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DLN: 93493217006416

Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the	e 2015 ca		eginning 01-01-2015 , and en	ding 12-31-2	2015			
		applicable	C Name of organization SOUTH CAROLINA COASTAL	CONSERVATION				-	lentification number
	ne cha	hange	LEAGUE INC				57-0	8872	78
	ial reti		Doing business as						
Fin	al			box if mail is not delivered to street a	ddress) Room	/suite	E Teleph	one nu	ımber
_		rmınated	328 EAST BAY STREET				(843	)723	-8035
_		return n pending	CHARLESTON, SC 29401	nce, country, and ZIP or foreign postal	code		<b>G</b> Gross	receipt	s \$ 19,045,249
i Api	nicatio	in pending	<b>F</b> Name and address	of principal officer		11/-> .			_
			DANA BEACH				Is this a group subordinates?		rn for □Yes ☑No
			328 EAST BAY STRE CHARLESTON, SC 2			l l	Are all subord included?	ınates	s [Yes [No
			<u> </u>					h a lıs	t (see instructions)
		mpt status		( ) ◀ (insert no )	r   527	H(c)	Group exemp	tıon n	umber ►
J W	ebsit	e:► WV	VW COASTALCONSERVA	TIONLEAGUE ORG					
			Corporation Trust As	ssociation Other 🕨		<b>L</b> Year	r of formation 1	989	<b>M</b> State of legal domicile SC
Pa	rt I		ımary	nission or most significant acti					
Governance	B C	CAROLIN BY WORK CHALLEN	NA COASTAL PLAIN - ITS SING WITH CITIZENS AN NGES	CONSERVATION LEAGUE IS S NATURAL LANDSCAPES, AI D GOVERNMENT ON PROAC	BUNDANT V TIVE, COMI	VILDLIFE, ( PREHENSI	CLEAN WATE VE SOLUTIO	R, A N NS TO	ID QUALITY OF LIFE - D ENVIRONMENTAL
	-	CHECK C	ns box Ff In the organization	tion discontinued its operations	or dispose	u 01 11101C til	Idii 23 70 01 163		
Activities &	l		-	governing body (Part VI, line 1a	-			3	18
<u> </u>			· -	nbers of the governing body (Pa ved in calendar year 2015 (Par	•	•		5	18
đ,	l		•	ate if necessary)				6	50
	7a	Total un	related business revenue f	from Part VIII, column (C), line	212			7a	0
	<b>b</b> N	let unrela	ated business taxable inco	ome from Form 990-T, line 34				7b	<u> </u>
		C t	.hh	/III,line 1h)			Prior Year	040	Current Year
활	8		-	VIII, line 2g)			2,151	,,,,,,	6,755,348
Revenue	10	Inves	tment income (Part VIII,	column (A), lines 3, 4, and 7d)			509	,833	-112,538
ď	11			nn (A), lines 5, 6d, 8c, 9c, 10c			233	,805	295,347
	12	Total 12)	revenue—add lines 8 throi	ugh 11 (must equal Part VIII, o	column (A ),	line	2,895	,578	6,938,157
	13	Grant	s and similar amounts paid	d (Part IX, column (A), lines 1-	3)			750	1,000
	14		•	(Part IX, column (A), line 4)					0
\$	15	5 a ları 5 – 10		mployee benefits (Part IX, colu	ımn (A ), line	S	1,857	,726	2,168,893
Expenses	16a	Profe	ssional fundraising fees (P	art IX, column (A), line 11e)		•	65	,760	0
দ্র	b		undraising expenses (Part IX, co	· · · · · · · · · · · · · · · · · · ·		-			
	17 18			ın (A), lınes 11a–11d, 11f–24e 17 (must equal Part IX, column	-		1,031 2,955	$\overline{}$	1,249,589 3,419,482
	19			ct line 18 from line 12				,746	3,518,675
ල් අ දි							ing of Current		End of Year
Not Assets or Fund Balances	20	Total	assets (Part X. line 16)			_	10,368	.739	13,879,482
8.48 8.48	21					· .		,270	444,918
žĒ	22			btract line 21 from line 20 .			9,924	,469	13,434,564
Unde my k	nowle irer h	alties of dge and as any k	belief, it is true, correct, a nowledge *** ature of officer	ave examined this return, incluind complete Declaration of pre					
	-		ISTINA H ALLEN CFO/TREASURE e or print name and title	ΞK					
Paid			Print/Type preparer's name ERIK M GLASER CPA	Preparer's signature ERIK M GLASER CPA		Date 2016-08-04	Check If self-employed		724565
	pare	er ⊢	Firm's name FGLASER AND C				Firm's EIN F 2		
Use	On	ıly  ˈ	Firm's address F 1040 ANNA KN. MT PLEASANT,				Phone no (84	-849 رد	-003/
			WI DIEKCKWI	5L 794h4 31U5					

May the IRS discuss this return with the preparer shown above? (see instructions) .

Code	Form	90 (2015) Pag	је
1 Briefly describe the organization's mission  THE MISSION OF THE COASTAL CONSERVATION LEAGUE IS TO PROTECT THE THREATENED RESOURCES OF THE SOUTH CAROLINA COASTAL PLAIN - IT'S NATURAL LANDSCAPES, ABUNDANT WILDLIFE, CLEAN WATER, AND QUALITY OF LIFE - BY WORKING WITH CITIZENS AND GO VERNMENT ON PROACTIVE, COMPREHENSIVE SOLUTIONS TO ENVIRONMENTAL CHALLENGES  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 .	Par	III Statement of Program Service Accomplishments	
THE MISSION OF THE COASTAL CONSERVATION LEAGUE IS TO PROTECT THE THREATENED RESOURCES OF THE SOUTH CAROLINA COASTAL PLAIN - ITS NATURAL LANDSCAPES, ABUNDANT WILDLIFE, CLEAN WATER, AND QUALITY OF LIFE - BY WORKING WITH CITIZENS AND GOVERNMENT ON PROACTIVE, COMPREHENSIVE SOLUTIONS TO ENVIRONMENTAL CHALLENGES  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27			<u>,                                    </u>
CAROLINA COASTAL PLAIN - ITS NATURAL LANDSCAPES, ABUNDANT WILDLIFE, CLEAN WATER, AND QUALITY OF LIFE - BY WORKING WITH CITIZENS AND GOVERNMENT ON PROACTIVE, COMPREHENSIVE SOLUTIONS TO ENVIRONMENTAL CHALLENGES  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	1	riefly describe the organization's mission	
Tyes	C A R WO R	INA COASTAL PLAIN - ITS NATURAL LANDSCAPES, ABUNDANT WILDLIFE, CLEAN WATER, AND QUALITY OF LIFE - BY NG WITH CITIZENS AND GOVERNMENT ON PROACTIVE, COMPREHENSIVE SOLUTIONS TO ENVIRONMENTAL	
Tyes			_
Did the organization cease conducting, or make significant changes in how it conducts, any program services services?  1f "Yes," describe these changes on Schedule O  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.  Gode  1 (Expenses \$ 917,609 including grants of \$ 250) (Revenue \$ 215,837)  SINCE 1989, THE COASTAL CONSERVATION LEAGUE HAS BEEN PROTECTING THE SOUTH CAROLINA COASTAL PLAIN-TIS NATURAL LANDSCAPES, ABUNDANT WILDITE, CLEAN WATER, AND QUALITY OF LIFE-BY WORKING WITH CHIZERS AND GOVERNMENT ON COMPREHENSIVE SOLUTIONS TO ENVIRONMENTAL CHIALDRES ONE STAFF WORKS THROUGH FOUR PROVIDED HAVE AND GOVERNMENT ON COMPREHENSIVE SOLUTIONS TO ENVIRONMENTAL CHIALDRES ONE STAFF WORKS THROUGH FOR WATER AND MOVED MAINY PROJECTS FORWARD OUR WORK AT THE LEGISLATURE AND IN CITY AND COUNTY COUNCIDS OFTEN TAKES YEARS, AND SONETIMES DECADES BELOW AND EASY OFTEN HAVE AND OUR WORK AT THE LEGISLATURE AND IN CITY AND COUNTY COUNCIDS FRUIT, VEGETABLES, NOTE, GOAS, AND CANDIDA OUR LOCAL FOOD SUPPLY RADIUS TO THE ENTIRE STATE INVENTORY NOW INCLUDES FRUIT, VEGETABLES, NOTE, GOAS, AND CANDIDA OUR LOCAL FOOD SUPPLY RADIUS TO THE ENTIRE STATE INVENTORY NOW INCLUDES FRUIT, VEGETABLES, NOTE, GOAS, AND CANDIDA OUR LOCAL FOOD SUPPLY RADIUS TO THE ENTIRE STATE INVENTORY NOW INCLUDES FRUIT, VEGETABLES, NOTE, GOAS, AND CANDIDA OUR LOCAL FOOD SUPPLY RADIUS TO THE ENTIRE STATE INVENTORY NOW INCLUDES FRUIT, VEGETABLES, NOTE, GOARDIS, DARRY, EGGS, AND CANDIDA OUR LOCAL FOOD SUPPLY RADIUS TO THE ENTIRE STATE INVENTORY NOW INCLUDES FRUIT, VEGETABLES, NOTE, GOARDIS, DARRY, EGGS, AND CANDIDA OUR LOCAL FOOD SUPPLY RADIUS TO THE ENTIRE STATE INVENTORY OF PROJECT P	2		
Services?  If "Yes," describe these changes on Schedule O  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 \$ 917,609 including grants of \$ 250) (Revenue \$ 215,837)  SINCE 1989, THE COASTAL CONSERVATION LEAGUE HAS BEEN PROTECTING THE SOUTH CAROLINA COASTAL PLAIN-ITS NATURAL LANDSCAPES, ABUNDANT WILDLIFE, CLEAN WATER, AND QUALITY OF LIFE-BY WORKING WITH CITIZENS AND GOVERNMENT ON COMPREHENSIVE SOLUTIONS TO ENVIRONMENTAL CHALLENGES OUR STAFF WORKS THROUGH FOUR MAIN PROGRAM AREAS LAND & COMMUNITIES, FOOD & AGRICULTURE, AIR, WATER, & PUBLIC HEALTH, AND ENERGY DURING 2015, We HAD MANY ACCOMPLISHMENTS AND MOVED MARY PROJECTS FORWARD OUR WORK AT THE LEGISLATURE AND IN CITY AND COUNT. COUNCLIS OFTER TAKES YEARS, AND SOMETIMES DECADES BELOW ARE SOME HIGHLIGHTS FROM 2015 BY PROGRAM AREA FOOD & AGRICULTURE GROWFOOL CAROLINA, OUR FOOD HUB, EXCEEDED THEIR 2015 SALES GOAL, EXPANDING OUR LOCAL FOOD SUPPLY RADJUS TO THE ENTIRE STATE INVENTORY NOW INCLUDES FRUIT, VEGETABLES, RUTS, GRAINS, DAIRY, EGGS, AND CANOLA OIL  4b (Code ) (Expenses \$ 425,950 including grants of \$ 250) (Revenue \$ )  ENERGY THROUGH OUTREACH AND EDUCATION OF ELECTED OFFICIALS, THE CONSERVATION LEAGUE CO-HOSTED AN ANTI-OFFSHORE OF TWENTY-FOUR (24) OFFICIAL RESOLUTIONS OPPOSING OFFSHORE OIL AND AND EXPENSE AND ANTI-OFFSHORE DRILLING EVENT IN MOUNT PLEASANT FEATURING COMMENTS FROM SC SEN CHIP CAMPSEN AND IN THE ATLANTIC EVERY COASTAL MUNICIPALITY FROM NORTH MYRTLE BEACH TO HILTON HEAD IS INCLUDED IN THIS LIST IN JULY, THE CONSERVATION LEAGUE CO-HOSTED AN ANTI-OFFSHORE DRILLING EVENT IN MOUNT PLEASANT FEATURING COMMENTS FROM SC SEN CHIP CAMPSEN AND EXPRANSANTORD, TO A CROWD OF MORE THAN 200 PROPILE AS A RESULT OF PUBLIC PRESSURE, PRESIDENT OBMAN AGREED TO PROHIBIT OFFSHO		"Yes," describe these new services on Schedule O	
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 \$ 917,609 including grants of \$ 250) (Revenue \$ 215,837)  SINCE 1989, THE COASTAL CONSERVATION LEAGUE HAS BEEN PROTECTING THE SOUTH CAROLINA COASTAL PLAIN-ITS NATURAL LANDSCAPES, ABUNDANT WINDLES, CLEAN WATER, AND QUALITY OF LIFE-BY WORKING WITH CITIZENS AND GOVERNMENT ON COMPREHENSIVE SOLUTIONS TO ENVIRONMENTAL CHALLENGES OUR STAFF WORKS THROUGH FOUR MAIN PROGRAM AREAS LAND & COMMUNITIES, FOOD & AGRICULTURE, AIR, WATER, & PUBLIC HEALTH, AND ENERGY DURING 2015, WE HAD MANY ACCOMPLISHMENTS AND MOVED MANY PROJECTS FORWARD OUR WORK AT THE LEGISLATURE AND IN CITY AND COUNT COUNCILS OFTEN TAKES YEARS, AND SOMETIMES DECADES BELOW ARE SOME HIGHLIGHTS FROM 2015 BY PROGRAM AREA FOOD & AGRICULTURE, AIR, WATER, & PUBLIC HEALTH, AND COUNT COUNCILS OFTEN TAKES YEARS, AND SOMETIMES DECADES BELOW ARE SOME HIGHLIGHTS FROM 2015 BY PROGRAM AREA FOOD & AGRICULTURE, AIR, WATER, & PUBLIC HEALTH, AND COUNT COUNCILS OFTEN TAKES YEARS, AND SOMETIMES DECADES BELOW ARE SOME HIGHLIGHTS FROM 2015 BY PROGRAM AREA FOOD & AGRICULTURE, AIR, WATER, & PUBLIC HEALTH, AND COUNT COUNCILS OFTEN TAKES YEARS, AND SOMETIMES DECADES BELOW ARE SOME HIGHLIGHTS FROM 2015 BY PROGRAM AREA FOOD & AGRICULTURE, AIR, WATER, & PUBLIC HEALTH, AND COUNT COUNCILS OFTEN THE COUNTY OF THE ENTIRE STATE INVENTORY NOW INCLUDES FRUIT, VEGETABLES, NUTS, GRAINS, DAIRY, EGGS, AND CANOLA OIL  4b (Code ) (Expenses \$ 425,950 including grants of \$ 250) (Revenue \$ )  ENERGY THROUGH OUTREACH AND EDUCATION OF ELECTED OFFICIALS, THE CONSERVATION LEAGUE PLAYED AN INTEGRAL ROLE IN SUPPORTING THE PASSAGE OF TWENTY-FOUR CALL THE BEACH TO HILTON HEAD IS INCLUDED IN THIS LIST IN TILLY, THE CONSERVATION DETAIL THE PASSAGE OF THE COMMUNITY PLAYED HIS LIST IN THE ATLANTIC EVERY COASTAL MUNICIPALITY, THE CONSERVATION LEAGUE ON HOTELY AND ACCOUNT OF HARD AND ACCOUNT OF HARD	3	ervices?	
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LAND & COMMUNITIES WORKING WITH MEMBERS OF THE COMMUNITY, WE SUCCESSFULLY THWARTED EFFORTS TO ADD MORE COMMERCIAL DEVELOPMENT TO THE ASHLEY RIVER HISTORIC DISTRICT FURTHER, DORCHESTER COUNTY PLANNING COMMISSION IS NOW CONSIDERING CHANGES THAT TIGHTEN REGULATION FOR FUTURE COMMERCIAL DEVELOPMENT NEAR THE DISTRICT THROUGH A COLLABORATIVE APPROACH INVOLVING INDUSTRY AND CONSERVATION INTERESTS, THE COASTAL CONSERVATION LEAGUE WORKED ON AN AGREEMENT WITH VOLVO WHICH WILL RESULT IN THE RESTORATION AND PROTECTION OF 2,458 ACRES OF LAND CRITICAL TO PROTECTING ONE OF SOUTH CAROLINA'S NATURAL TREASURES, FOUR HOLE SWAMP WE WILL CONTINUE TO WORK WITH OUR PARTNERS TO ENCOURAGE AND LEAD THIS TYPE OF LANDSCAPE-SCALE MITIGATION IN THE FUTURE  See Additional Data  4d Other program services (Describe in Schedule O )  (Expenses \$ 364,745 including grants of \$ 250 ) (Revenue \$ -5,659 )	70	ENERGY THROUGH OUTREACH AND EDUCATION OF ELECTED OFFICIALS, THE CONSERVATION LEAGUE PLAYED AN INTEGRAL ROLE IN SUPPORTING THE PASSA OF TWENTY-FOUR (24) OFFICIAL RESOLUTIONS OPPOSING OFFSHORE OIL AND GAS EXPLORATION AND DEVELOPMENT IN THE ATLANTIC EVERY COASTAL MUNICIPALITY FROM NORTH MYRTLE BEACH TO HILTON HEAD IS INCLUDED IN THIS LIST IN JULY, THE CONSERVATION LEAGUE CO-HOSTED AN ANTI-OFFSHORD RILLING EVENT IN MOUNT PLEASANT FEATURING COMMENTS FROM SC SEN CHIP CAMPSEN AND US REP MARK SANFORD, TO A CROWD OF MORE THAN 20 PEOPLE AS A RESULT OF PUBLIC PRESSURE, PRESIDENT OBAMA AGREED TO PROHIBIT OFFSHORE DRILLING ALONG THE ENTIRE EASTERN SEABOARD GOVERN	RE
LAND & COMMUNITIES WORKING WITH MEMBERS OF THE COMMUNITY, WE SUCCESSFULLY THWARTED EFFORTS TO ADD MORE COMMERCIAL DEVELOPMENT TO THE ASHLEY RIVER HISTORIC DISTRICT FURTHER, DORCHESTER COUNTY PLANNING COMMISSION IS NOW CONSIDERING CHANGES THAT TIGHTEN REGULATION FOR FUTURE COMMERCIAL DEVELOPMENT NEAR THE DISTRICT THROUGH A COLLABORATIVE APPROACH INVOLVING INDUSTRY AND CONSERVATION INTERESTS, THE COASTAL CONSERVATION LEAGUE WORKED ON AN AGREEMENT WITH VOLVO WHICH WILL RESULT IN THE RESTORATION AND PROTECTION OF 2,458 ACRES OF LAND CRITICAL TO PROTECTING ONE OF SOUTH CAROLINA'S NATURAL TREASURES, FOUR HOLE SWAMP WE WILL CONTINUE TO WORK WITH OUR PARTNERS TO ENCOURAGE AND LEAD THIS TYPE OF LANDSCAPE-SCALE MITIGATION IN THE FUTURE  See Additional Data  4d Other program services (Describe in Schedule O )  (Expenses \$ 364,745 including grants of \$ 250 ) (Revenue \$ -5,659 )	40	Code ) (Expenses \$ 619.767 including grants of \$ 250.) (Revenue \$ )	_
4d Other program services (Describe in Schedule O ) (Expenses \$ 364,745 including grants of \$ 250 ) (Revenue \$ -5,659 )	<b>T</b> C	AND & COMMUNITIES WORKING WITH MEMBERS OF THE COMMUNITY, WE SUCCESSFULLY THWARTED EFFORTS TO ADD MORE COMMERCIAL DEVELOPMENT ITHE ASHLEY RIVER HISTORIC DISTRICT FURTHER, DORCHESTER COUNTY PLANNING COMMISSION IS NOW CONSIDERING CHANGES THAT TIGHTEN REGULATIFOR FUTURE COMMERCIAL DEVELOPMENT NEAR THE DISTRICT THROUGH A COLLABORATIVE APPROACH INVOLVING INDUSTRY AND CONSERVATION INTERESTORED FOR EXAMPLE OF SOUTH CAROLINA'S NATURAL TREASURES, FOUR HOLE SWAMP WE WILL CONTINUE TO WORK WITH OUR PARTNESS OF LAND CRITICAL TO PROTECTING ONE OF SOUTH CAROLINA'S NATURAL TREASURES, FOUR HOLE SWAMP WE WILL CONTINUE TO WORK WITH OUR PARTNE	ON S, ES
(Expenses \$ 364,745 including grants of \$ 250 ) (Revenue \$ -5,659 )		See Additional Data	
(Expenses \$ 364,745 including grants of \$ 250 ) (Revenue \$ -5,659 )			_
	4d		
		Total program service expenses ► 2,328,071	_

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

Par	t IV Checklist of Required Schedules (continued)			
21				N.o.
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$ .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Yes	

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Pai	**T 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
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 30			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h	I	I

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

Se	ection A. Governing Body and Management	· ·	<u> </u>	~
30	ection A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body?			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholde or persons other than the governing body?	rs, <b>7b</b>		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at to organization's mailing address? If "Yes," provide the names and addresses in Schedule O	he <b>9</b>		No
Se	ection B. Policies (This Section B requests information about policies not required by the Interna	l Reven	ue Cod	le.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10Ь		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before file the form?	ng <b>11a</b>	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," descri</i> in Schedule O how this was done	be <b>12c</b>	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
<b>L</b> 4	Did the organization have a written document retention and destruction policy?	14	Yes	
<b>L</b> 5	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	?		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	a <b>16a</b>		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	55	1	I
	List the States with which a copy of this Form 990 is required to be filed▶			
	SC Section 6104 to an appropriate to the best to the form 1000 for			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	ı		

✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION 328 EAST BAY STREET CHARLESTON, SC 29402 (843) 723-7468

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h an or/tr	offic	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARGOT T ROSE	4 00	х		х				0	0	0
(2) BERRYMAN EDWARDS VICE CHAIR	2 00	х		х				0	0	0
(3) JOHN THOMPSON BOARD MEMBER	1 00	х						0	0	0
(4) JOHNSTON ADAMS BOARD MEMBER	1 00	х						0	0	0
(5) JOEL BERLY BOARD MEMBER	1 00	х						0	0	0
(6) CEARA DONNELLY BOARD MEMBER	1 00	х						0	0	0
(7) STEVEN DOPP BOARD MEMBER	1 00	х						0	0	0
(8) KATHARINE HASTIE BOARD MEMBER	1 00	х						0	0	0
(9) CYNTHIA KELLOGG BOARD MEMBER	1 00	х						0	0	0
(10) DEBORAH KENNEDY KENNARD BOARD MEMBER	1 00	х						0	0	0
(11) JEFF LEATH BOARD MEMBER	1 00	х						0	0	0
(12) PIERRE MANIGAULT BOARD MEMBER	1 00	х						0	0	0
(13) JIM MCNAB BOARD MEMBER	1 00	х						0	0	0
(14) RICHARD SCHMALTZ BOARD MEMBER	1 00	х						0	0	0
	•							-		Form <b>990</b> (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	check, unle office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) JEFFREY SCHUTZ	1 00	×						(		0
BOARD MEMBER (16) DAVID WESTERLUND	1 00			-	_		$\vdash$			
BOARD MEMBER		×						(	C	0
(17) STEPHEN ZOUKIS	1 00	х						(	C	0
BOARD MEMBER (18) ANDREA ZIFF COOPER TERM COMPLETE	4 00	x						(	(	0
BOARD MEMBER (19) WILLIAM COGSWELL TERM COMPLETE	2 00	×								0
BOARD MEMBER	1.00									
(20) CHARLEY TARVER BOARD MEMBER	1 00	х						(	C	0
(21) DANA BEACH EXECUTIVE DI	40 00			x				137,595	C	26,945
(22) CHRISTINA H ALLEN	40 00			х				98,211	C	15,284
CFO/TREASURE (23) BEA GIRNDT	40 00						$\vdash$			
DEV ASSOC/S				Х				49,620	C	11,327
1b Sub-Total			•	<u>.                                    </u>	<u> </u>	<u> </u>				
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A		٠.	•				285,426		53,556
2 Total number of individuals (including b \$100,000 of reportable compensation				ed al	00V6	e) who	recei	ived more than	,	
3 Did the organization list any former off	cer director or	tructor	a ka		nla	VAC C	r biah	act component	ad amployee	Yes No
3 Did the organization list any former offi on line 1a? If "Yes," complete Schedule J	for such individ	lual .	•	•	•		•		3	No
4 For any individual listed on line 1a, is the organization and related organizations of individual									om the <b>4</b>	Yes
5 Did any person listed on line 1a receive services rendered to the organization?									ndividual for	No
Section B. Independent Contracto	ors									
Complete this table for your five highes compensation from the organization. Re	t compensated									s tax year
	(A) usiness address								(B) on of services	(C) Compensation
								<u> </u>		

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 ►

art V	•••	Statement o						_
		Check if Schedi	ule O contains a respoi	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္က	1a	Federated cam	paigns 1a					
Grants mounts	b	Membership du	es <b>1b</b>					
ons, Giffs, Grants Similar Amounts	c	Fundraising eve	ents <b>1c</b>					
oms, illar A	d		zations 1d					
ila Ila		Government grants		15,115				
Si.ji	е	-						
	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	6,740,233				
other	g		ons included in lines	284,489				
Contributions, and Other Sirr	h	1a-1f \$  Total. Add lines	c 1 a_1 f		6,755,348			
5 E		Total. Add filles	5 1 d - 11	· · · •	0,733,310			
e E	2a			Business Code				
ever	za b							
<b>选</b>	_							
် န	c d							
<i>3</i> 3								
Program Service Revenue	e f	ΔII other press	am service revenue					
5 2	I	All other progra	am service revenue					
4	g		s 2a – 2f					
	3		ome (including dividen ar amounts)		140,027			140,027
	4		stment of tax-exempt bond	<b>⊢</b>				
	5	Royalties		▶ ↑				
			(ı) Real	(II) Personal				
	6a	Gross rents	48,465					
	b	Less rental						
	_	expenses Rental income	48,465					
	С	or (loss)	·					
	d	Net rental inco	me or (loss)		48,465			48,465
	7a	Gross amount	(ı) Securities	(II) O ther				
	/a	from sales of assets other than inventory	11,056,220					
	b	Less cost or other basis and	11,272,081	36,704				
		sales expenses		,				
	<b>c</b>	Gain or (loss)	-215,861	-36,704	252 545	26 704		215.061
.	d ea		(SS)		-252,565	-36,704		-215,861
	8a		luding s reported on line 1c)					
		See Part IV, lin	ne 18 <b>a</b>					
[	ь	Less direct ex	penses <b>b</b>					
1	c		(loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19					
	Ь	Less direct ex	penses <b>b</b>					
	c		(loss) from gamıng actı	vities				
	10a	Gross sales of	• •					
		returns and allo	owances . a	998,418				
	Ь	less costofa	oods sold <b>b</b>	•				
			(loss) from sales of inv	798,307 entory <b>.</b>	200,111	200,111		
}		Miscellaneous		Business Code		·		
f	11a	MISCELLANEC			31,045	31,045		
	b	BOX SALES	-		15,726	15,726		
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	46,771			
	12	Total revenue	See Instructions .	🖈	,			
				-	6,938,157	210,178		-27,369

### Part IX Statement of Functional Expenses

ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A )	
	Check if Schedule O contains a response or note to any line in t				<del></del>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,000	1,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	327,655	139,859	163,115	24,681
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,520,842	1,147,640	137,489	235,713
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,702	17,634	11,478	9,590
9	Other employee benefits	140,306	113,529	10,480	16,297
10	Payroll taxes	141,388	108,350	17,967	15,071
11	Fees for services (non-employees)				
а	Management				
b	Legal	42,219	36,885	5,334	
С	Accounting	11,764		11,764	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	54,074		54,074	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	197,042	162,687	10,136	24,219
12	Advertising and promotion	56,210	40,171		16,039
13	Office expenses	150,183	92,261	19,181	38,741
14	Information technology	70,760	32,731	21,196	16,833
15	Royalties				
16	Occupancy	134,951	109,336	13,391	12,224
17	Travel	51,564	47,004	1,171	3,389
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	64,660	47,570	2,034	15,056
20	Interest	2,668	2,668		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	79,842	72,736	3,782	3,324
23	Insurance	77,011	56,486	10,925	9,600
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BAD DEBTS	129,984	-522	130,506	
b	PROFESSIONAL DEVELOPEMENT	59,815	38,312	10,785	10,718
c	PRODUCE BOXES/ DIRECT COS	50,436	50,390		46
d	OTHER EXPENSE	16,406	11,344	4,006	1,056
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,419,482	2,328,071	638,814	452,597
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 906,269 1,659,325 1 1 2 2 Savings and temporary cash investments . . . . Pledges and grants receivable, net . . . . 380,942 3,477,492 3 3 56,642 4 4 87.393 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 69.531 61,981 9 9 Prepaid expenses and deferred charges . . . . . 10a Land, buildings, and equipment cost or other basis 1,596,031 10a Complete Part VI of Schedule D b 10b 503.498 1,079,495 10c 1,092,533 Less accumulated depreciation . . . . 7.875.860 11 7,414,258 11 12 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 15 86.500 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 10,368,739 16 13,879,482 194,270 17 **17** 244,918 Accounts payable and accrued expenses . . . . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 250,000 24 24 200,000 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 444.270 26 444,918 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 9.924.469 9,879,776 27 27 3,554,788 28 28 Fund 29 29 Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . Retained earnings, endowment, accumulated income, or other funds 32 32 33 9,924,469 33 13,434,564 Total liabilities and net assets/fund balances . . . . . . . . . . . 10.368.739 34 13.879.482

	(2013)				raye 12
Par	t XI Reconcilliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	· · ·	•	• •	<u> </u>
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1		6,9	938,157
2	Total expenses (must equal Part IX, column (A), line 25)				
		2		3,4	419,482
3	Revenue less expenses Subtract line 2 from line 1	3		3,!	518,675
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
		4		9,9	924,469
5	Net unrealized gains (losses) on investments	5			-8,580
6	Donated services and use of facilities				· ·
		6			
7	Investment expenses	7			
8	Prior period adjustments				
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		13,4	434,564
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		• •	Yes	No
	Accounting method used to prepare the Form 990  Cash  Accrual Other				
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev a separate basis, consolidated basis, or both	iewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepassis, consolidated basis, or both	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversiof the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 57-0887278

Name: SOUTH CAROLINA COASTAL CONSERVATION

LEAGUE INC

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 364,745 including grants of \$ 250 ) (Revenue \$ -5,659 )

AIR, WATER & PUBLIC HEALTH WE WORKED WITH CHARLESTON COUNTY TO SET TIMELINE TO RETROFIT A LANE ON THE ASHLEY RIVER BRIDGE FOR USE BY PEOPLE WALKING AND BIKING AT A PUBLIC INFORMATION SESSION, THE MAJORITY OF THE 400 ATTENDEES WERE IN FAVOR OF THE LANE CONVERSION, AND THE EXCITEMENT WAS PALPABLE CHARLESTON COUNTY WILL "TEST" THE LANE CONVERSION IN THE MONTHS TO COME IN ADDITION, CONSERVATION LEAGUE STAFF HAS WORKED FOR MONTHS TO REVIVE THE SHELVED JAMES ISLAND CONNECTOR RETROFIT STUDY, BOTH WITH THE PUBLIC AND CITY COUNCIL THESE EFFORTS AND CONSEQUENT NEW INQUIRIES RESULTED IN A POSITIVE EDITORIAL FROM THE POST AND COURIER SUPPORTING BOTH THE ASHLEY RIVER BRIDGE AND THE JAMES ISLAND CONNECTOR RETROFITS FOR PEOPLE ON BIKES WE ALSO WORKED WITH PARTNERS AND CITIZEN GROUPS TO PASS THE FIRST PLASTIC BAG BAN IN THE STATE ON ISLE OF PALMS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493217006416

OMB No 1545-0047

Open to Public

Inspection

### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** SOUTH CAROLINA COASTAL CONSERVATION LEAGUE INC 57-0887278 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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. 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. 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. 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. 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 Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (a)2011 **(b)**2012 (d)2014 (c)2013 **(e)**2015 (f)Total (or fiscal year beginning in) 🟲 1 Gifts, grants, contributions, and 1,961,449 2,045,262 3,106,156 2.151.940 6,755,348 16,020,155 membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,961,449 2,045,262 3,106,156 2,151,940 6,755,348 16,020,155 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 1,508,968 on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 14,511,187 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 1,961,449 2,045,262 3,106,156 2,151,940 6,755,348 16,020,155 Amounts from line 4 Gross income from interest. dividends, payments received on 315,403 350,961 815,734 585,884 172,742 2,240,724 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 18,101 17,670 101,475 28,392 46,771 212,409 capital assets (Explain in Part VI) Total support. Add lines 7 18,473,288 through 10 12 Gross receipts from related activities, etc (see instructions) 12 1,045,189 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 78 550 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 75 040 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported  $\vdash$ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V )		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)					
Se	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2				
Se	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
Se	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3				
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below					
2	Activities Test Answer (a) and (b) below.		Yes	No		
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 <b>Part VI identify those supported organizations and explain</b> 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				
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b				
3	Parent of Supported Organizations Answer (a) and (b) below.					
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided. 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).  By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the 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.  Exterior E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (so the organization is statisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government instructions)  Activities Test Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes, how 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					
Ŀ	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

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

### 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).

Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10	212,409

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493217006416

### Political Campaign and Lobbying Activities

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** SOUTH CAROLINA COASTAL CONSERVATION LEAGUE INC. 57-0887278 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

reporting section 4911 tax for this year?

encadic c (i	01111 3 3 6 1 3 3 6 1 2 7 2 6 1 5	rage
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form	1 5768 (election
	under section 501(h)).	

Check	<b>▶</b> □	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.)							
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		38,935					
b	Total lobbying expenditures to influence a legis	slative body (direct lobbying)		35,700					
c	Total lobbying expenditures (add lines 1a and 2	1b)		74,635					
d	Other exempt purpose expenditures		3,344,847						
e	Total exempt purpose expenditures (add lines	1c and 1d)		3,419,482					
f	Lobbying nontaxable amount Enter the amount		320,974						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000							
	Over \$17,000,000	\$1,000,000							
	Grassroots nontaxable amount (enter 25% of l	ine 1f)		80,244					
g	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			00,244					
h	Subtract line 1g from line 1a If zero or less, er	nter -U-							
i	Subtract line 1f from line 1c If zero or less, en	ter -0 -							
	If there is an amount other than zero on either	, <u> </u>							

# 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.)

┌ Yes ┌No

**Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) Lobbying nontaxable amount 287,700 301,887 297,766 320,974 1,208,327 Lobbying ceiling amount 1,812,491 (150% of line 2a, column(e)) 65,434 63,316 87,945 74,635 291,330 Total lobbying expenditures 71,925 80,244 Grassroots nontaxable amount 75,472 74,442 302,083 Grassroots ceiling amount 453,125 (150% of line 2d, column (e)) Grassroots lobbying expenditures 6,624 9,417 38,935 68,387

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				ige <b>S</b>
<i></i>	1	(	a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Tes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	01(c	)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					

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

DLN: 93493217006416

OMB No 1545-0047

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** SOUTH CAROLINA COASTAL CONSERVATION LEAGUE INC 57-0887278 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 Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) 
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located -\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal 1	Γrea	sures,	or O	ther Similar	Ass	sets	
3		the organization's acquisition, acce tion items (check all that apply)	ession, and other reco	ords, cl	necka	any of	f the f	ollowing t	that a	re a significant	use	of its	
а	ГР	ublic exhibition		d	Γ	Loar	n or e	xchange	progr	ams			
b	Γs	cholarly research		e	Γ	Oth	er						
С	ГР	reservation for future generations											
4	Provide Part >	de a description of the organization's (III	s collections and exp	laın ho	w they	/ furth	ner th	e organız	atıon	's exempt purpo	se ir	n	
5		g the year, did the organization solic s to be sold to raise funds rather tha									'es	┌ No	
Par	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, I	ıne 9, o	r rep	orted an amo	unt	on Forn	n 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todıan or other ınterr	nediary	for c	ontrib	oution	s or othe	rass	ets not	'es	┌ No	
b	If"	Yes," explain the arrangement in Pa	ort XIII and complete	the fo	llowin	g tabl	le				\ moı	unt	
c		ginning balance	·			_		I	1c				
d		ditions during the year						Ì	1d				
е		tributions during the year						l	1e				
f		ding balance						l	1f				
2a		ne organization include an amount or	n Form 990, Part X, lı	ne 21,	for es	crow	orcu	stodial a	ccour	nt liability?   Y	'es	┌ No	
ь	If"Ye	s," explain the arrangement in Part	XIII Check here ıf tl	he expl	anatı	on has	s beei	n provide	d ın P	'art XIII			
Pa	rt V	Endowment Funds. Comple							-	•			
			(a)Current year	<b>(b)</b> Pı	nor yea	ir	b (c)	wo years l	back	(d)Three years ba	ck (	<b>(e)</b> Four ye	ars back
1a b		nning of year balance ributions									+		
c	Net II losse	nvestment earnings, gains, and											
d	Gran	ts or scholarships											
e		r expenditures for facilities programs											
f	• A dmi	nistrative expenses									+		
g g		of year balance							_				
2		de the estimated percentage of the o	current vear end bala	nce (lır	ne 1 a .	colu	mn (a	)) held as	L				
– a		designated or quasi-endowment	,		5,		(=	,,					
b		anent endowment 🕨											
c		orarily restricted endowment <b>F</b>											
	•	ercentages on lines 2a, 2b, and 2c :	should equal 100%										
За		nere endowment funds not in the pos ization by	session of the organ	ızatıon	that a	re he	eld and	d admınıs	terec	l for the		Yes	No
	<b>(i)</b> un	related organizations		•		•		•		-	3a(i	<del>`                                    </del>	
		lated organizations									3a(i	<del>`                                     </del>	
ь 4		rs" on 3a(II), are the related organiza Tibe in Part XIII the intended uses o									3b	<u> </u>	
	rt VI	Land, Buildings, and Equip		:TIGO WIT	ienc ic	illus							
		Complete if the organization a		orm 9		Part I		(b)		Accumulate		line 10. (d)Bool	
				C	ost or o	other b		Cost or oth (othe		ıs (c)depreciatio	n		
				·  _						_			
		gs		· -				8	81,60	3 109	,528		772,075
		nold improvements		·  -			-		522,799	200	,785		314,014
				· . —			_		91,62	1	,785		6,444
_	<del></del>			- 1					,		,		-,

1,092,533

Part VII	Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the or	ganization answered	d 'Yes' on Form	990, Part IV, line 11b.
	(a) Description of security or categor (including name of security)	у	(b)Book value		)Method of valuation rend-of-year market value
(1)Financia	al derivatives			3323	end of year market value
	-held equity interests				
(3)0 ther					
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)		•		
	Investments—Program Related				
	Complete if the organization answere	d 'Yes' on Form '	990, Part IV, line 11	<sup>.C.</sup> See Form 99	0, Part X, line 13.
	(a) Description of investment		(b) Book value		Method of valuation end-of-year market value
					,
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 13 )		<u> </u>		
	Other Assets. Complete if the organization			line 11d See For	m 990, Part X, line 15
	(a) Desc	cription			(b) Book value
	mn (b) must equal Form 990, Part X, col.(B) line				
Part X	<b>Other Liabilities.</b> Complete if the org See Form 990, Part X, line 25.	ganization answe	red 'Yes' on Form 9	90, Part IV, lın	e 11e or 11f.
1.	(a) Description of liability	(b) Book va	lue		
Federal inc	ome taxes				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25 )	<u>*                                     </u>			

Par	<b>t XI</b> Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	nue per Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	7,722,761
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -8	3,580	
b	Donated services and use of facilities	7,258	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)..............2d		
e	Add lines 2a through 2d	. 2e	838,678
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,884,083
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 54	1,074	
b	Other (Describe in Part XIII )		
C	Add lines 4a and 4b	4c	54,074
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		6,938,157
Part	Reconciliation of Expenses per Audited Financial Statements With Expe	enses per Ret	urn.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	. 1	4 212 666
	Amounts included on line 1 but not on Form 990, Part IX, line 25		4,212,666
2		7 2 5 9	
a		7,258	
b	Prior year adjustments         2b           Other losses         2c		
c d			
u e	Other (Describe in Part XIII).............. <mark>2d</mark> Add lines <b>2a</b> through <b>2d</b> ....................................	2e	847,258
3	Subtract line 2e from line 1	3	3,365,408
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	3,303,408
a		1,074	
b	Other (Describe in Part XIII )	+,074	
c	Add lines <b>4a</b> and <b>4b</b>	4c	54,074
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		3,419,482
	Total expenses Add lines 5 and 4d. (This must equal Form 550, Fure 1, fine 10 )	.   3	3,113,102
Par	t XIII Supplemental Information		
Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b t V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this propertion		y additional
	Return Reference Explanation		
	Explanation		

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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OMB No 1545-0047

#### Schedule J (Form 990)

### **Compensation Information**

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

LEAGUE INC

Name of the organization SOUTH CAROLINA COASTAL CONSERVATION

**Employer identification number** 

57-0887278

Pai	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 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			
а	The organization?	5a		No
b	Any related organization?	5b		No
	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			
а	The organization?	6a		No
b	Any related organization?	6b		No
	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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not 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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	• •
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 DANA BEACH EXECUTIVE DIRECTOR	(i)	137,595 			26,945		164,540	
	(ii)							

Schedule J (Form 990) 2015

### 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

Return Reference Explanation

Schedule J (Form 990) 2015

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DLN: 93493217006416

OMB No 1545-0047

2015

Department of the Treasury

**SCHEDULE M** 

(Form 990)

### **Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ► Attach to Form 990.
- ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Interna	al Revenue Service				Inspection
	ne of the organization				Employer identification number
	TH CAROLINA COASTAL CONSERVATION GUE INC				l
					57-0887278
Pa	art I Types of Property			Τ	<del></del>
		(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(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 .	Х	12	197,989	)
10	Securities—Closely held stock .				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Q ualified conservation contribution—O ther				
15	Real estate—Residential .				
16	Real estate—Commercial				
17	Real estate—Other	Х	1	86,500	)
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies .				
21	Taxidermy				
22	Historical artifacts				
	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	O ther ► ()				
27	Other ► ()				
	Other ► ()				<del> </del>
29	Number of Forms 8283 received for which the organization comple				29
30a	<ul> <li>During the year, did the organization</li> </ul>	ation receiv	e by contribution any prope	erty reported in Part I, lines	Yes No s 1 through 28, that
	ıt must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to be used
	for exempt purposes for the enti	re holding p	eriod?		<b>30a</b> No
t	If "Yes," describe the arrangeme	ent in Part 1	I		
31	Does the organization have a gif	ft acceptano	ce policy that requires the	review of any non-standard	d contributions? 31 Yes
32a	Does the organization hire or us contributions?	e third part	=	to solicit, process, or sell	noncash 32a No
Ŀ	If "Yes," describe in Part II				
33	If the organization did not report	t an amount	ın column (c) for a type of	property for which column	(a) is checked,

Page 2

<b>3</b> C	116	æ	uı	_	141	_	<u>. r</u>	U	 	7	7	<u> </u>	<u>,                                    </u>	١.	<u> </u>	<u> </u>	_	_
	P	а	П	3	П	1		Г	S	ì	11	<u> </u>	n	Ī	e	r	n	•

nental 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.

Return Reference Explanation

Schedule M (Form 990) (2015)

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Supplemental Information to Form 990 or 990-EZ

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number Name of the organization SOUTH CAROLINA COASTAL CONSERVATION LEAGUE INC 57-0887278

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF THE COASTAL CONSERVATION LEAGUE IS TO PROTECT THE THREATENED RESOURCES OF THE SOUTH CAROLINA COASTAL PLAIN - IT'S NATURAL LANDSCAPES, ABUNDANT WILDLIFE, CLEAN WATER, AND QUALITY OF LIFE - BY WORKING WITH CITIZENS AND GOVERNMENT ON PROACTIVE, COMPREHENSIVE SOLUTIONS TO ENVIRONMENTAL CHALLENGES
FORM 990, PAGE 2, PART III, LINE 4A	FOOD & AGRICULTURE GROWFOOD CAROLINA, OUR FOOD HUB, EXCEEDED THEIR 2015 SALES GOAL, EXPAN DING OUR LOCAL FOOD SUPPLY RADIUS TO THE ENTIRE STATE INVENTORY NOW INCLUDES FRUIT, VEGET ABLES, NUTS, GRAINS, DAIRY, EGGS, AND CANOLA OIL
FORM 990, PAGE 2, PART III, LINE 4D	AIR, WATER & PUBLIC HEALTH WE WORKED WITH CHARLESTON COUNTY TO SET TIMELINE TO RETROFIT A LANE ON THE ASHLEY RIVER BRIDGE FOR USE BY PEOPLE WALKING AND BIKING AT A PUBLIC INFORMA TION SESSION, THE MAJORITY OF THE 400 ATTENDEES WERE IN FAVOR OF THE LANE CONVERSION, AND THE EXCITEMENT WAS PALPABLE. CHARLESTON COUNTY WILL "TEST" THE LANE CONVERSION IN THE MONT HS TO COME. IN ADDITION, CONSERVATION LEAGUE STAFF HAS WORKED FOR MONTHS TO REVIVE THE SHE LVED JAMES ISLAND CONNECTOR RETROFIT STUDY, BOTH WITH THE PUBLIC AND CITY COUNCIL. THESE E FFORTS AND CONSEQUENT NEW INQUIRIES RESULTED IN A POSITIVE EDITORIAL FROM THE POST AND COURIER SUPPORTING BOTH THE ASHLEY RIVER BRIDGE AND THE JAMES ISLAND CONNECTOR RETROFITS FOR PEOPLE ON BIKES. WE ALSO WORKED WITH PARTNERS AND CITIZEN GROUPS TO PASS THE FIRST PLASTIC BAG BAN IN THE STATE ON ISLE OF PALMS.
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS AFTER REVIEWED BY MANAGEMENT PRI OR TO FILING, THE BOARD OF DIRECTORS WERE GIVEN 10 DAYS IN WHICH TO PRESENT QUESTIONS AND/ OR COMMENTS ABOUT THE FORM ONCE THESE COMMENTS ARE ADDRESSED, THE FORM 990 IS FILED IN AC CORDANCE WITH REQUIREMENTS
FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT POLICY IS REVIEWED ANNUALLY AND BOARD IF DIRECTORS MEMBERS MUST DISCLOSE ANY POTENTIAL CONFLICTS ANNUALLY AS WELL AS WHEN OR IF THEY ARISE DURING THE YEAR
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS THE ANNUAL PERFORMANCE REVIEW F OR THE EXECUTIVE DIRECTOR AND APPROVES HIS/HER SALARY
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE DIRECTOR APPROVES THE SALARY OF TOP MANAGEMENT AND KEY EMPLOYEES DURING THE BUDGETING PROCESS THE BUDGET IS REVIEWED BY THE FINANCE COMMITTEE AND VOTED ON AND APPROVED BY THE BOARD OF DIRECTORS
FORM 990, PAGE 6, PART VI, LINE 18	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT ITS CO RPORATE OFFICES THE FORMS ARE ALSO AVAILABLE TO REGISTERED MEMBERS AT HTTP://www.charity.n AVIGATOR ORG OR HTTP://www.guidestar.org
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON PUBLIC REQUEST AT ITS CORPORATE OFFICES

DLN: 93493217006416

**Related Organizations and Unrelated Partnerships** 

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

OMB No 1545-0047 2015

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

**SCHEDULE R** 

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

SOUTH CAROLINA COASTAL CONSERVATION LEAGUE INC				57-088727	'8			
Part I Identification of Disregarded Entities Complete	e if the organization	answered "Yes" or	ı Form 990, Paı					
(a)  Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	Dı	<b>(f)</b> rect controlling entity		
(1) CCL REALTY LLC 328 EAST BAY STREET CHARLESTON, SC 29401	DISTRIBUTI	SC	738,982	1,556,447	SOUTH CAR	0		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ations Complete If e tax year.	the organization and	swered "Yes" o	n Form 990, Par	t IV, line :	34 because it	had on	ıe
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	public charity st (if section 501(c		<b>(f)</b> Direct controlling entity	Section (13) co en	ontrolle itity?
							Yes	No
							$\bot$	
								_
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	•	Cat No 501	35Y	•	,	Schedule R (For	n 990) 2	2015

Part III Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, lind 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>(b)</b> Primary activity	(c) y Legal domicile (state or foreign country)	or entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownershi		
				514)			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>(b)</b> Primary activity	<b>(c)</b> 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	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
									<u> </u>

Part V Transactions With Related Organizations Complete if the organization answ	ered "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
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
f b Gift, grant, or capital contribution to related organization(s)				1b		
c Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
<b>g</b> Sale of assets to related organization(s)				<b>1</b> g		
<b>h</b> Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		
I  Performance of services or membership or fundraising solicitations for related organization(s)  .  .				11		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		
r Other transfer of cash or property to related organization(s)				1r		
<b>s</b> Other transfer of cash or property from related organization(s)				1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount in	nvolved	

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

evenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	Ī

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

**Explanation** 

Return Reference

Schedule R (Form 990) 2015