S ISLAND ELEMENTARY SCHOOL - 2014 MIKE PERKIS PLACE - SULLIVAN'S ISLAND, SC 29482	57-3000322	501(C)(3)	5,667.	0.			EDUCATION
SUMMER SEARCH PO BOX 7731 SAN FRANCISCO, CA 94120	68-0200138	501(C)(3)	6,000.	0.			HUMAN NEEDS
SUMMERVILLE PRESBYTERIAN CHURCH (USA) - 407 SOUTH LAUREL STREET - SUMMERVILLE, SC 29483		501(C)(3)	18,433.	0.			RELIGION
SYMPHONY SPACE, INC. 2537 BROADWAY AT 95TH ST. NEW YORK, NY 10025	13-2941455	501(C)(3)	10,000.	0.			ARTS
SYNAGOGUE EMANU-EL 5 WINDSOR DRIVE CHARLESTON, SC 29407	57-0447194	501(C)(3)	9,500.	0.			EDUCATION
TARA HALL HOME FOR BOYS P.O. BOX 955 GEORGETOWN, SC 29442-0955	23-7111696	501(C)(3)	102,367.	0.			HUMAN NEEDS
TEACH FOR AMERICA SOUTH CAROLINA 1691 TURNBULL AVE, SUITE 203 NORTH CHARLESTON, SC 29405	13-3541913	501(C)(3)	174,167.	0.			EDUCATION
TEACH MY PEOPLE P.O. BOX 2848 PAWLEYS ISLAND, SC 29585	57-1075900	501(C)(3)	50,000.	0.			HUMAN NEEDS

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TEACHERS' SUPPLY CLOSET 1643B SAVANNAH HIGHWAY BOX 349 CHARLESTON, SC 29407	45-0542815	501(C)(3)	32,500.	0.			EDUCATION
TEN MILE NEIGHBORHOOD ASSOCIATION 977 GADSDENVILLE ROAD AWENDAW, SC 29429	83-0409533	501(C)(3)	30,000.	0.			ENVIRONMENT
THE 19TH NEWS 3571 FAR WEST BLVD. #3497 AUSTIN, TX 78731	84-2627202	501(C)(3)	10,000.	0.			EDUCATION
THE CARLOS DUNLAP FOUNDATION PO BOX 50133 SUMMERVILLE, SC 29485	46-2898940	501(C)(3)	12,500.	0.			EDUCATION
THE CHARLESTON CATHOLIC SCHOOL 888A KING ST. CHARLESTON, SC 29403-4181	57-0930700	501(C)(3)	23,605.	0.			EDUCATION
THE CHILDREN'S CENTER 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	10,000.	0.			EDUCATION
THE COMPLETE STUDENT 1903 SOUTHSIDE BLVD. PORT ROYAL, SC 29935	84-4793012	501(C)(3)	14,000.	0.			EDUCATION
THE DISABILITIES FOUNDATION OF BEAUFORT COUNTY, INC. - 100 CLEAR WATER WAY - BEAUFORT, SC 29906	30-0223168	501(C)(3)	5,500.	0.			HUMAN NEEDS
THE GREEN HEART PROJECT 759 KING STREET, STE A CHARLESTON, SC 29403	46-0829120	501(C)(3)	77,500.	0.			ENVIRONMENT

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THE HAITI PROJECT, INC. VASSAR HAITI PROJECT, PO BOX 2985 POUGHKEEPSIE, NY 12603	02-0815125	501(C)(3)	20,000.	0.			HUMAN NEEDS
THE HELIANTHUS PROJECT 2015 BOUNDARY ST, #338 BEAUFORT, SC 29902	86-3797104	501(C)(3)	7,000.	0.			HUMAN NEEDS
THE HIGH DESERT MUSEUM 59800 S HWY 97 BEND, OR 97702	51-0179336	501(C)(3)	15,000.	0.			ARTS
THE KIAWAH ISLAND NATURAL HABITAT CONSERVANCY, INC. - 80 KESTREL COURT - KIAWAH ISLAND, SC 29455	58-2359979	501(C)(3)	21,500.	0.			ENVIRONMENT
THE LAMB INSTITUTE P.O. BOX 2557 MOUNT PLEASANT, SC 29465	57-1086826	501(C)(3)	10,000.	0.			HUMAN NEEDS
THE LEGACY FOUNDATION OF SC PO BOX 277 PINELAND, SC 29934	81-3231985	501(C)(3)	6,000.	0.			EDUCATION
THE LEUKEMIA & LYMPHOMA SOCIETY, INC. - GA/SC REGION, 2859 PACES FERRY RD. SE, STE 725 - ATLANTA, GA 30339	13-5644916	501(C)(3)	9,017.	0.			HEALTH
THE NATURE CONSERVANCY 1417 STUART ENGALS BOULEVARD MOUNT PLEASANT, SC 29464	53-0242652	501(C)(3)	15,700.	0.			ENVIRONMENT
THE ORIGINAL GULLAH FESTIVAL P.O. BOX 83 BEAUFORT, SC 29901	57-0837939	501(C)(3)	7,000.	0.			ARTS

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THE POETRY SOCIETY OF SOUTH CAROLINA - P.O. BOX 1090 - CHARLESTON, SC 29402	57-0785621	501(C)(3)	10,000.	0.			ARTS
THE REDEEMED CHRISTIAN CHURCH OF GOD SUMMERVILLE (HOPE RESOURCE CENTER) - P.O BOX 50171, 10505 DORCHESTER ROAD - SUMMERVILLE,	90-0826449	501(C)(3)	6,500.	0.			HUMAN NEEDS
THE SHAKESPEARE THEATRE OF NEW JERSEY, INC. - 36 MADISON AVENUE - MADISON, NJ 07940	22-1962163	501(C)(3)	10,000.	0.			ARTS
THE TIMROD LITERARY AND LIBRARY ASSOCIATION - 217 CENTRAL AVENUE - SUMMERVILLE, SC 29483	57-0370528	501(C)(3)	26,200.	0.			EDUCATION
THE VILLAGE GROUP P. O. BOX 700 GEORGETOWN, SC 29442	06-1749252	501(C)(3)	46,667.	0.			EDUCATION
THE VILLAGE REPERTORY COMPANY PO BOX 22012 CHARLESTON, SC 29413	30-0137284	501(C)(3)	101,000.	0.			ARTS
TIDELANDS COMMUNITY HOSPICE FOUNDATION - 2591 N. FRASER STREET - GEORGETOWN, SC 29585	57-0752796	501(C)(3)	26,192.	0.			HEALTH
TREVECCA NAZARENE UNIVERSITY OFFICE OF FINANCIAL AID, 333 MURFREESBORO ROAD - NASHVILLE, TN 37210	62-0497990	501(C)(3)	25,000.	0.			EDUCATION
TRI-COMMUNITY CENTER, INC. 2509 HWY 311 CROSS, SC 29436	57-0929247	501(C)(3)	23,050.	0.			NEIGHBORHOOD & COMMUNITY DEV.

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TRIDENT ACADEMY, INC. 1455 WAKENDAW ROAD MOUNT PLEASANT, SC 29464	57-0542727	501(C)(3)	20,510.	0.			EDUCATION
TRIDENT LITERACY ASSOCIATION 6185-D RIVERS AVENUE NORTH CHARLESTON, SC 29406	57-0721308	501(C)(3)	26,000.	0.			EDUCATION
TRIDENT TECHNICAL COLLEGE FOUNDATION, INC. - P.O. BOX 61227 - CHARLESTON, SC 29419-1227	57-0699317	501(C)(3)	18,500.	0.			EDUCATION
TRIDENT UNITED WAY P.O. BOX 63305 NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	101,046.	0.			PHILANTHROPY
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVENUE, SUITE 700, WEST ENTRANCE - BOSTON, MA 02215	04-2103547	501(C)(3)	12,000.	0.			SOCIAL JUSTICE
TURN90 (FORMERLY TURNING LEAF) 5640 RIVERS AVE NORTH CHARLESTON, SC 29406	46-0671501	501(C)(3)	35,000.	0.			HUMAN NEEDS
TURTLE MOUNTAIN ANIMAL RESCUE P.O. BOX 896 ROLLA, ND 58367	81-2435858	501(C)(3)	5,641.	0.			ENVIRONMENT
TYWANZA SANDERS LEGACY FOUNDATION PO BOX 13632 CHARLESTON, SC 29422	81-5202291	501(C)(3)	7,500.	0.			EDUCATION
U.S.S. YORKTOWN CV-10 ASSOCIATION, INC. - POST OFFICE BOX 1021 - MOUNT PLEASANT, SC 29465	57-0646242	501(C)(3)	13,222.	0.			EDUCATION

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UNITARIAN CHURCH IN CHARLESTON 4 ARCHDALE STREET CHARLESTON, SC 29401	57-0357966	501(C)(3)	15,735.	0.			RELIGION
UNITED WAY OF THE LOWCOUNTRY P.O. BOX 202 BEAUFORT, SC 29901	57-0405847	501(C)(3)	61,829.	0.			HUMAN NEEDS
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - OFFICES OF THE UNIVERSITY REGISTRAR, CAMPUS BOX 2100 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	40,000.	0.			NEIGHBORHOOD & COMMUNITY DEV.
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - DEVELOPMENT OFFICE, POST OFFICE BOX 26170 - GREENSBORO, NC 27402	56-6001468	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF SOUTH CAROLINA BURSAR'S OFFICE, 1244 BLOSSOM ST., COLUMBIA, SC 29208	57-6001153	501(C)(3)	5,725.	0.			EDUCATION
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - OFFICE OF GIFT PROCESSING, 1600 HAMPTON ST., SUITE 735 - COLUMBIA, SC 29208	57-6017985	501(C)(3)	2,005,000.	0.			EDUCATION
UNIVERSITY OF VIRGINIA ATTN: JOY SABOL, P O BOX 400764 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	16,000.	0.			EDUCATION
VANGUARD THEATER COMPANY P.O. BOX 409, 180 BLOOMFIELD AVE. MONTCLAIR, NJ 07042	47-3543143	501(C)(3)	10,000.	0.			ARTS
VASSAR COLLEGE BOX 14, 161 COLLEGE AVE., BOX 14 POUGHKEEPSIE, NY 12603	14-1338587	501(C)(3)	12,000.	0.			EDUCATION

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VISION TO LEARN 12100 WILSHIRE BLVD, SUITE 1275 LOS ANGELES, CA 90049	45-3457853	501(C)(3)	11,500.	0.			HEALTH
VITAL AGING OF WILLIAMSBURG COUNTY, INC. - 204 OAK STREET - KINGSTREE, SC 29556	58-2276534	501(C)(3)	11,000.	0.			HUMAN NEEDS
VOICES 4 FREEDOM 5007 REESE ROAD TORRANCE, CA 90505	46-0876560	501(C)(3)	10,000.	0.			SOCIAL JUSTICE
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND (VIM HHI) - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	7,500.	0.			HEALTH
WAKEUP CAROLINA 857 COLEMAN BOULEVARD, SUITE D MT. PLEASANT, SC 29464	81-4564735	501(C)(3)	10,619.	0.			HUMAN NEEDS
WARRIORWOD FOUNDATION 4176 HOME TOWN LANE RAVENEL, SC 29470	87-1065126	501(C)(3)	10,000.	0.			HEALTH
WASSAMASAW TRIBE OF VARNERTOWN INDIANS - PO BOX 428 - SUMMERVILLE, SC 29484	57-1121837	501(C)(3)	20,100.	0.			ARTS
WATER MISSIONS INTERNATIONAL 1150 MOLLY GREENE WAY, BLDG. 1605 NORTH CHARLESTON, SC 29405	57-1116978	501(C)(3)	83,850.	0.			HUMAN NEEDS
WE ARE FAMILY 1801 REYNOLDS AVE. UNIT B NORTH CHARLESTON, SC 29405	57-1008020	501(C)(3)	47,800.	0.			HUMAN NEEDS

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WELLSPRING INTERNATIONAL OUTREACH 11933 RIDGEWAY PARK DR. CHARLOTTE, NC 28277	26-2665227	501(C)(3)	8,994.	0.			HUMAN NEEDS
WINDWOOD FAMILY SERVICES 4857 WINDWOOD FARM RD, ADMINISTRATIVE OFFICE - AWENDAW, SC 29429	57-0807424	501(C)(3)	48,000.	0.			HUMAN NEEDS
WINGS FOR KIDS 174 MEETING ST., SUITE 300-1073 CHARLESTON, SC 29401	57-1055054	501(C)(3)	62,500.	0.			EDUCATION
WISDOM & MONEY 1259 EL CAMINO REAL, SUITE 241 MENLO PARK, CA 94025	47-5520977	501(C)(3)	25,000.	0.			HUMAN NEEDS
WOMENS REFUGEE COMMISSION 15 WEST 37TH STREET, 9TH FLOOR NEW YORK, NY 10018	46-3668128	501(C)(3)	6,000.	0.			HUMAN NEEDS
YALE UNIVERSITY OFFICE OF DEVELOPMENT, CONTRIBUTION PROCESSING, P.O. BOX 2038 - NEW HAVEN, C	06-0646973	501(C)(3)	66,000.	0.			HEALTH
YASCHIK/ARNOLD JEWISH STUDIES PROGRAM AT THE COLLEGE OF CHARLESTON - 96 WENTWORTH ST., ROOM 203 - CHARLESTON, SC 29424	23-7069236	501(C)(3)	8,500.	0.			EDUCATION
YMCA OF COASTAL CAROLINA CLAIRE CHAPIN EPPS YMCA, 5000 CLAIRE CHAPIN EPPS DRIVE - MYRTLE BEACH, SC 29	57-0747196	501(C)(3)	85,100.	0.			HUMAN NEEDS
YMCA OF GREATER CHARLESTON 1655 CANE BAY BLVD. SUMMERVILLE, SC 29486	57-0935533	501(C)(3)	58,290.	0.			NEIGHBORHOOD & COMMUNITY DEV.

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## COASTAL COMMUNITY FOUNDATION OF SOUTH

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23-7390313

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**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	145	799,942.	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.

THE FOUNDATION EMPLOYS A DEDICATED TEAM OF STUDENT SUCCESS MANAGERS WHO PROVIDE COUNSELING AND MENTORING TO STUDENTS. THIS TEAM IS RESPONSIBLE FOR IDENTIFYING POTENTIAL SCHOLARSHIP CANDIDATES. ADDITIONALLY, THERE IS A DISTINCT PROCESS IN PLACE FOR DETERMINING THE ALLOCATION OF SCHOLARSHIP AWARDS TO SELECTED STUDENTS.

SCHEDULE J  
(Form 990)

(Rev. December 2024)  
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](http://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 OF SOUTH CAROLINA, INC.	Employer identification number	23-7390313
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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 checked="" 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		X
2		X
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

## COASTAL COMMUNITY FOUNDATION OF SOUTH

Schedule J (Form 990) (Rev. 12-2024) CAROLINA, INC.

23-7390313

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DARRIN GOSS CEO	(i)	293,000.	25,000.	0.	60,729.	22,254.	400,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JANE LITZ CFO	(i)	205,802.	16,150.	0.	11,270.	20,099.	253,321.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELISSA LEVESQUE CHIEF STRATEGY OFFICER	(i)	172,270.	15,000.	0.	9,383.	23,504.	220,157.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID GALVIN VP OF TALENT & OPERATIONS	(i)	137,696.	10,000.	0.	7,543.	17,110.	172,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTOPHER BALLAD SR DIRECTOR FINANCE & CONTROLLER	(i)	119,683.	2,700.	0.	6,374.	30,090.	158,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) (Rev. 12-2024)

**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.

**PART I, LINE 4B:**

DARRIN GOSS, PRESIDENT & CHIEF EXECUTIVE OFFICER, PARTICIPATED IN A SECTION  
457(F) PLAN DURING 2024. CONTRIBUTIONS TO THE 457(F) PLAN TOTALED \$25,000.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization **COASTAL COMMUNITY FOUNDATION OF SOUTH CAROLINA, INC.** 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	30	3,479,593.	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 .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( ..... )				
26 Other ( ..... )				
27 Other ( ..... )				
28 Other ( ..... )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

**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, PART I, LINE 32B:

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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://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 OF SOUTH CAROLINA, INC.	Employer identification number	23-7390313
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
GUIDED BY A DONOR'S INTENT TO SUPPORT SPECIFIC OR BROAD CHARITABLE  
GOALS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
LENDING, AND PHYSICAL AND MENTAL WELL-BEING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
COMMUNITY LEADERSHIP - CCF HAS LONG SERVED AS A TRUSTED CONVENER,  
UNITING RESIDENTS, BUSINESS LEADERS, NON-PROFIT PARTNERS, AND  
GOVERNMENT TO ADDRESS PRESSING CHALLENGES FROM HOUSING AND EDUCATION  
DISPARITIES TO ECONOMIC MOBILITY, NEIGHBORHOOD REVITALIZATION, AND  
DISASTER RESPONSE AND RECOVERY. THROUGH IMPACT INVESTING, ADVOCACY, AND  
EDUCATION, WE DRIVE SOLUTIONS THAT BUILD STRONGER COMMUNITIES. CCF WAS  
INTEGRAL IN THE DEVELOPMENT AND LONG-TERM PLANNING THAT IS ADDRESSING  
REGIONAL HOUSING AFFORDABILITY WITH TWO COMMUNITY-BASED PROJECTS AND  
EDUCATION SUPPORT FOR UNDERPERFORMING SCHOOLS.

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  
COMPLETION OF THE ANNUAL PERFORMANCE REVIEW PROCESS, AND IS APPROVED BY THE  
BOARD OF DIRECTORS. FINAL SALARIES FOR MANAGEMENT AND KEY STAFF MEMBERS ARE  
DETERMINED BY THE PRESIDENT/CEO BASED UPON THE RESULTS OF PERFORMANCE  
REVIEWS. ALL DECISIONS ABOUT THE FOUNDATION'S OFFICERS SALARIES ARE  
DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:  
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY,  
AND FINANCIAL STATEMENTS, INCLUDING FORM 990, AVAILABLE ON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
CHANGE IN VALUE - DEFERRED COMP 19,783.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25





**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

OMB No. 1545-0047

**Open to Public  
Inspection**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization	COASTAL COMMUNITY FOUNDATION OF SOUTH CAROLINA, INC.	Employer identification number	23-7390313
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TCF REALTY LLC - 23-7390313 1691 TURNBULL AVENUE NORTH CHARLESTON, SC 29405	REAL ESTATE TITLE	SOUTH CAROLINA	0.	0.	COASTAL COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FRANCES P BUNNELLE FOUNDATION - 57-1095197 95 CENTERMARSH LANE PAWLEYS ISLAND, SC 29585	SUPPORTING ORGANIZATION- GRANTMAKING	SOUTH CAROLINA	501(C)(3)	509(A)(3) (TYPE1)	COASTAL COMMUNITY FOUNDATION		X
JEWISH ENDOWMENT FOUNDATION OF GREATER CHARLESTON - 57-1042419, 1691 TURNBULL AVE, N CHARLESTON, SC 29405	SUPPORTING ORGANIZATION- GRANTMAKING	SOUTH CAROLINA	501(C)(3)	509(A)(3) (TYPE1)	COASTAL COMMUNITY FOUNDATION AND CHARLESTON JEWISH		X
SAUL ALEXANDER FOUNDATION - 23-7420175 1691 TURNBULL AVE N CHARLESTON, SC 29405	SUPPORTING ORGANIZATION- GRANTMAKING	SOUTH CAROLINA	501(C)(3)	509(A)(3) (TYPE3)	COASTAL COMMUNITY FOUNDATION		X

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

Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

**COASTAL COMMUNITY FOUNDATION OF SOUTH**

Schedule R (Form 990) (Rev. 1-2025) **CAROLINA, INC.**

**23-7390313** Page **2**

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

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

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

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

## COASTAL COMMUNITY FOUNDATION OF SOUTH

Schedule R (Form 990) (Rev. 1-2025) CAROLINA, INC.

23-7390313 Page 3

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE FRANCES P. BUNNELLE FOUNDATION JEWISH ENDOWMENT FOUNDATION OF SOUTH	B	81,000.	FMV
(2) CAROLINA	B	25,000.	FMV
(3) THE SAUL ALEXANDER FOUNDATION	C	130,516.	FMV
(4) THE FRANCES P. BUNNELLE FOUNDATION	C	5,000.	FMV
(5) THE SAUL ALEXANDER FOUNDATION	L	32,096.	FMV
(6) THE FRANCES P. BUNNELLE FOUNDATION	L	110,084.	FMV

COASTAL COMMUNITY FOUNDATION OF SOUTH  
CAROLINA, INC.

23-7390313

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) JEWISH ENDOWMENT FOUNDATION OF SOUTH CAROLINA	L	93,789.	FMV
(8) THE FRANCES P. BUNNELLE FOUNDATION JEWISH ENDOWMENT FOUNDATION OF SOUTH	Q	565,521.	FMV
(9) CAROLINA	Q	180,720.	FMV
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) (Rev. 1-2025) **CAROLINA, INC.**

Page 4

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

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

[illegible]

Schedule R (Form 990) (Rev. 1-2025)

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 Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

OMB No. 1545-0047

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

**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.

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.

**Part I - Identification**

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**The books are in the care of **JANE LITZ****1691 TURNBULL AVE - N CHARLESTON, SC 29405-1944**Telephone No. **843-723-3635**

Fax No. \_\_\_\_\_

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

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **24** or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)