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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 www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COASTAL COMMUNITY FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
635 RUTLEDGE AVENUE NO 201

City or town, state or province, country, and ZIP or foreign postal code
CHARLESTON, SC 294034464

D Employer identification number
23-7390313

E Telephone number
(843) 723-3635

G Gross receipts $ 68,533,661

F Name and address of principal officer
DARRIN GOSS
635 RUTLEDGE AVENUE
CHARLESTON,SC 29403

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW COASTALCOMMUNITYFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1974

M State of legal domicile SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
COASTAL COMMUNITY FOUNDATION IS A PUBLIC FOUNDATION WORKING TO ADDRESS THE (CONINUATION ON SCH O) CHALLENGES FACING THE COASTAL COMMUNITIES OF BEAUFORT, BERKELEY, CHARLESTON, COLLETON, DORCHESTER, GEORGETOWN, HAMPTON AND JASPER COUNTIES BY CONNECTING INDIVIDUALS AND PROVIDING GRANTS TO ENGENDER POSITIVE CHANGES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	38
6	Total number of volunteers (estimate if necessary)	**6**	77
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-207,586

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	19,383,797	24,939,290
9	Program service revenue (Part VIII, line 2g)	304,073	375,180
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,134,226	5,344,606
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	196,199	293,875
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,018,295	30,952,951

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,637,009	13,105,463
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,223,468	1,256,849
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶327,775		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,263,077	1,220,178
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,123,554	15,582,490
19	Revenue less expenses Subtract line 18 from line 12	20,894,741	15,370,461

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	198,782,470	224,732,595
21	Total liabilities (Part X, line 26)	59,601,921	80,789,204
22	Net assets or fund balances Subtract line 21 from line 20	139,180,549	143,943,391

Part II Signature Block

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

Sign Here

******
Signature of officer — 2017-05-15 Date

DARRIN GOSS PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MELONIE HAMMOND-TRACE CPA	MELONIE HAMMOND-TRACE CPA			P00497186

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

COASTAL COMMUNITY FOUNDATION IS A PUBLIC GRANT MAKING FOUNDATION FOSTERING PHILANTHROPY FOR THE LASTING GOOD OF THE COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 3,615,311 including grants of $ 3,345,296) (Revenue $)

RELIGION AND OTHER PHILANTHROPY- DISPURSED 266 GRANTS IN SUPPORT OF RELIGIOUS AND OTHER PHILANTHROPY EFFORTS

4b (Code) (Expenses $ 3,081,772 including grants of $ 2,851,606) (Revenue $)

HUMAN SERVICES, HEALTH AND SOCIAL JUSTICE - DISBURSED 667 GRANTS TO YOUTH, HEALTH, SENIOR AND SOCIAL JUSTICE PROGRAMS

4c (Code) (Expenses $ 4,655,468 including grants of $ 4,307,768) (Revenue $)

ENVIRONMENTAL, HISTORIC, ARTS, PUBLIC & CIVIC- DISBURSED 463 GRANTS TO ORGANIZATIONS IN SUPPORT OF ARTISTIC, CIVIC, ENVIRONMENTAL, HISTORIC PRESERVATION EFFORTS, AND NEIGHBORHOOD AND COMMUNITY DEVELOPMENT

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 2,810,715 including grants of $ 2,600,793) (Revenue $)

4e **Total program service expenses ▶** 14,163,266

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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	Yes	
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	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	Yes	
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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		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
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part III*	**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)			
a	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, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		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**	Yes	
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	31		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	38		
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? . . .	3a		Yes	
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		Yes	
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		Yes	
b	If "Yes," enter the name of the foreign country ▶ UC , CJ , BD , VI 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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

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.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
	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	23		
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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 the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		

Section C. Disclosure

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

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

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ BRIAN HUSSAIN 635 RUTLEGE AVENUE CHARLESTON, SC 29403 (843) 723-3635

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID JENSEN CHAIRMAN	4 00	X		X				0	0	0
(2) C MICHAEL BRANHAM VICE CHAIRMAN	2 00	X		X				0	0	0
(3) PAUL KOHLHEIM TREASURER	1 00	X		X				0	0	0
(4) J ELIZABETH BRADHAM DIRECTOR	1 00	X						0	0	0
(5) TODD ABEDON DIRECTOR	1 00	X						0	0	0
(6) STEVEN E GOLDBERG DIRECTOR	1 00	X						0	0	0
(7) PAUL K HOOKER JR DIRECTOR	1 00	X						0	0	0
(8) CHRIS VOLF DIRECTOR	1 00	X						0	0	0
(9) SCOTT PHILLIPS DIRECTOR	1 00	X						0	0	0
(10) AMY ARMSTRONG DIRECTOR	1 00	X						0	0	0
(11) JAMES MARKS DIRECTOR	1 00	X						0	0	0
(12) ANITA ZUCKER DIRECTOR	1 00	X						0	0	0
(13) BONNIE A KAPP DIRECTOR	1 00	X						0	0	0
(14) GORDON GRANGER DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) D CABELL GILLEY DIRECTOR	1 00	X						0	0	0
(16) RACHEL HUTCHINSON DIRECTOR	1 00	X						0	0	0
(17) WILLIAM STANFIELD DIRECTOR	1 00	X						0	0	0
(18) WILLIAM MEDICH DIRECTOR	1 00	X						0	0	0
(19) TERRY STINSON DIRECTOR	1 00	X						0	0	0
(20) LAWTON SMITH DIRECTOR	1 00	X						0	0	0
(21) LINDA PLUNKETT DIRECTOR	1 00	X						0	0	0
(22) LIBBY STEADMAN DIRECTOR	1 00	X						0	0	0
(23) RAY SMITH TREASURER	1 00	X		X				0	0	0
(24) BRIAN HUSSAIN VP OF FINANCE	50 00			X				125,438	0	10,823
(25) GEORGE STEVENS PRESIDENT	50 00			X				44,937	0	5,745
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								170,375	0	16,568

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP 201 EAST FIFTH ST CINCINNATI, OH 45202	INVESTMENT CONSULTANT	148,115

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 13,714				
	b	Membership dues	1b				
	c	Fundraising events	1c 369,571				
	d	Related organizations	1d 102,948				
	e	Government grants (contributions)	1e 14,527				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 24,438,530				
	g	Noncash contributions included in lines 1a-1f $	8,654,850				
	h	**Total.** Add lines 1a-1f	▶	24,939,290			
Program Service Revenue			Business Code				
	2a	MANAGEMENT FEE INCOME	561000	366,394	366,394		
	b	INTEREST INCOME	522292	8,786	8,786		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	375,180			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	2,339,704			2,339,704
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	40,330,008				
	b	Less cost or other basis and sales expenses	37,325,106				
	c	Gain or (loss)	3,004,902				
	d	Net gain or (loss)	▶	3,004,902			3,004,902
	8a	Gross income from fundraising events (not including $ 369,571 of contributions reported on line 1c) See Part IV, line 18	a 549,479				
	b	Less direct expenses	b 255,604				
	c	Net income or (loss) from fundraising events	▶	293,875			293,875
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶				
	12	**Total revenue.** See Instructions	▶	30,952,951	375,180	0	5,638,481

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	12,752,330	12,752,330		
2 Grants and other assistance to domestic individuals See Part IV, line 22	353,133	353,133		
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	313,073	55,951	204,504	52,618
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	733,209	290,244	330,316	112,649
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,398	14,012	15,947	5,439
9 Other employee benefits	98,583	38,505	43,821	16,257
10 Payroll taxes	76,586	29,982	34,121	12,483
11 Fees for services (non-employees)				
a Management				
b Legal	14,980		855	14,125
c Accounting	41,940		41,940	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	94,722		94,722	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	27,487	2,721	7,619	17,147
13 Office expenses	64,171	27,395	32,801	3,975
14 Information technology	88,627	29,325	45,303	13,999
15 Royalties				
16 Occupancy	110,776	36,654	56,625	17,497
17 Travel	19,544	8,795	5,472	5,277
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	67,896	16,089	19,669	32,138
20 Interest	351	116	179	56
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,606	15,421	23,823	7,362
23 Insurance	71,306	23,594	36,449	11,263
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER PROGRAM EXPENSES	460,640	460,640		
b CONTINGENCY/SEARCH EXPE	67,120		65,620	1,500
c DUES & SUBSCRIPTIONS	25,262	8,359	12,913	3,990
d CONSULTING FEES	18,750		18,750	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	15,582,490	14,163,266	1,091,449	327,775
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,786,972	1	2,632,295
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,045	9	3,293
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,063,677			
	b	Less accumulated depreciation	10b 399,989	216,623	10c	663,688
	11	Investments—publicly traded securities		145,289,019	11	156,693,019
	12	Investments—other securities See Part IV, line 11		46,137,266	12	64,426,568
	13	Investments—program-related See Part IV, line 11		1,806,161	13	309,250
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,543,384	15	4,482
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		198,782,470	16	224,732,595
Liabilities	17	Accounts payable and accrued expenses		72,390	17	134,584
	18	Grants payable			18	
	19	Deferred revenue		58,008	19	56,890
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		59,471,523	25	80,597,730
	26	**Total liabilities.** Add lines 17 through 25		59,601,921	26	80,789,204
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		137,768,123	27	142,506,312
	28	Temporarily restricted net assets		1,412,426	28	1,437,079
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		139,180,549	33	143,943,391
	34	Total liabilities and net assets/fund balances		198,782,470	34	224,732,595

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,952,951
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,582,490
3	Revenue less expenses Subtract line 2 from line 1	3	15,370,461
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	139,180,549
5	Net unrealized gains (losses) on investments	5	-10,607,619
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	143,943,391

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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: 23-7390313
Name: COASTAL COMMUNITY FOUNDATION

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

(Code	) (Expenses $	2,810,715	including grants of $	2,600,793) (Revenue $)

EDUCATION- DISBURSED 616 GRANTS AND SCHOLARSHIPS TO VARIOUS EDUCATIONAL INSTITUTIONS IN THE FURTHERANCE OF VARIOUS EDUCATIONAL PURSUITS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135105657

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COASTAL COMMUNITY FOUNDATION

Employer identification number
23-7390313

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

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

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

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

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

9 ☐ An 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 See**section 509(a)(2).** (Complete Part III)

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

11 ☐ 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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	12,325,093	15,029,535	20,345,996	19,383,797	24,939,290	92,023,711
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	12,325,093	15,029,535	20,345,996	19,383,797	24,939,290	92,023,711
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,832,992
6 **Public support.** Subtract line 5 from line 4						74,190,719

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	12,325,093	15,029,535	20,345,996	19,383,797	24,939,290	92,023,711
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,982,079	2,059,402	1,888,361	3,768,788	2,348,489	12,047,119
9 Net income from unrelated business activities, whether or not the business is regularly carried on	68,423					68,423
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						104,139,253

12 Gross receipts from related activities, etc (see instructions) **12** 207,035

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14** 71 240 %

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15** 70 720 %

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 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 ▶ ☐

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

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

(Complete only if you checked the box on line 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 year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

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 ▶ ☐

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 ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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* ***Part VI.***	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* ***Part VI.***	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* ***Part VI.***	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* ***Part VI.***	9c		
10a	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		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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 required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
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 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 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135105657

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COASTAL COMMUNITY FOUNDATION

Employer identification number
23-7390313

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	249	2
2	Aggregate value of contributions to (during year)	14,819,811	2,564,310
3	Aggregate value of grants from (during year)	9,366,722	621,137
4	Aggregate value at end of year	60,757,480	18,476,115

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	104,751,979	98,131,710	82,368,717	73,125,893	76,143,381
b Contributions	5,388,653	6,322,722	5,584,591	5,064,141	2,403,944
c Net investment earnings, gains, and losses	-4,245,645	4,356,500	14,300,645	8,365,418	-1,746,502
d Grants or scholarships	3,920,638	3,144,309	3,264,839	3,446,637	3,017,987
e Other expenditures for facilities and programs	2,854,790	2,361	2,556	9,121	15
f Administrative expenses	912,950	912,283	854,848	730,977	656,928
g End of year balance	98,206,609	104,751,979	98,131,710	82,368,717	73,125,893

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		300,000		300,000
b Buildings		175,000	41,563	133,437
c Leasehold improvements		237,010	152,140	84,870
d Equipment				
e Other		351,667	206,286	145,381
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				663,688

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIFE INSURANCE POLICIES	935,608	F
(B) ALTERNATIVE INVESTMENTS	52,899,664	F
(C) NOTE RECEIVABLE	496,665	F
(D) REAL ESTATE	853,858	F
(E) LIMITED PARTNERSHIP UNITS	8,359,250	F
(F) BENEFICIAL INT REMAINDER TRUST	881,523	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	64,426,568	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
LEASES PAYABLE	24,439
FUNDS HELD AND MANAGED FOR SUPPORTING ORGANIZATIONS	79,439,926
FUNDS HELD AND MANAGED FOR CHARITABLE TRUSTS	1,133,365
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	80,597,730

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	IN ACCORDANCE WITH GAAP, THE FOUNDATION DISCLOSES THE EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE OF THE FACTS OF THE FOUNDATION'S POSITION AND RECORDS UNRECOGNIZED TAX BENEFITS AND LIABILITIES FOR KNOWN, OR ANTICIPATED TAX ISSUES BASED ON THE FOUNDATION'S ANALYSIS OF WHETHER ADDITIONAL TAXES WOULD BE DUE TO THE AUTHORITY GIVEN THEIR FULL KNOWLEDGE OF THE TAX POSITION THE FOUNDATION HAS COMPLETED ITS ASSESSMENT AND DETERMINED THAT THERE WERE NO TAX POSITIONS WHICH WOULD REQUIRE RECOGNITION UNDER THE INTERPRETATION THE FOUNDATION'S INCOME TAX RETURNS FOR YEARS SINCE 2008 REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COASTAL COMMUNITY FOUNDATION

Employer identification number
23-7390313

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				

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

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

		(a) Event #1 SPECIAL EVENT (event type)	(b) Event #2 SPECIAL EVENT (event type)	(c) Other events 9 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	249,511	206,204	463,335	919,050
	2 Less Contributions	460	153,625	215,486	369,571
	3 Gross income (line 1 minus line 2)	249,051	52,579	247,849	549,479
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	203,288	11,464	40,852	255,604
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				255,604
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				293,875

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135105657

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COASTAL COMMUNITY FOUNDATION

Employer identification number
23-7390313

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	144	349,133			
(2) AWARDS	2	4,000			

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7390313
Name: COASTAL COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADDLESTONE HEBREW ACADEMY 1675 RAOUL WALLENBERG BOULEVARD CHARLESTON,SC 29407	57-0409223	501(C)(3)		8,382			GENERAL OPERATING SUPPORT
AGAPE FAMILY LIFE CENTER INC 5855 SOUTH OKATIE HIGHWAY HARDEEVILLE,SC 299277953	57-1106874	501(C)(3)		6,500			SPECIAL PROJECT SUPPORT
ALL SAINTS LUTHERAN CHURCH 2107 NORTH HIGHWAY 17 MOUNT PLEASANT,SC 29464	57-6070114	501(C)(3)		7,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALSTON WILKES SOCIETY 325 EAST MAIN STREET MONCKS CORNER,SC 29461	57-0477907	501(C)(3)		10,000			SPECIAL PROJECT SUPPORT
ALVIN AILEY DANCE FOUNDATION INC 405 WEST 55TH STREET NEW YORK,NY 100104402	13-2584273	501(C)(3)		10,000			SPECIAL PROJECT SUPPORT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 4124 CLEMSON BOULEVARD SUITE L ANDERSON,SC 29621	13-3039601	501(C)(3)		10,062			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALZHEIMERS FAMILY SERVICES OF GREATER BEAUFORT PO BOX 1514 BEAUFORT,SC 299011514	57-0879175	501(C)(3)		12,500			SPECIAL PROJECT SUPPORT
AMERICAN CANCER SOCIETY 5900 CORE ROAD SUITE 504 NORTH CHARLESTON,SC 29406	13-1788491	501(C)(3)		116,351			GENERAL OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF SOUTH CAROLINA FOUNDATION PO BOX 20998 CHARLESTON,SC 29413	57-0688466	501(C)(3)		30,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN COLLEGE OF THE BUILDING ARTS 21 MAGAZINE STREET CHARLESTON,SC 29401	57-1075250	501(C)(3)		7,695			SCHOLARSHIP
AMERICAN RED CROSS CAROLINA LOWCOUNTRY CHAPTER 2424A CITY HALL LANE NORTH CHARLESTON,SC 294066538	53-0196605	501(C)(3)		339,184			SPECIAL PROJECT SUPPORT
ANDERSON UNIVERSITY OFFICE OF INSTITUTIONAL ADVANCEMENT 316 BOULEVARD ANDERSON,SC 29621	57-0324906	501(C)(3)		6,000			SCHOLARSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANTIOCH EDUCATIONAL CENTER PO BOX 1930 RIDGELAND,SC 29936	76-0818789	501(C)(3)		15,000			SPECIAL PROJECT SUPPORT
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND,SC 29928	57-1035817	501(C)(3)		10,400			SPECIAL PROJECT SUPPORT
ASHLEY HALL FOUNDATION 172 RUTLEDGE AVENUE CHARLESTON,SC 29403	57-0314364	501(C)(3)		58,350			SCHOLARSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED INC 1071 MORRISON DRIVE SUITE A CHARLESTON,SC 29403	57-0324912	501(C)(3)		31,205			SPECIAL PROJECT SUPPORT
AVIAN CONSERVATION CENTER P O BOX 1247 CHARLESTON,SC 29402	57-0966813	501(C)(3)		14,767			GENERAL OPERATING SUPPORT
BARRIER ISLANDS FREE MEDICAL CLINIC INC 3226 MAYBANK HIGHWAY SUITE A1 JOHNS ISLAND,SC 29455	20-5628911	501(C)(3)		25,478			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEAUFORT COUNTY FIRST STEPS PO BOX 6421 BEAUFORT,SC 29903	57-1097779	501(C)(3)		10,000			SPECIAL PROJECT SUPPORT
BEAUFORT COUNTY OPEN LAND TRUST INC PO BOX 75 BEAUFORT,SC 29901	23-7114992	501(C)(3)		16,000			GENERAL OPERATING SUPPORT
BEAUFORT COUNTY SCHOOL DISTRICT POST OFFICE DRAWER 309 BEAUFORT,SC 29901		OTHER		70,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEAUFORT WOMEN'S CENTER PO BOX 1483 BEAUFORT,SC 29901	57-0811972	501(C)(3)		6,600			SPECIAL PROJECT SUPPORT
BERKELEY COUNTY RESCUE SQUAD 202 FACTORY LANE MONCKS CORNER,SC 29401	57-0673489	501(C)(3)		9,800			GENERAL OPERATING SUPPORT
BETHEL UNITED METHODIST CHURCH 57 PITT STREET CHARLESTON,SC 29401	36-2167731	501(C)(3)		20,000			SPECIAL PROJECT SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS AND BIG SISTERS OF NEW YORK CITY INCDEVELOPMENT DEPARTMENT 223 EAST 30TH STREET NEW YORK,NY 10016	13-5600383	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
BISHOP ENGLAND HIGH SCHOOL 363 SEVEN FARMS DRIVE CHARLESTON,SC 294927534		SCHOOL		43,824			SCHOLARSHIP
BLACK RIVER UNITED WAY PO BOX 1065 GEORGETOWN,SC 29442	57-0526145	501(C)(3)		15,200			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOY SCOUTS - COASTAL CAROLINA COUNCIL 1025 SAM RITTENBERG BOULEVARD CHARLESTON,SC 294073365	57-0327870	501(C)(3)		21,340			GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF THE LOWCOUNTRY INC 10 PINCKNEY COLONY ROAD SUITE 103 BLUFFTON,SC 29909	57-0811876	501(C)(3)		37,200			GENERAL OPERATING SUPPORT
BRIDGES FOR END-OF-LIFE PO BOX 417 MOUNT PLEASANT,SC 29465	57-0701359	501(C)(3)		8,404			SPECIAL PROJECT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HAPPY DAYS INC 1622 ASHLEY HALL ROAD CHARLESTON,SC 29407	57-0755466	501(C)(3)		42,840			GENERAL OPERATING SUPPORT
CAMP SUMMERHOUSE PO BOX 31295 CHARLESTON,SC 29417	27-0545990	501(C)(3)		12,450			GENERAL OPERATING SUPPORT
CAMP WILDWOOD INC PO BOX 123 HAMPTON,SC 29924	57-1059635	501(C)(3)		26,423			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAMPHILL SPECIAL SCHOOL 1784 FAIRVIEW ROAD GLENMOORE,PA 19343	23-1443766	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
CANNON STREET YMCA 61 CANNON STREET CHARLESTON,SC 29403	57-0935533	501(C)(3)		287,000			GENERAL OPERATING SUPPORT
CAROLINA ART ASSOCIATION 135 MEETING STREET CHARLESTON,SC 29401	57-0323047	501(C)(3)		52,965			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAROLINA STUDIOS CORPORATION 125D WAPPOO CREEK DRIVE SUITE 1 CHARLESTON,SC 29412	57-1126611	501(C)(3)		20,000			GENERAL OPERATING SUPPORT
CASA FAMILY SYSTEMS 658 JOHN C CALHOUN DRIVE PO BOX 1568 ORANGEBURG,SC 29116	57-0731202	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE,NC 28209	58-1969605	501(C)(3)		10,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CEDARS-SINAI MEDICAL CENTER THE BRAIN TRUST 8700 BEVERLY BOULEVARD SUITE 2416 LOS ANGELES,CA 90048	95-1644600	501(C)(3)		12,500			SPECIAL PROJECT SUPPORT
CENTENARY UNITED METHODIST CHURCH 1707 HERITAGE PARK ROAD CHARLESTON,SC 29407		OTHER		5,250			GENERAL OPERATING SUPPORT
CENTER FOR HEIRS' PROPERTY PRESERVATION 1535 SAM RITTENBERG SUITE D CHARLESTON,SC 29407	52-2452879	501(C)(3)		20,500			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR WOMEN 129 CANNON STREET CHARLESTON,SC 29403	57-0921549	501(C)(3)		6,250			SPECIAL PROJECT SUPPORT
CHABAD OF CHARLESTON 734 YORK STREET MOUNT PLEASANT,SC 29464	20-8546631	501(C)(3)		12,000			GENERAL OPERATING SUPPORT
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON,SC 29406	57-6021863	501(C)(3)		802,426			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARLESTON AREA THERAPEUTIC RIDING INC PO BOX 146 JOHNS ISLAND,SC 29457	57-0937061	501(C)(3)		34,950			SPECIAL PROJECT SUPPORT
CHARLESTON AUTISM ACADEMY 930 PINE HOLLOW ROAD MOUNT PLEASANT,SC 29464	51-0654146	501(C)(3)		6,000			SPECIAL PROJECT SUPPORT
CHARLESTON COLLEGIATE SCHOOL 2024 ACADEMY DRIVE JOHNS ISLAND,SC 29455	57-0524957	501(C)(3)		37,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARLESTON COMMUNITY RESEARCH TO ACTION BOARD 2125 DORCHESTER ROAD NORTH CHARLESTON,SC 29405	46-1521161	501(C)(3)		11,882			SPECIAL PROJECT SUPPORT
CHARLESTON COUNTY LIBRARY 68 CALHOUN STREET CHARLESTON,SC 29401		OTHER		10,000			SPECIAL PROJECT SUPPORT
CHARLESTON DAY SCHOOL 15 ARCHDALE STREET CHARLESTON,SC 29401	57-0524184	501(C)(3)		23,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARLESTON HABITAT FOR HUMANITY 731 MEETING STREET PO BOX 21479 CHARLESTON,SC 29413	57-0889919	501(C)(3)		9,300			GENERAL OPERATING SUPPORT
CHARLESTON HORTICULTURAL SOCIETY 46 WINDERMERE BOULEVARD CHARLESTON,SC 29407	56-2211468	501(C)(3)		5,500			GENERAL OPERATING SUPPORT
CHARLESTON JEWISH FEDERATION 1645 RAOUL WALLENBERG BOULEVARD CHARLESTON,SC 29417	57-6000188	501(C)(3)		26,800			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARLESTON LIBRARY SOCIETY 164 KING STREET CHARLESTON,SC 29401	57-0314372	501(C)(3)		13,950			GENERAL OPERATING SUPPORT
CHARLESTON MIRACLE LEAGUE INC PO BOX 22072 CHARLESTON,SC 29413	86-1086199	501(C)(3)		6,500			GENERAL OPERATING SUPPORT
CHARLESTON MOVES 1630 MEETING STREET SUITE 105 CHARLESTON,SC 29405	38-3714959	501(C)(3)		11,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARLESTON ORPHAN HOUSE INC CAROLINA YOUTH DEVELOPMENT CENTER 5055 LACKAWANNA BOULEVARD NORTH CHARLESTON,SC 29405	57-0669877	501(C)(3)		51,528			GENERAL OPERATING SUPPORT
CHARLESTON PARKS CONSERVANCY INC PO BOX 21000 CHARLESTON,SC 29413	20-8375561	501(C)(3)		7,944			SPECIAL PROJECT SUPPORT
CHARLESTON PROMISE NEIGHBORHOOD 1819 MEETING STREET SUITE B CHARLESTON,SC 29405	80-0597710	501(C)(3)		41,100			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARLESTON SOUTHERN UNIVERSITY 9200 UNIVERSITY BOULEVARD CHARLESTON,SC 29423	57-0474291	501(C)(3)		35,300			GENERAL OPERATING SUPPORT
CHARLESTON SYMPHONY ORCHESTRA 756 SAINT ANDREWS BLVD CHARLESTON,SC 294077169	57-6000192	501(C)(3)		117,289			GENERAL OPERATING SUPPORT
CHARLESTON URBAN SQUASH INC PO BOX 22731 CHARLESTON,SC 29413	27-0771548	501(C)(3)		34,250			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILD ABUSE PREVENTION ASSOCIATION PO BOX 531 BEAUFORT,SC 299010531	57-0722206	501(C)(3)		16,500			GENERAL OPERATING SUPPORT
CHILDREN IN CRISIS OF DORCHESTER COUNTY INC 303 E RICHARDSON AVE SUMMERVILLE,SC 29483	57-1078099	501(C)(3)		27,636			SPECIAL PROJECT SUPPORT
CHILDREN'S MUSEUM OF THE LOWCOUNTRY 25 ANN STREET CHARLESTON,SC 29403	57-1014498	501(C)(3)		9,127			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S RIGHTS INC 330 SEVENTH AVENUE 4TH FLOOR NEW YORK,NY 10001	13-3801864	501(C)(3)		105,000			GENERAL OPERATING SUPPORT
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN,NC 28704	56-0615187	501(C)(3)		7,500			SCHOLARSHIP
CIRCLE OF HOPE MINISTRIES INC PO BOX 554 BEAUFORT,SC 29901	27-3678596	501(C)(3)		13,000			GENERAL OPERATING SUPPORT

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

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CITIZENS OPPOSED TO DOMESTIC ABUSE PO BOX 1775 BEAUFORT,SC 299011775	57-0814522	501(C)(3)		26,000			SPECIAL PROJECT SUPPORT
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON,SC 29633	57-0426335	501(C)(3)		13,500			GENERAL OPERATING SUPPORT
CLEMSON UNIVERSITY OFFICE OF STUDENT FINANCIAL AID BOX 345307 CLEMSON,SC 29634		OTHER		15,500			GENERAL OPERATING SUPPORT

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COASTAL CRISIS CHAPLAINCY PO BOX 21833 CHARLESTON,SC 29413	57-0989842	501(C)(3)		59,150			SCHOLARSHIP
COLLABORATIVE ORGANIZATION OF SERVICES FOR YOUTH POST OFFICE DRAWER 1228 BEAUFORT,SC 29901	57-6000311	501(C)(3)		17,550			GENERAL OPERATING SUPPORT
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON,SC 29424	23-7069236	501(C)(3)		65,000			GENERAL OPERATING SUPPORT

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COLLEGE OF CHARLESTON - OFFICE OF FINANCIAL ASSISTANCE AND VETERANS AFFAIRS 66 GEORGE STREET CHARLESTON,SC 294240001	23-7069236	501(C)(3)		15,150			SCHOLARSHIP
COLLETON CENTER PO BOX 468 WALTERBORO,SC 29488	20-4536007	501(C)(3)		6,000			GENERAL OPERATING SUPPORT
COLLETON COUNTY ARTS COUNCIL INC PO BOX 1035 WALTERBORO,SC 29488	57-0966741	501(C)(3)		18,300			GENERAL OPERATING SUPPORT

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

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COLLETON COUNTY COUNCIL ON AGING INC 39 SENIOR AVENUE WALTERBORO,SC 29488	57-0571436	501(C)(3)		12,500			SPECIAL PROJECT SUPPORT
COLLETON COUNTY FIRST STEPS 609 COLLETON LOOP WALTERBORO,SC 29488	57-1097790	501(C)(3)		19,100			GENERAL OPERATING SUPPORT
COLLETON COUNTY MEMORIAL LIBRARY 600 HAMPTON STREET WALTERBORO,SC 29488		OTHER		13,500			SPECIAL PROJECT SUPPORT

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

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COLUMBIA COLLEGE 1301 COLUMBIA COLLEGE DRIVE COLUMBIA,SC 292035998	57-0324915	501(C)(3)		7,500			SPECIAL PROJECT SUPPORT
COMMUNITIES IN SCHOOLS OF THE CHARLESTON AREA INC 1090 EAST MONTAGUE AVENUE NORTH CHARLESTON,SC 29405	57-0915384	501(C)(3)		43,705			GENERAL OPERATING SUPPORT
CONSERVATION VOTERS OF SOUTH CAROLINA EDUCATION FUND PO BOX 50632 COLUMBIA,SC 29250	20-0335383	501(C)(3)		12,500			GENERAL OPERATING SUPPORT

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CONVERSE COLLEGE 580 EAST MAIN STREET SPARTANBURG,SC 293021931	57-0314380	501(C)(3)		12,000			GENERAL OPERATING SUPPORT
COOPER SCHOOL 13 OAKDALE PLACE CHARLESTON,SC 29407	20-8818159	501(C)(3)		6,000			GENERAL OPERATING SUPPORT
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC 151 ELLIS STREET NE ATLANTA,GA 30303	13-1685039	501(C)(3)		10,200			GENERAL OPERATING SUPPORT

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CUSABO NATION LACROSSE PO BOX 20040 CHARLESTON,SC 29413	46-4331181	501(C)(3)		5,500			GENERAL OPERATING SUPPORT
DEE NORTON LOWCOUNTRY CHILDREN'S CENTER INC 1061 KING STREET CHARLESTON,SC 29403	57-0905724	501(C)(3)		69,851			GENERAL OPERATING SUPPORT
DIOCESE OF CHARLESTON PO BOX 300 CHARLESTON,SC 29402	57-0314369	501(C)(3)		8,250			GENERAL OPERATING SUPPORT

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

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DISABILITIES BOARD OF CHARLESTON COUNTY POST OFFICE BOX 22708 CHARLESTON,SC 29413	57-0516401	501(C)(3)		8,000			SPECIAL PROJECT SUPPORT
DONORSCHOOSEORG 134 WEST 37TH STREET FLOOR 11 NEW YORK,NY 10018	13-4129457	501(C)(3)		11,689			GENERAL OPERATING SUPPORT
DORCHESTER HABITAT FOR HUMANITY PO BOX 1685 SUMMERVILLE,SC 29484	91-1914868	501(C)(3)		9,200			SPECIAL PROJECT SUPPORT

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DRAWING NEAR TO GOD PO BOX 1274 MOUNT PLEASANT,SC 29464	13-4210412	501(C)(3)		20,000			GENERAL OPERATING SUPPORT
DUKE UNIVERSITY BOX 90581 DURHAM,NC 277080581	56-0532129	501(C)(3)		159,000			GENERAL OPERATING SUPPORT
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE ROAD MOUNT PLEASANT,SC 29466	57-0939280	501(C)(3)		72,745			GENERAL OPERATING SUPPORT

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EAST COOPER HABITAT FOR HUMANITY PO BOX 1990 MOUNT PLEASANT,SC 29465	57-0903917	501(C)(3)		15,103			GENERAL OPERATING SUPPORT
EAST COOPER MEALS ON WHEELS PO BOX 583 MOUNT PLEASANT,SC 29465	57-0804618	501(C)(3)		45,595			GENERAL OPERATING SUPPORT
EASTSIDE COMMUNITY DEVELOPMENT CORPORATION 60-A AMERICA STREET CHARLESTON,SC 29403	51-0448669	501(C)(3)		6,625			GENERAL OPERATING SUPPORT

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EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400MS 0970-001-8AA ATLANTA,GA 30322	58-0566256	501(C)(3)		8,500			SCHOLARSHIP
FAMILY RESOURCE CENTER FOR DISABILITIES AND SPECIAL NEEDS 1575 SAVANNAH HIGHWAY SUITE 6 CHARLESTON,SC 29407	57-1127412	501(C)(3)		8,500			GENERAL OPERATING SUPPORT
FLORENCE CRITTENTON PROGRAMS OF SOUTH CAROLINA 19 SAINT MARGARET STREET CHARLESTON,SC 29403	57-0342030	501(C)(3)		20,500			GENERAL OPERATING SUPPORT

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FOLLY BEACH WAHINE CLASSIC SURFER'S HEALING PO BOX 740 FOLLY BEACH,SC 29439	61-1723311	501(C)(3)		6,000			GENERAL OPERATING SUPPORT
FRANCES R WILLIS SPCA PO BOX 1116 SUMMERVILLE,SC 29484	57-0620182	501(C)(3)		32,782			GENERAL OPERATING SUPPORT
FRESH FUTURE FARM INC PO BOX 22194 CHARLESTON,SC 29413	46-5699947	501(C)(3)		7,550			#NAME?

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FRIENDS OF CAROLINE HOSPICE OF BEAUFORT INC 1110 13TH STREET PORT ROYAL,SC 29935	57-0725866	501(C)(3)		16,000			GENERAL OPERATING SUPPORT
FRIENDS OF COASTAL SOUTH CAROLINA 5821 NORTH HIGHWAY 17 PO BOX 1131 MOUNT PLEASANT,SC 294651131	57-1039362	501(C)(3)		10,250			GENERAL OPERATING SUPPORT
FRIENDS OF COLLETON COUNTY ANIMAL SHELTER 33 POOR FARM ROAD WALTERBORO,SC 29488	26-4474266	501(C)(3)		7,247			GENERAL OPERATING SUPPORT

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FRIENDSHIP PLACE INC PO BOX 282 GEORGETOWN,SC 29442	57-1073276	501(C)(3)		19,700			GENERAL OPERATING SUPPORT
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE,SC 29613	57-0314395	501(C)(3)		5,500			GENERAL OPERATING SUPPORT
GAILLARD PERFORMANCE HALL FOUNDATION 40 CALHOUN STREET SUITE 230 CHARLESTON,SC 29401	90-0616040	501(C)(3)		24,425			GENERAL OPERATING SUPPORT

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GEORGETOWN PRESBYTERIAN CHURCH 558 BLACK RIVER ROAD GEORGETOWN,SC 29440	57-0648722	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
GEORGIA FORESTWATCH INC 81 CROWN MOUNTAIN PLACE BUILDING C SUITE 200 DAHLONEGA,GA 30533	58-2188475	501(C)(3)		15,000			GENERAL OPERATING SUPPORT
GOOD NEIGHBOR FREE MEDICAL CLINIC 30 PROFESSIONAL VILLAGE CIRCLE BEAUFORT,SC 29901	26-0335357	501(C)(3)		22,000			GENERAL OPERATING SUPPORT

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GRACE EPISCOPAL CHURCH 98 WENTWORTH STREET CHARLESTON,SC 29401	57-0362059	501(C)(3)		21,378			GENERAL OPERATING SUPPORT
GREEN HEART PROJECT INC 124 MAGNOLIA AVENUE CHARLESTON,SC 29403	46-0829120	501(C)(3)		13,000			GENERAL OPERATING SUPPORT
GREEN RIVER PRESERVE 301 GREEN RIVER ROAD CEDAR MOUNTAIN,NC 28718	56-1554526	501(C)(3)		10,000			SPECIAL PROJECT SUPPORT

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GRENADINES PARTNERSHIP FUND 808 LADY STREET SUITE C COLUMBIA,SC 29201	27-1329191	501(C)(3)		265,000			GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY OF BERKELEY COUNTY 408 SOUTH LIVE OAK DRIVE MONCKS CORNER,SC 294617215	57-0907019	501(C)(3)		33,000			GENERAL OPERATING SUPPORT
HAMPTON COUNTY FIRST STEPS 301 FIRST STREET WEST HAMPTON,SC 29924	57-1097816	501(C)(3)		15,000			SPECIAL PROJECT SUPPORT

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HAMPTON COUNTY LITERACY COUNCIL INC POST OFFICE BOX 1249 VARNVILLE,SC 29944	57-0899724	501(C)(3)		16,600			GENERAL OPERATING SUPPORT
HAMPTON FRIENDS OF THE ARTS INC 109 LEE AVENUE HAMPTON,SC 29924	26-0824879	501(C)(3)		12,500			GENERAL OPERATING SUPPORT
HARLEM SCHOOL OF THE ARTS INC 645 ST NICHOLAS AVENUE NEW YORK,NY 10030	13-2552500	501(C)(3)		13,000			GENERAL OPERATING SUPPORT

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HEALTHY LEARNERS 2749 LAUREL STREET COLUMBIA,SC 29204	57-1127197	501(C)(3)		8,900			GENERAL OPERATING SUPPORT
HEIFER INTERNATIONAL FOUNDATION POST OFFICE BOX 8058 LITTLE ROCK,AK 72203	71-0699939	501(C)(3)		15,000			GENERAL OPERATING SUPPORT
HELP OF BEAUFORT PO BOX 472 BEAUFORT,SC 29901	57-0721545	501(C)(3)		13,500			SPECIAL PROJECT SUPPORT

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HELP OF SUMMERVILLE 316 WEST CAROLINA AVENUE PO BOX 1871 SUMMERVILLE,SC 29484	57-0624976	501(C)(3)		9,200			GENERAL OPERATING SUPPORT
HELPING AND LENDING OUTREACH SUPPORT 3366 RIVERS AVENUE NORTH CHARLESTON,SC 29405	20-0858549	501(C)(3)		28,000			GENERAL OPERATING SUPPORT
HISTORIC BEAUFORT FOUNDATION PO BOX 11 BEAUFORT,SC 29901	23-7005532	501(C)(3)		9,169			GENERAL OPERATING SUPPORT

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HISTORIC CHARLESTON FOUNDATION 40 EAST BAY STREET PO BOX 1120 CHARLESTON,SC 294021120	57-6000599	501(C)(3)		20,950			GENERAL OPERATING SUPPORT
HOLE IN THE WALL GANG FUND INC 555 LONG WHARF DRIVE NEW HAVEN,CT 06511	06-1157655	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
HOME OF MONTCLAIR ECUMENICAL CORP 1 WOODLAND AVENUE MONTCLAIR,NJ 07042	22-2904529	501(C)(3)		10,000			GENERAL OPERATING SUPPORT

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HOPE HAVEN OF THE LOWCOUNTRY INC PO BOX 2502 BEAUFORT,SC 299012502	57-1063332	501(C)(3)		30,500			GENERAL OPERATING SUPPORT
HUMAN NEEDS FOOD PANTRY INC 9 LABEL STREET MONTCLAIR,NJ 07042	22-3057065	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
INCREASING HOPE PO BOX 2914 SUMMERVILLE,SC 29484	75-3070026	501(C)(3)		5,500			GENERAL OPERATING SUPPORT

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INTERNATIONAL AFRICAN AMERICAN MUSEUM 25 CALHOUN STREET SUITE 320 CHARLESTON,SC 29401	20-3398254	501(C)(3)		27,100			CAPITAL/BUILDING SUPPORT
IRAQ AND AFGHANISTAN VETERANS OF AMERICA INC 292 MADISON AVENUE 10TH FLOOR NEW YORK,NY 10017	20-1664531	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
JDRF INTERNATIONAL PALMETTO CHAPTER 1122 LADY STREET SUITE 1000 COLUMBIA,SC 29201	23-1907729	501(C)(3)		21,476			GENERAL OPERATING SUPPORT

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JENKINS INSTITUTE FOR CHILDREN INC 3923 AZALEA DRIVE NORTH CHARLESTON,SC 29405	57-6025599	501(C)(3)		5,514			GENERAL OPERATING SUPPORT
JEWISH COMMUNITY CENTER OF CHARLESTON SC PO BOX 31298 CHARLESTON,SC 29407	57-0352253	501(C)(3)		12,627			GENERAL OPERATING SUPPORT
JEWISH STUDIES CENTER INC 66 GEORGE STREET CHARLESTON,SC 294240001	57-1094139	501(C)(3)		6,200			GENERAL OPERATING SUPPORT

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JOHN PAUL II CATHOLIC SCHOOL PO BOX 1260 BLUFFTON,SC 29910	26-0414610	501(C)(3)		25,000			GENERAL OPERATING SUPPORT
KAHAL KADOSH BETH ELOHIM 90 HASELL STREET CHARLESTON,SC 29401	57-0406806	501(C)(3)		49,736			GENERAL OPERATING SUPPORT
KISKIMINETAS SPRINGS SCHOOL 1888 BRETT LANE SALTSBURG,PA 156818951	25-0995765	501(C)(3)		60,000			SPECIAL PROJECT SUPPORT

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LIMBS WITHOUT LIMITS PO BOX 2702 416 TAMMIE AVENUE GOOSE CREEK,SC 29445	46-1771802	501(C)(3)		6,000			SPECIAL PROJECT SUPPORT
LITERACY VOLUNTEERS OF THE LOWCOUNTRY INC PO BOX 3725 BLUFFTON,SC 29910	57-0727884	501(C)(3)		13,976			GENERAL OPERATING SUPPORT
LITTLE RED DOG FOUNDATION 55 WOODLAND RIDGE CIRCLE BEAUFORT,SC 29907	41-2213102	501(C)(3)		10,000			GENERAL OPERATING SUPPORT

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LOUIE'S KIDS INC PO BOX 21291 CHARLESTON,SC 29413	20-1031569	501(C)(3)		12,500			GENERAL OPERATING SUPPORT
LOWCOUNTRY AIDS SERVICES 3547 MEETING STREET ROAD NORTH CHARLESTON,SC 29405	57-0905550	501(C)(3)		25,500			GENERAL OPERATING SUPPORT
LOWCOUNTRY FOOD BANK INC 2864 AZALEA DRIVE CHARLESTON,SC 29405	57-0751835	501(C)(3)		60,461			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOWCOUNTRY HABITAT FOR HUMANITY 616 PARRIS ISLAND GATEWAY BEAUFORT,SC 29906	57-0920920	501(C)(3)		13,000			SPECIAL PROJECT SUPPORT
LOWCOUNTRY LAND TRUST INC 43 WENTWORTH STREET CHARLESTON,SC 29401	57-0809313	501(C)(3)		49,200			GENERAL OPERATING SUPPORT
LOWCOUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON,SC 29910	56-2202319	501(C)(3)		10,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOWCOUNTRY LOCAL FIRST 1630 MEETING STREET ROAD BLDG 2 CHARLESTON,SC 29405	87-0792700	501(C)(3)		6,250			GENERAL OPERATING SUPPORT
MCCLELLANVILLE ARTS COUNCIL PO BOX 594 MCCLELLANVILLE,SC 29458	57-0650676	501(C)(3)		10,000			SPECIAL PROJECT SUPPORT
MEALS ON WHEELS OF SUMMERVILLE POST OFFICE BOX 592 SUMMERVILLE,SC 29484	57-0730993	501(C)(3)		19,500			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEALS ON WHEELS BLUFFTON-HILTON HEAD INC PO BOX 23691 HILTON HEAD ISLAND,SC 29925	57-0691109	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
MED-I-ASSIST INC PO BOX 413 RIDGELAND,SC 29936	32-0212924	501(C)(3)		15,000			GENERAL OPERATING SUPPORT
MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION 18 BEE STREET CHARLESTON,SC 29425	57-6028985	501(C)(3)		211,035			GENERAL OPERATING SUPPORT

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

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MEET THE NEEDS CHARLESTON 275 BEECH HILL MOUNT PLEASANT,SC 29464	47-2703106	501(C)(3)		7,210			GENERAL OPERATING SUPPORT
MEPKIN ABBEY CATHOLIC CONFERENCE 1098 MEPKIN ABBEY ROAD MONCKS CORNER,SC 29461	57-0416728	501(C)(3)		10,500			GENERAL OPERATING SUPPORT
MESOTHELIOMA APPLIED RESEARCH FOUNDATION 1317 KING STREET ALEXANDRIA,VA 22314	75-2816066	501(C)(3)		35,000			GENERAL OPERATING SUPPORT

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

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METANOIA 2005 REYNOLDS AVENUE NORTH CHARLESTON,SC 29405	20-0310400	501(C)(3)		59,476			GENERAL OPERATING SUPPORT
MONCKS CORNER BAPTIST CHURCH 496 EAST MAIN STREET MONCKS CORNER,SC 29461	57-0956220	501(C)(3)		5,300			SPECIAL PROJECT SUPPORT
MONTCLAIR FILM FESTIVAL INC 41 WATCHUNG PLAZA 345 MONTCLAIR,NJ 07042	27-1732322	501(C)(3)		125,000			GENERAL OPERATING SUPPORT

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

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MONTCLAIR FREE PUBLIC LIBRARY FOUNDATION INC 50 SOUTH FULLERTON AVENUE MONTCLAIR,NJ 07042	82-0558746	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
MONTCLAIR KIMBERLY ACADEMY FOUNDATION 201 VALLEY ROAD MONTCLAIR,NJ 07042	23-7365263	501(C)(3)		145,000			SPECIAL PROJECT SUPPORT
MOUNT CARMEL BAPTIST CHURCH 367 KEANS NECK ROAD SEABROOK,SC 29940		OTHER		15,000			SPECIAL PROJECT SUPPORT

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

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MOUNT HORR VILLAGE SUMMER CAMP PO BOX 247 HOLLYWOOD,SC 29449	53-0204696	501(C)(3)		5,550			GENERAL OPERATING SUPPORT
MY SISTER'S HOUSE INC PO BOX 71171 NORTH CHARLESTON,SC 294151171	57-0730861	501(C)(3)		15,170			GENERAL OPERATING SUPPORT
NAMI LOWCOUNTRY PO BOX 24128 HILTON HEAD,SC 29926	57-0920882	501(C)(3)		10,000			SPECIAL PROJECT SUPPORT

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

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NATIONAL AUDUBON SOCIETY INC 336 SANCTUARY ROAD HARLEYVILLE,SC 29448	13-1624102	501(C)(3)		9,500			GENERAL OPERATING SUPPORT
NATIONAL CATHEDRAL SCHOOL 3612 WOODLEY ROAD NW WASHINGTON,DC 20016		OTHER		6,000			SPECIAL PROJECT SUPPORT
NATURE CONSERVANCY INC 32 SOUTH EWING HELENA,MT 59601	53-0242652	501(C)(3)		8,500			GENERAL OPERATING SUPPORT

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NAZARENE COMPASSIONATE MINISTRIES INC 17001 PRAIRIE STAR PARKWAY SUITE 100 LENEXA,KS 66220	43-1550318	501(C)(3)		150,000			SPECIAL PROJECT SUPPORT
NEIGHBORHOOD OUTREACH CONNECTION PO BOX 23558 HILTON HEAD ISLAND,SC 29925	54-2083947	501(C)(3)		12,500			GENERAL OPERATING SUPPORT
NEMOURS PLANTATION WILDLIFE FOUNDATION 161 NEMOURS PLANTATION ROAD YEMASSEE,SC 29945	57-0985138	501(C)(3)		38,000			GENERAL OPERATING SUPPORT

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

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NEW MORNING FOUNDATION 807 GERVAIS STREET SUITE 102 COLUMBIA,SC 29201	95-4894776	501(C)(3)		1,561,000			GENERAL OPERATING SUPPORT
NEW YORK PUBLIC RADIO PO BOX 1550 NEW YORK,NY 101161550	13-3015230	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
NEW-YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK,NY 10024	13-1624124	501(C)(3)		10,000			SPECIAL PROJECT SUPPORT

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

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NORTH CHARLESTON DENTAL OUTREACH 2005 REYNOLDS AVENUE NORTH CHARLESTON,SC 29405	27-1629125	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
NORTHWESTERN UNIVERSITY 2020 RIDGE AVENUE EVANSTON,IL 60208	36-2167817	501(C)(3)		50,000			SPECIAL PROJECT SUPPORT
ONE HUNDRED MILES PO BOX 2056 BRUNSWICK,GA 31520	45-5260656	501(C)(3)		100,000			GENERAL OPERATING SUPPORT

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

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ONE-EIGHTY PLACE PO BOX 20038 CHARLESTON,SC 294130038	57-0789483	501(C)(3)		61,500			GENERAL OPERATING SUPPORT
ONEWORLD HEALTH 21-D GAMECOCK AVENUE CHARLESTON,SC 29407	26-3717278	501(C)(3)		20,000			GENERAL OPERATING SUPPORT
OPERATION HOME INC 2120 NOISETTE BOULEVARD SUITE 124 NORTH CHARLESTON,SC 29405	62-1745925	501(C)(3)		33,182			GENERAL OPERATING SUPPORT

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

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OPERATION SIGHT 1101 CLARITY ROAD SUITE 100 MOUNT PLEASANT,SC 29464	45-3449443	501(C)(3)		8,000			GENERAL OPERATING SUPPORT
OUR LADY OF MERCY OUTREACH PO BOX 607 JOHNS ISLAND,SC 29457	57-0905488	501(C)(3)		36,675			GENERAL OPERATING SUPPORT
PALMETTO PROJECT INC 6296 RIVERS AVENUE SUITE 100 NORTH CHARLESTON,SC 29406	57-0807801	501(C)(3)		92,721			GENERAL OPERATING SUPPORT

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PARENTS AND GUARDIANS ASSOCIATION OF THE COASTAL CENTER 9995 JAMISON ROAD SUMMERVILLE,SC 29485	57-0735284	501(C)(3)		6,136			GENERAL OPERATING SUPPORT
PARKLANDS FOUNDATION OF CHARLESTON COUNTY INC 2090 EXECUTIVE HALL ROAD SUITE 170 CHARLESTON,SC 29407	57-0913949	501(C)(3)		11,136			GENERAL OPERATING SUPPORT
PAWLEYS ISLAND FESTIVAL OF MUSIC AND ART INC PO BOX 1975 PAWLEYS ISLAND,SC 29585	57-1061600	501(C)(3)		6,500			SPECIAL PROJECT SUPPORT

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PENN CENTER INC P O BOX 126 ST HELENAS ISLAND,SC 29920	57-0324930	501(C)(3)		6,000			SPECIAL PROJECT SUPPORT
PEOPLE AGAINST RAPE 2154 NORTH CENTER STREET SUITE 302 NORTH CHARLESTON,SC 29406	23-7415034	501(C)(3)		5,040			SPECIAL PROJECT SUPPORT
PI KAPPA ALPHA FOUNDATION 8347 WEST RANGE COVE MEMPHIS,TN 38125	62-6039877	501(C)(3)		31,250			GENERAL OPERATING SUPPORT

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PLANNED PARENTHOOD HEALTH SYSTEMS INC 100 SOUTH BOYLAN AVENUE RALEIGH,NC 27603	56-1282557	501(C)(3)		52,132			GENERAL OPERATING SUPPORT
PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE,SC 29909	20-4431922	501(C)(3)		8,000			GENERAL OPERATING SUPPORT
PORTER-GAUD FOUNDATION 300 ALBEMARLE ROAD CHARLESTON,SC 29407	45-2701202	501(C)(3)		55,100			GENERAL OPERATING SUPPORT

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PORTER-GAUD SCHOOL 300 ALBEMARLE POINT CHARLESTON,SC 29407	57-0342032	501(C)(3)		8,500			SCHOLARSHIP
POSSE FOUNDATION 14 WALL STREET SUITE 8A-60 NEW YORK,NY 10005	13-3840394	501(C)(3)		20,000			GENERAL OPERATING SUPPORT
POST AND COURIER FOUNDATION 134 COLUMBUS STREET CHARLESTON,SC 29403	57-6020356	501(C)(3)		11,400			GENERAL OPERATING SUPPORT

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PRESERVATION SOCIETY OF CHARLESTON PO BOX 521 CHARLESTON,SC 29402	57-0439524	501(C)(3)		31,537			GENERAL OPERATING SUPPORT
PURE THEATRE 477 KING STREET CHARLESTON,SC 29412	13-4240676	501(C)(3)		6,100			GENERAL OPERATING SUPPORT
REACH OUT AND READ INC 7 MEDICAL PARK DRIVE COLUMBIA,SC 29203	04-3481253	501(C)(3)		9,000			SPECIAL PROJECT SUPPORT

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READING PARTNERS CHARLESTON 6296 RIVERS AVENUE SUITE 305 CHARLESTON,SC 294064973	77-0568469	501(C)(3)		64,450			GENERAL OPERATING SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON SC INC 81 GADSDEN STREET CHARLESTON,SC 294011156	57-0724845	501(C)(3)		36,375			GENERAL OPERATING SUPPORT
ROPER ST FRANCIS FOUNDATION 125 DOUGHTY STREET STE 790 CHARLESTON,SC 29403	57-0831165	501(C)(3)		13,343			GENERAL OPERATING SUPPORT

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ROSCOE READING PROGRAM PO BOX 2095 MONCKS CORNER,SC 29461	20-3034430	501(C)(3)		20,750			GENERAL OPERATING SUPPORT
RURAL MISSION INC POST OFFICE BOX 235 JOHNS ISLAND,SC 29457	57-0519864	501(C)(3)		6,155			GENERAL OPERATING SUPPORT
SC GOVERNOR'S SCHOOL FOR SCIENCE & MATH FOUNDATION INC 1122 LADY STREET SUITE 700 COLUMBIA,SC 29201	57-0881347	501(C)(3)		14,975			GENERAL OPERATING SUPPORT

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SAINT LUKE'S EVANGELICAL LUTHERAN CHURCH 206 CENTRAL AVENUE SUMMERVILLE,SC 29483	57-6034244	501(C)(3)		24,697			GENERAL OPERATING SUPPORT
SALVATION ARMY PO BOX 241808 CHARLOTTE,NC 28224	58-0660607	501(C)(3)		18,726			GENERAL OPERATING SUPPORT
SANTA ELENA PROJECT FOUNDATION PO BOX 1005 BEAUFORT,SC 29901	46-4222074	501(C)(3)		6,000			SPECIAL PROJECT SUPPORT

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SEA ISLAND HABITAT FOR HUMANITY 2545 BOHICKET ROAD JOHNS ISLAND,SC 29455	57-0840667	501(C)(3)		23,000			GENERAL OPERATING SUPPORT
SECOND HELPINGS PO BOX 23621 HILTON HEAD ISLAND,SC 29925	57-0938469	501(C)(3)		15,000			SPECIAL PROJECT SUPPORT
SOMOS AMIGOS MEDICAL MISSIONS PO BOX 2351 SARASOTA,CA 95070	77-0553014	501(C)(3)		10,000			GENERAL OPERATING SUPPORT

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SOUTH CAROLINA AQUARIUM 100 AQUARIUM WHARF CHARLESTON,SC 294139001	57-0961897	501(C)(3)		57,700			GENERAL OPERATING SUPPORT
SOUTH CAROLINA ARTS FOUNDATION 1989 1026 SUMTER STREET SUITE 200 COLUMBIA,SC 29201	57-0892045	501(C)(3)		30,090			SPECIAL PROJECT SUPPORT
SOUTH CAROLINA ASSOCIATION OF NON-PROFIT ORGANIZATIONS 400 ARBOR LAKE DRIVE SUITE B500 COLUMBIA,SC 292234570	57-1057398	501(C)(3)		10,000			GENERAL OPERATING SUPPORT

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SOUTH CAROLINA COASTAL CONSERVATION LEAGUE INC PO BOX 1765 CHARLESTON,SC 294029940	57-0887278	501(C)(3)		640,450			GENERAL OPERATING SUPPORT
SOUTH CAROLINA ENVIRONMENTAL LAW PROJECT INC PO BOX 1380 PAWLEYS ISLAND,SC 29585	57-1031430	501(C)(3)		32,200			GENERAL OPERATING SUPPORT
SOUTH CAROLINA HISTORICAL SOCIETY 100 MEETING STREET CHARLESTON,SC 29401	57-0323800	501(C)(3)		7,200			GENERAL OPERATING SUPPORT

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SOUTH CAROLINA JUNIOR GOLF FOUNDATION P O BOX 286 IRMO,SC 29063	57-1021847	501(C)(3)		6,000			SPECIAL PROJECT SUPPORT
SOUTH CAROLINA SPECIAL OLYMPICS 109 OAK PARK DR IRMO,SC 29063	57-0680248	501(C)(3)		14,450			GENERAL OPERATING SUPPORT
SOUTHERN APPALACHIAN HIGHLANDS CONSERVANCY 34 WALL STREET SUITE 502 ASHEVILLE,NC 28801	62-1098890	501(C)(3)		100,000			SPECIAL PROJECT SUPPORT

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SOUTHERN DHARMA RETREAT CENTER INC 1661 WEST ROAD HOT SPRINGS,NC 28743	56-1695711	501(C)(3)		17,500			GENERAL OPERATING SUPPORT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET SUITE 14 CHARLOTTESVILLE,VA 229025065	52-1436778	501(C)(3)		7,500			GENERAL OPERATING SUPPORT
SPELMAN COLLEGE 350 SPELMAN LANE SW ATLANTA,GA 30314		OTHER		11,000			SCHOLARSHIP

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SPOLETO FESTIVAL USA 14 GEORGE STREET CHARLESTON,SC 29401	57-0660848	501(C)(3)		426,606			GENERAL OPERATING SUPPORT
SPRING HILL COLLEGE 4000 DAUPHIN STREET MOBILE,AL 36608	63-0302179	501(C)(3)		90,000			SPECIAL PROJECT SUPPORT
ST ANDREW'S SCHOOL OF DELAWARE INC 350 NOXONTOWN ROAD MIDDLETOWN,DE 19709	51-0079506	OTHER		15,000			SPECIAL PROJECT SUPPORT

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ST CASSIAN ROMAN CATHOLIC CHURCH 187 BELLEVUE AVENUE UPPER MONTCLAIR,NJ 07043		OTHER		15,000			CAPITAL/BUILDING SUPPORT
ST HELENA'S EPISCOPAL CHURCH PO BOX 1043 BEAUFORT,SC 29901		OTHER		11,000			GENERAL OPERATING SUPPORT
ST JOHN AME CHURCH PO BOX 148 COTTAGEVILLE,SC 29435		OTHER		5,550			SPECIAL PROJECT SUPPORT

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ST MICHAEL'S CHURCH 71 BROAD ST CHARLESTON,SC 29401	46-6361161	501(C)(3)		5,471			GENERAL OPERATING SUPPORT
ST PETER'S CATHOLIC SCHOOL 70 LADYS ISLAND DRIVE BEAUFORT,SC 29907		OTHER		25,000			GENERAL OPERATING SUPPORT
ST PHILIPS EPISCOPAL CHURCH 142 CHURCH STREET CHARLESTON,SC 29401		OTHER		6,200			GENERAL OPERATING SUPPORT

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ST THOMAS MORE CATHOLIC CHAPEL 1610 GREENE STREET COLUMBIA,SC 29201		OTHER		10,000			GENERAL OPERATING SUPPORT
STELLA MARIS ROMAN CATHOLIC CHURCH PO BOX 280 SULLIVANS ISLAND,SC 29482		OTHER		16,000			GENERAL OPERATING SUPPORT
STORYCORPS INC 80 HANSON PLACE 2ND FLOOR BROOKLYN,NY 11217	13-3753011	501(C)(3)		10,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STRIVE INTERNATIONAL INC 240 EAST 123RD STREET 3RD FLOOR NEW YORK,NY 10035	13-3255679	501(C)(3)		20,000			SPECIAL PROJECT SUPPORT
SUMPTER FREE HEALTH CLINIC PO BOX 340 ST STEPHEN,SC 29479	27-1097304	501(C)(3)		17,275			GENERAL OPERATING SUPPORT
SUSTAINABILITY INSTITUTE INC 113 CALHOUN STREET CHARLESTON,SC 29401	58-2474104	501(C)(3)		41,947			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SWEET BRIAR INSTITUTE PO BOX 1057 SWEET BRIAR,VA 24595	54-0534105	501(C)(3)		10,700			GENERAL OPERATING SUPPORT
SYMPHONY SPACE INC 2537 BROADWAY AT 95TH STREET NEW YORK,NY 10025	13-2941455	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
TEACH FOR AMERICA INC 7301 RIVERS AVENUE SUITE 160 CHARLESTON,SC 29406	13-3541913	501(C)(3)		14,500			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEACHERS SUPPLY CLOSET 1643-B SAVANNAH HIGHWAY 349 CHARLESTON,SC 29407	45-0542815	501(C)(3)		17,500			GENERAL OPERATING SUPPORT
TECHNICAL COLLEGE OF THE LOWCOUNTRY FOUNDATION PO BOX 2614 BEAUFORT,SC 29901	57-0767384	501(C)(3)		27,500			GENERAL OPERATING SUPPORT
THE BASCOM CORPORATION 323 FRANKLIN ROAD HIGHLANDS,NC 28741	56-2093546	501(C)(3)		8,750			SPECIAL PROJECT SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CHARLESTON CATHOLIC SCHOOL 888 KING STREET CHARLESTON,SC 29403	57-0930700	501(C)(3)		22,690			GENERAL OPERATING SUPPORT
THE CHARLESTON IMMERSIVE INTERACTIVE CREATIVE TECHNOLOGY 14 LOCKWOOD DRIVE SUITE 6K CHARLESTON,SC 29401	46-1856001	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
THE CHARLESTON STAGE COMPANY INC PO BOX 356 CHARLESTON,SC 29402	57-0694183	501(C)(3)		72,750			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CITADEL FOUNDATION 171 MOULTRIE STREET CHARLESTON,SC 29409	57-6020493	501(C)(3)		53,440			GENERAL OPERATING SUPPORT
THE COLLEGE FOUNDATION PO BOX 400801 CHARLOTTESVILLE,VA 22904		OTHER		10,000			SPECIAL PROJECT SUPPORT
THE GARDEN CONSERVANCY INC PO BOX 219 COLD SPRING,NY 10516	13-3570145	501(C)(3)		10,500			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE LEUKEMIA & LYMPHOMA SOCIETY INC 941 HOUSTON NORTHCUTT BOULEVARD SUITE 203 MOUNT PLEASANT,SC 29464	13-5644916	501(C)(3)		12,498			GENERAL OPERATING SUPPORT
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY STREET SUITE 900 SAN FRANSISCO,CA 94104	23-7222333	501(C)(3)		500,000			GENERAL OPERATING SUPPORT
THE VILLAGE REPERTORY COMPANY 34 WOOLFE STREET CHARLESTON,SC 29493	30-0137284	501(C)(3)		50,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THUMBS UP INC 914 HAMAR STREET BEAUFORT,SC 29902	57-1025876	501(C)(3)		10,000			GENERAL OPERATING SUPPORT
TREVECCA NAZARENE UNIVERSITY 333 MURFREESBORO ROAD NASHVILLE,TN 37210	62-0497990	501(C)(3)		40,000			SPECIAL PROJECT SUPPORT
TRIDENT ACADEMY 1455 WAKENDAW ROAD MOUNT PLEASANT,SC 29464	57-0542727	501(C)(3)		18,751			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRIDENT LITERACY ASSOCIATION 5416-B RIVERS AVENUE NORTH CHARLESTON,SC 29406	57-0721308	501(C)(3)		52,718			GENERAL OPERATING SUPPORT
TRIDENT UNITED WAY PO BOX 63305 NORTH CHARLESTON,SC 29419	57-0314378	501(C)(3)		147,107			GENERAL OPERATING SUPPORT
TRINITY BAPTIST CHURCH 124 W DARLINGTON STREET FLORENCE,SC 29501	57-0360105	501(C)(3)		50,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD,CT 06106	06-0646927	501(C)(3)		25,000			SPECIAL PROJECT SUPPORT
USS YORKTOWN CV-10 ASSOCIATION INC POST OFFICE BOX 1021 MOUNT PLEASANT,SC 29465	57-0646242	OTHER		10,934			GENERAL OPERATING SUPPORT
UNDER ONE ROOF SERVICES INC PO BOX 1901 BEAUFORT,SC 29901	27-0981486	501(C)(3)		10,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF THE LOWCOUNTRY INC PO BOX 202 BEAUFORT,SC 299010202	57-0405847	501(C)(3)		28,944			GENERAL OPERATING SUPPORT
UNIVERSITY MEDICAL ASSOCIATES OF THE MEDICAL UNIV OF SOUTH C PO BOX 931736 ATLANTA,GA 31193	57-0935917	OTHER		39,400			SCHOLARSHIP
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION 1027 BARNWELL STREET COLUMBIA,SC 29208	57-6017985	501(C)(3)		120,500			SPECIAL PROJECT SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF SOUTH CAROLINA 516 SOUTH MAIN STREET COLUMBIA,SC 29208		OTHER		18,250			SCHOLARSHIP
UNIVERSITY OF VIRGINIA PO BOX 400807 CHARLOTTESVILLE,VA 229044807		OTHER		35,200			GENERAL OPERATING SUPPORT
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE,TN 37240	62-0476822	501(C)(3)		7,500			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VOLUNTEERS IN MEDICINE CLINIC 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND,SC 29926	57-0959206	501(C)(3)		13,880			SPECIAL PROJECT SUPPORT
WATER MISSIONS INTERNATIONAL PO BOX 31258 CHARLESTON,SC 29417	57-1116978	501(C)(3)		32,450			GENERAL OPERATING SUPPORT
WELVISTA 121 GREYSTONE BOULEVARD COLUMBIA,SC 29210	56-2034627	501(C)(3)		5,400			SPECIAL PROJECT SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WINDWOOD FARM HOME FOR CHILDREN INC 4857 WINDWOOD FARM ROAD AWENDAW,SC 29429	57-0807424	509A(1)		12,525			GENERAL OPERATING SUPPORT
WINGS FOR KIDS 476 MEETING STREET SUITE E CHARLESTON,SC 294034841	57-1055054	501(C)(3)		183,500			GENERAL OPERATING SUPPORT
WINTHROP UNIVERSITY 119 TILLMAN HALL ROCK HILL,SC 29733		OTHER		13,238			SCHOLARSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG,SC 293033663	57-0314422	501(C)(3)		18,500			SCHOLARSHIP
YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN,CT 06510	06-0646652	501(C)(3)		10,000			SPECIAL PROJECT SUPPORT
YALE UNIVERSITY PO BOX 2038 NEW HAVEN,CT 065212038	06-0646973	501(C)(3)		12,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YESCAROLINA PO BOX 210 CHARLESTON,SC 29402	20-3562766	501(C)(3)		12,100			GENERAL OPERATING SUPPORT
YMCA OF BEAUFORT COUNTY 1801 RICHMOND AVENUE PORT ROYAL,SC 29935	57-0910326	501(C)(3)		17,000			GENERAL OPERATING SUPPORT

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COASTAL COMMUNITY FOUNDATION

Employer identification number
23-7390313

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	36	8,104,850	AVG HI/LO ON GIFT DATE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests	X	1	550,000	FMV
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	FOR REAL ESTATE GIFTS THE FOUNDATION HAS HIRED AGENTS TO REPRESENT IT IN THE MARKETING AND SALE

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PROVIDED TO AND REVIEWED WITH KEY STAFF BEFORE FILING AND, SUBSEQUENT TO FILING, IT IS PROVIDED TO AND REVIEWED WITH THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE BOARD AND OFFICERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE DOCUMENT THIS DOCUMENT REQUESTS DISCLOSURE OF ANY POTENTIAL CONFLICTS SUCH AS VENDOR RELATIONSHIPS OR GRANT RECIPIENT RELATIONSHIPS IN ADDITION, AT EACH BOARD MEETING, MEMBERS ARE ASKED TO DISCLOSE ANY POTENTIAL CONFLICTS AND, UPON SUCH DISCLOSURES, TO LEAVE THE MEETING AND REFRAIN FROM VOTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAS ENGAGED COMPENSATION CONSULTANTS TO REVIEW THE APPROPRIATE SALARY RANGES FOR THE PRESIDENT AND OTHER STAFF POSITIONS THIS REPORT PROVIDES COMPARATIVE DATA AND INCLUDES INFORMATION FROM LOCAL AND NATIONAL MARKETS ALL SALARIES ARE APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGET ADDITIONALLY, COMPENSATION FOR THE PRESIDENT IS BASED ON THE RECOMMENDATION OF THE FINANCE COMMITTEE AFTER THE COMPLETION OF THE ANNUAL REVIEW
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS, INCLUDING FORM 990, AVAILABLE ON REQUEST ADDITIONALLY, FORM 990 IS AVAILABLE AT WWW GUIDESTAR COM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED
FORM 990, PART V, LINE 2A	INCLUDED AMONG THE FOUNDATION'S EMPLOYEES ARE SEVERAL STAFF MEMBERS ASSIGNED TO SUPPORTING ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	THE FOUNDATION HAD A CHANGE IN LEADERSHIP FOR THE CALENDAR YEAR 2016 INFORMATION ON THE PRESIDENT REFLECTS PAST YEAR INFORMATION FOR THE OUTGOING PRESIDENT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COASTAL COMMUNITY FOUNDATION

Employer identification number
23-7390313

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) TCF REALTY LLC 635 RUTLEDGE AVENUE CHARLESTON, SC 29403 23-7390313	REAL ESTATE TITLE	SC		550,000	FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) No
(1) FRANCES P BUNNELLE FOUNDATION PO BOX 1965 PAWLEYS ISLAND, SC 29585 57-1095197	SUPPORTING ORGANZATION-GRANTMAKING	SC	501(C)(3)	509(A)(3) (TYPE1)	COASTAL COMMUNITY FOUNDATION		No
(2) JEWISH ENDOWMENT FUND 635 RUTLEDGE AVENUE CHARLESTON, SC 29403 57-1042419	SUPPORTING ORGANZATION-GRANTMAKING	SC	501(C)(3)	509(A)(3) (TYPE1)	SEE SUPPLEMENTAL INFORMATION		No
(3) DARBY FAMILY FOUNDATION 635 RUTLEDGE AVENUE CHARLESTON, SC 29403 57-1102791	SUPPORTING ORGANZATION-GRANTMAKING	SC	501(C)(3)	509(A)(3) (TYPE1)	COASTAL COMMUNITY FOUNDATION		No
(4) SAUL ALEXANDER FOUNDATION 635 RUTLEDGE AVENUE CHARLESTON, SC 29403 23-7420175	SUPPORTING ORGANZATION-GRANTMAKING	SC	501(C)(3)	509(A)(3) (TYPE3)	N/A		No
(5) WACCAMAW COMMUNITY FOUNDATION 3655 S HIGHWAY 18 BUSINESS MURRELLS INLET, SC 29576 56-2121992	SUPPORTING ORGANZATION-GRANTMAKING	SC	501(C)(3)	509(A)(3) (TYPE1)	COASTAL COMMUNITY FOUNDATION		No

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners 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?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
PART II, COLUMN F	THE JEWISH ENDOWMENT FUND IS A TYPE 1 SUPPORTING ORGANIZATION JOINTLY CONTROLLED BY THE CHARLESTON JEWISH FEDERATION AND THE COASTAL COMMUNITY FOUNDATION

Additional Data

Software ID:
Software Version:
EIN: 23-7390313
Name: COASTAL COMMUNITY FOUNDATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	FRANCES P BUNNELLE FOUNDATION	L	119,736	FMV
(1)	FRANCES P BUNNELLE FOUNDATION	Q	343,556	FMV
(2)	JEWISH ENDOWMENT FOUNDATION	L	98,980	FMV
(3)	DARBY FAMILY FOUNDATION	L	37,404	FMV
(4)	SAUL ALEXANDER FOUNDATION	L	25,361	FMV
(5)	WACCAMAW COMMUNITY FOUNDATION	L	87,860	FMV
(6)	WACCAMAW COMMUNITY FOUNDATION	Q	108,425	FMV