

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.		D Employer identification number 20-2454729
	Doing business as		E Telephone number 912-268-4442
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 23,827,787.
	1626 FREDERICA ROAD	201	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ST. SIMONS ISLAND, GA 31522		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: PAUL WHITE SAME AS C ABOVE			If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.COASTALGEORGIAFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2005 M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	31
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,640,892.	Current Year 13,289,844.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	726,268.	901,477.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,048.	20,113.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,385,208.	14,211,434.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,660,156.
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)		207,406.	220,382.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 76,937.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		167,466.	294,588.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,035,028.	3,207,832.
19 Revenue less expenses. Subtract line 18 from line 12	1,350,180.	11,003,602.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 19,150,597.	End of Year 32,433,363.
	21 Total liabilities (Part X, line 26)	2,239,389.	2,619,910.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,911,208.	29,813,453.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ PAUL WHITE, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RONALD K. RECTOR	RONALD K. RECTOR	11/03/20	<input type="checkbox"/>	P00260850
Firm's name ▶ MOORE STEPHENS TILLER LLC			Firm's EIN ▶ 58-0673524		
Firm's address ▶ 777 GLOUCESTER STREET, SUITE 201 BRUNSWICK, GA 31520			Phone no. (912) 265-1750		

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

COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.

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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:
AS ONE OF OVER 750 COMMUNITY FOUNDATIONS IN THE U.S. OUR MISSION IS TO IMPROVE THE QUALITY OF LIFE IN COASTAL GEORGIA BY PROMOTING AND INCREASING RESPONSIBLE, EFFECTIVE PHILANTHROPY, NOW AND FOR FUTURE GENERATIONS. OUR ASSETS ARE ADMINISTERED FOR CHARITABLE PURPOSES

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 \$ 3,034,722. including grants of \$ 2,692,862.) (Revenue \$)
WE PROVIDE PHILANTHROPIC SERVICES TO OUR DONORS AND FUND HOLDERS, EDUCATING THEM ON COMMUNITY ISSUES, HELPING THEM DEFINE THEIR GOALS, AND ADMINISTERING THEIR GRANT MAKING REQUESTS IN AN EFFICIENT AND EFFECTIVE MANNER. OUR ASSETS ARE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES AND CONSIST OF BOTH ENDOWED AND NON-ENDOWED FUNDS (SEE SCHEDULE O).

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
WE STRENGTHEN LOCAL NONPROFITS THROUGH GRANT MAKING, AND INDIVIDUALLY WORK WITH THEM TO DEFINE AND ARTICULATE THEIR PROGRAMS AND IMPROVE THEIR CAPACITY TO OPERATE EFFECTIVELY AND WITH THE HIGHEST STANDARDS (SEE SCHEDULE O).

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
WE CONVENE THE COMMUNITY AROUND CRITICAL ISSUES, RAISING PUBLIC AWARENESS, FACILITATING MEETINGS, HELPING DEFINE THE ISSUES AND APPROPRIATE RESPONSES (SEE SCHEDULE O).

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

4e Total program service expenses **3,034,722.**

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**COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.**

Part IV Checklist of Required Schedules

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

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FOUNDATION, INC.**

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Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6
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	

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FOUNDATION, INC.

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **PAUL WHITE - (912) 268-4442**
1626 FREDERICA ROAD, SUITE 201, ST. SIMONS ISLAND, GA 31522

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALFRED SAMS III DIRECTOR	1.00	X					0.	0.	0.	
(2) BONNEY S. SHUMAN VICE-CHAIR, SECRETARY	1.00	X		X			0.	0.	0.	
(3) EDWARD ANDREWS, JR DIRECTOR	1.00	X					0.	0.	0.	
(4) HILLARY S. STRINGFELLOW AT-LARGE EXECUTIVE COMMITTEE	1.00	X		X			0.	0.	0.	
(5) JACK C. KILGORE CHAIRMAN	2.00	X		X			0.	0.	0.	
(6) JANET A. SHIRLEY DIRECTOR	1.00	X					0.	0.	0.	
(7) JEFF BARKER TREASURER	1.00	X		X			0.	0.	0.	
(8) JOEL K. ARLINE DIRECTOR	1.00	X					0.	0.	0.	
(9) JOHN R. MURPHY DIRECTOR	1.00	X					0.	0.	0.	
(10) LAWTON M NEASE III DIRECTOR	1.00	X					0.	0.	0.	
(11) MARTIN J. MILLER AT-LARGE EXECUTIVE COMMITTEE	1.00	X		X			0.	0.	0.	
(12) MARY T. ROOT AT-LARGE EXECUTIVE COMMITTEE	1.00	X		X			0.	0.	0.	
(13) MICHAEL K. MALOY DIRECTOR	1.00	X					0.	0.	0.	
(14) PAT HODNETT COOPER DIRECTOR	1.00	X					0.	0.	0.	
(15) RENE C. SHELNUTT DIRECTOR	1.00	X					0.	0.	0.	
(16) SANDRA W. CHANNELL DIRECTOR	1.00	X					0.	0.	0.	
(17) STEPHEN V. KINNEY DIRECTOR	1.00	X					0.	0.	0.	

**COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.**

Form 990 (2019)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM BERNARD MCCLLOUD DIRECTOR	1.00	X					0.	0.	0.	
(19) WILLIAM HODGES DIRECTOR	1.00	X					0.	0.	0.	
(20) PAUL WHITE PRESIDENT & CEO	40.00				X		139,155.	0.	0.	
1b Subtotal							139,155.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							139,155.	0.	0.	

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	13,289,844.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 9,775,730.				
	h Total. Add lines 1a-1f			13,289,844.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		370,992.			370,992.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	9,791,838.	355,000.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	9,246,803.	369,550.			
	c Gain or (loss)	7c	545,035.	-14,550.			
	d Net gain or (loss)			530,485.		530,485.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MANAGEMENT FEES	Business Code	523920	12,695.	12,695.		
	b OTHER INCOME		541610	7,418.	7,418.		
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			20,113.			
12 Total revenue. See instructions			14,211,434.	20,113.	0.	901,477.	

**COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,692,862.	2,692,862.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	139,155.	76,535.	34,789.	27,831.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	64,036.	35,220.	16,009.	12,807.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	144.	79.	36.	29.
9 Other employee benefits	1,799.	989.	450.	360.
10 Payroll taxes	15,248.	8,386.	3,812.	3,050.
11 Fees for services (nonemployees):				
a Management	83,420.	45,881.	20,855.	16,684.
b Legal				
c Accounting	13,396.	7,368.	3,349.	2,679.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	64,119.	64,119.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	66,161.	66,161.		
12 Advertising and promotion	3,039.	1,671.	760.	608.
13 Office expenses	5,871.	3,229.	1,468.	1,174.
14 Information technology	2,160.	1,188.	540.	432.
15 Royalties				
16 Occupancy	13,171.	7,244.	3,293.	2,634.
17 Travel	4,279.	2,353.	1,070.	856.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,984.	2,191.	996.	797.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,621.	892.	405.	324.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER	29,351.	16,143.	7,338.	5,870.
b MEMBERSHIPS	3,145.	1,730.	786.	629.
c PRINTING AND PUBLICATIO	871.	481.	217.	173.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,207,832.	3,034,722.	96,173.	76,937.
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)

COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.

Form 990 (2019)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	577,757.	1	119,168.
	2 Savings and temporary cash investments	3,317,994.	2	4,228,250.
	3 Pledges and grants receivable, net	40,277.	3	33,850.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,266.		
	b Less: accumulated depreciation	10b 6,266.	10c 0.	0.
	11 Investments - publicly traded securities	14,514,846.	11	27,822,216.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	699,723.	15	229,879.
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,150,597.	16	32,433,363.	
Liabilities	17 Accounts payable and accrued expenses	12,769.	17	20,991.
	18 Grants payable		18	
	19 Deferred revenue	40,000.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,186,620.	25	2,598,919.
	26 Total liabilities. Add lines 17 through 25	2,239,389.	26	2,619,910.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,523,425.	27	29,519,146.
	28 Net assets with donor restrictions	387,783.	28	294,307.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,911,208.	32	29,813,453.
	33 Total liabilities and net assets/fund balances	19,150,597.	33	32,433,363.

Form 990 (2019)

**COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.**

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	14,211,434.
2	Total expenses (must equal Part IX, column (A), line 25)	3,207,832.
3	Revenue less expenses. Subtract line 2 from line 1	11,003,602.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	16,911,208.
5	Net unrealized gains (losses) on investments	1,898,643.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	29,813,453.

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

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.** Employer identification number **20-2454729**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

COMMUNITIES OF COASTAL GEORGIA

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3512446.	2843432.	2997794.	3640892.	13289844.	26284408.
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	3512446.	2843432.	2997794.	3640892.	13289844.	26284408.
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)						11087751.
6 Public support. Subtract line 5 from line 4.						15196657.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	3512446.	2843432.	2997794.	3640892.	13289844.	26284408.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	218,228.	261,386.	296,107.	343,256.	370,992.	1489969.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						27774377.
12 Gross receipts from related activities, etc. (see instructions)					12	

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 2019 (line 6, column (f) divided by line 11, column (f))	14	54.71 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	62.18 %

16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

COMMUNITIES OF COASTAL GEORGIA

Schedule A (Form 990 or 990-EZ) 2019

FOUNDATION, INC.

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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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

COMMUNITIES OF COASTAL GEORGIA

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

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Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.** **Employer identification number** **20-2454729**

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	63	
2 Aggregate value of contributions to (during year)	12,660,373.	
3 Aggregate value of grants from (during year)	2,181,141.	
4 Aggregate value at end of year	23,624,939.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.

Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term 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:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

**COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.**

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS HELD TO BENEFIT AN AGENCY	
(3) FUND	2,598,919.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,598,919.

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

COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.

Schedule D (Form 990) 2019

20-2454729 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	16,045,958.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,898,643.	
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	1,898,643.	
3	Subtract line 2e from line 1	3	14,147,315.	
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	64,119.	
c	Add lines 4a and 4b	4c	64,119.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,211,434.	

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	3,143,713.
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	0.	
3	Subtract line 2e from line 1	3	3,143,713.	
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	64,119.	
c	Add lines 4a and 4b	4c	64,119.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,207,832.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

TO BE IN EXISTENCE IN PERPETUITY TO ADDRESS COMMUNITY ISSUES AND TO CREATE DONOR DETERMINED ENDOWMENTS TO PROVIDE FOR SINGLE NONPROFIT AGENCIES.

PART X, LINE 2:

INCOME TAXES: THE FOUNDATION IS A QUALIFYING, NONPROFIT ORGANIZATION AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND AS SUCH IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE FOUNDATION MAY BE SUBJECT TO INCOME TAXES IF IT FAILED TO MAINTAIN ITS EXEMPT STATUS OR IF IT CONDUCTED CERTAIN UNRELATED BUSINESS ACTIVITY. THE FOUNDATION HAS EVALUATED BOTH ITS FEDERAL AND STATE INCOME TAX POSITIONS, INCLUDING POSITIONS THAT COULD HAVE AN EFFECT ON THE FOUNDATION'S EXEMPT STATUS, AND

Part XIII Supplemental Information (continued)

HAS CONCLUDED THAT IT HAS NO UNCERTAIN TAX POSITIONS THAT REQUIRE
DISCLOSURE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES

PART XI, LINE 4B AND PART XII, LINE 4B

THE 64,119 IS COMPOSED OF INVESTMENT FEES NETTED AGAINST INVESTMENT INCOME
IN THE AUDIT REPORT, BUT REPORTED IN THE STATEMENT OF FUNCTIONAL EXPENSES
ON FORM 990.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.** Employer identification number
20-2454729

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGNES SCOTT COLLEGE 141 E. COLLEGE AVE DECATUR, GA 30030	58-0566116	501(C)(3)	10,000.	0.			CAMPAIGN GIFT
ALTAMAHA RIVERKEEPER, INC 127 F STREET SUITE 204 BRUNSWICK, GA 31520	58-2448037	501(C)(3)	13,616.	0.			GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD ST 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	7,500.	0.			GENERAL SUPPORT
AMERICA'S SECOND HARVEST OF COASTAL GEORGIA, INC. - 2501 EAST PRESIDENT STREET - SAVANNAH, GA 31404	58-1442013	501(C)(3)	10,750.	0.			GENERAL SUPPORT
ATHENS AREA COMMUNITY FOUNDATION P.O. BOX 1543 ATHENS, GA 30603	26-1838979	501(C)(3)	46,345.	0.			DAF TRANSFER
BOYS & GIRLS CLUB OF SOUTHEAST GEORGIA - P.O. BOX 1193 - BRUNSWICK, GA 31521	58-0973039	501(C)(3)	91,250.	0.			GENERAL SUPPORT

- 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 ▶ _____

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

Schedule I (Form 990) (2019)

COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANDYWINE VALLEY SUMMER SERIES 340 E HILLENDALE ROAD KENNETT SQ, PA 19348	46-0547441	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CASA GLYNN P.O. BOX 145 BRUNSWICK, GA 31521	58-2176608	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CENTER FOR A SUSTAINABLE COAST 221 MALLERY ST #B ST. SIMONS ISLAND, GA 31522	58-2323174	501(C)(3)	5,500.	0.			GENERAL SUPPORT
CHRIST CHURCH - FREDERICA 6329 FREDERICA ROAD ST. SIMONS ISLAND, GA 31522	58-6067060	501(C)(3)	88,956.	0.			ANNUAL SUPPORT
COASTAL COALITION FOR CHILDREN, INC - 1612 NEWCASTLE STREET - BRUNSWICK, GA 31520	58-1497814	501(C)(3)	12,000.	0.			GENERAL SUPPORT
COASTAL GEORGIA AREA COMMUNITY ACTION AUTHORITY - 1 COMMUNITY ACTION DR #A - BRUNSWICK, GA 31520	58-0973468	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COASTAL GEORGIA HISTORICAL SOCIETY, INC - P.O. BOX 21136 - ST. SIMONS ISLAND, GA 31522	58-0964094	501(C)(3)	143,000.	0.			GENERAL SUPPORT / RESTORATION CAMPAIGN
COLLEGE OF COASTAL GEORGIA ONE COLLEGE DRIVE BRUNSWICK, GA 31520	58-0939565	501(C)(3)	25,000.	0.			GENERAL SUPPORT, SCHOLARSHIPS
COLUMBUS STATE UNIVERSITY 4225 UNIVERSITY AVE COLUMBUS, GA 31907	58-6043198	501(C)(3)	7,500.	0.			SCHOLARSHIPS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF GLYNN COUNTY, INC. - P.O. BOX 2318 - BRUNSWICK, GA 31521	20-4477385	501(C)(3)	7,750.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF CENTRAL GEORGIA - 577 MULBERRY STREET SUITE 1600 - MACON, GA 31201	58-2053465	501(C)(3)	6,000.	0.			LINDA PLANTATION SUPPORT
DUKE UNIVERSITY 324 BLACKWELL STREET DUKE BOX 10 DURHAM, NC 27701	56-0532129	501(C)(3)	15,701.	0.			GENERAL SUPPORT
EPWORTH BY THE SEA 100 ARTHUR J MOORE DR ST. SIMONS ISLAND, GA 31522	58-0830633	501(C)(3)	50,250.	0.			FUNDRAISER AND GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH - WAYCROSS - 601 HILL STREET - WAYCROSS, GA 31501	58-0612604	501(C)(3)	7,500.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 1400 NORWICH ST BRUNSWICK, GA 31520	58-0832565	501(C)(3)	15,000.	0.			GENERAL SUPPORT & CAPITAL CAMPAIGN
FORT VALLEY STATE UNIVERSITY 1005 STATE UNIVERSITY DR FORT VALLEY, GA 31030	23-7281905	501(C)(3)	12,500.	0.			SCHOLARSHIPS
FOSTER LOVE MINISTRIES 4429 NEW JESUP HWY BRUNSWICK, GA 31520	82-4458152	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FREDERICA ACADEMY 200 MURRAY WAY ST. SIMONS ISLAND, GA 31522	58-1093060	501(C)(3)	46,750.	0.			ANNUAL FUND & FRIENDS OF FREDERICA

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF FORT FREDERICA NATIONAL MONUMENT - PO BOX 30419 - SEA ISLAND, GA 31561	82-2484237	501(C)(3)	36,000.	0.			GENERAL SUPPORT
GEORGIA DEPARTMENT OF NATURAL RESOURCES/NON-GAME DIVISION - 1 CONSERVATION WAY - BRUNSWICK, GA 31520	58-1130945	170(C)(1)	13,500.	0.			EQUIPMENT
GEORGIA PUBLIC BROADCASTING 260 14TH STREET NW ATLANTA, GA 30318	58-1510475	501(C)(3)	10,250.	0.			GENERAL SUPPORT
GEORGIA SOUTHERN UNIVERSITY PO BOX 8053 STATESBORO, GA 30460	58-6034031	501(C)(3)	10,000.	0.			SCHOLARSHIPS
GEORGIA STATE UNIVERSITY PO BOX 2668 ATLANTA, GA 30301	58-6033185	501(C)(3)	8,000.	0.			SCHOLARSHIPS
GOLDEN ISLES ARTS AND HUMANITIES ASSOCIATION - 1530 NEWCASTLE ST - BRUNSWICK, GA 31520	58-1822047	501(C)(3)	14,500.	0.			AT RISK YOUTH & GENERAL SUPPORT
GOLDEN ISLES YOUTH ORCHESTRA, INC. P.O. BOX 603 BRUNSWICK, GA 31521	46-5612306	501(C)(3)	11,650.	0.			GENERAL SUPPORT
HAND IN HAND OF GLYNN, INC. PO BOX 2452 BRUNSWICK, GA 31521	83-1620221	501(C)(3)	160,000.	0.			GENERAL SUPPORT
HOUSE OF HOPE REFUGE OF LOVE PO BOX 21283 ST. SIMONS ISLAND, GA 31522	82-2224796	501(C)(3)	8,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF SOUTH COASTAL GEORGIA - 4627 U.S. HIGHWAY 17 NORTH - BRUNSWICK, GA 31525	58-6073265	501(C)(3)	32,500.	0.			GENERAL SUPPORT
KENNESAW STATE UNIVERSITY 1000 CHASTAIN RD NW #9101 KENNESAW, GA 30144	23-7034345	501(C)(3)	7,500.	0.			SCHOLARSHIPS
LOWNDES COUNTY BOARD OF HEALTH P.O. BOX 5147 VALDOSTA, GA 31603	58-1111978	501(C)(3)	10,000.	0.			HYPERTENSION CLINIC
LSU FOUNDATION 3796 NICHOLSON DR BATON ROUGE, LA 70802	72-6020969	501(C)(3)	15,000.	0.			GENERAL SUPPORT & MECHANICAL ENGINEERING DEPARTMENT
MAGNOLIA MANOR, INC. 2001 SOUTH LEE STREET AMERICUS, GA 31709	20-1364957	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MANOMET, INC. PO BOX 1770 MANOMET, MA 02345	22-3051362	501(C)(3)	30,000.	0.			SHOREBIRD CONSERVATION
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	20-3021444	501(C)(3)	10,500.	0.			GENERAL SUPPORT
MARSHES OF GLYNN LIBRARIES 208 GLOUCESTER STREET BRUNSWICK, GA 31520	58-6000430	501(C)(3)	22,250.	0.			GENERAL SUPPORT AND CHILDHOOD LITERACY
METHODIST HOME OF THE SOUTH GEORGIA CONFERENCE, INC. - POST OFFICE BOX 2525 - MACON, GA 31203	58-0622971	501(C)(3)	9,300.	0.			PROGRAM SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL PUBLIC RADIO 1111 NORTH CAPITOL ST. NE WASHINGTON, DC 20002	52-0907625	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL INC - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	8,000.	0.			GENERAL SUPPORT
NATURALAND TRUST PO BOX 728 GREENVILLE, SC 29602	23-7293632	501(C)(3)	10,000.	0.			GENERAL SUPPORT - BOONES CREEK PROPERTY
NORTH STAR FUND 520 EIGHTH AVENUE SUITE 1800 NEW YORK, NY 10018	13-2950801	501(C)(3)	18,490.	0.			DAF FUND TRANSFER
ONE HUNDRED MILES, INC. P.O. BOX 2056 BRUNSWICK, GA 31521	45-5260656	501(C)(3)	26,000.	0.			GENERAL SUPPORT
OX RIDGE CHARITY HORSE SHOW INC 512 MIDDLESEX ROAD DARIEN, CT 06820	82-4319855	501(C)(3)	50,000.	0.			GENERAL SUPPORT
PAVILLON INTERNATIONAL 241 PAVILLON PLACE MILL SPRING, NC 28756	38-3102731	501(C)(3)	40,000.	0.			CAPITAL CAMPAIGN
SAFE HARBOR CHILDREN'S CENTER P.O. BOX 1313 BRUNSWICK, GA 31521	58-1907913	501(C)(3)	45,500.	0.			CAPITAL CAMPAIGN & GENERAL SUPPORT
SAINT ANDREW'S EPISCOPAL CHURCH P.O. DRAWER 929 DARIEN, GA 31305	58-0566215	501(C)(3)	7,500.	0.			AT RISK YOUTH SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SATILLA RIVERKEEPER ALLIANCE P.O. BOX 159 WAYNESVILLE, GA 31566	51-0491201	501(C)(3)	9,647.	0.			GENERAL SUPPORT
SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION - 2415 PARKWOOD DR. - BRUNSWICK, GA 31520	58-2125644	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET, SUITE 14 CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SOUTHERN TECHNOLOGICAL ADVOCACY RESOURCES FOUNDATION - 1907 GLOUCESTER STREET - BRUNSWICK, GA 31520	31-1561207	501(C)(3)	19,150.	0.			AT RISK YOUTH
ST. FRANCIS XAVIER CATHOLIC CHURCH AND SCHOOL - 1121 UNION ST - BRUNSWICK, GA 31520	58-1584133	501(C)(3)	17,000.	0.			GENERAL SUPPORT
ST. MARYS UNITED METHODIST CHURCH 106 E. CONYERS STREET ST MARYS, GA 31558	31-1813333	501(C)(3)	15,800.	0.			GENERAL SUPPORT
ST. SIMONS LAND TRUST P.O. BOX 24615 ST. SIMONS ISLAND, GA 31522	58-2598986	501(C)(3)	396,380.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. SIMONS PRESBYTERIAN CHURCH 205 KINGS WAY ST. SIMONS ISLAND, GA 31522	58-0909235	501(C)(3)	54,332.	0.			GENERAL SUPPORT / ANGEL TREE
ST. SIMONS UNITED METHODIST CHURCH 624 OCEAN BLVD ST. SIMONS ISLAND, GA 31522	58-0972033	501(C)(3)	8,700.	0.			GENERAL SUPPORT
THE COLUMBUS BOTANICAL GARDENS 3603 WEEMS RD COLUMBUS, GA 31909	58-2497596	501(C)(3)	70,000.	0.			GENERAL SUPPORT
THE GATHERING PLACE P.O. BOX 772 BRUNSWICK, GA 31521	58-2312223	501(C)(3)	13,500.	0.			INNER CITY PROGRAM / GENERAL SUPPORT
THE NATURE CONSERVANCY 100 PEACHTREE ST., SUITE 2250 ATLANTA, GA 30303	53-0242652	501(C)(3)	7,500.	0.			GENERAL SUPPORT
THE ORIANNE SOCIETY 11 OLD FRUIT STAND LANE TIGER, GA 30576	26-2444068	501(C)(3)	5,250.	0.			GENERAL SUPPORT
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTE FE, NM 87501	31-1611995	501(C)(3)	10,000.	0.			ANNUAL FUND
UNITED WAY OF COASTAL GEORGIA, INC. - P.O. BOX 877 - BRUNSWICK, GA 31521	58-0671327	501(C)(3)	31,000.	0.			ANNUAL CAMPAIGN
UNIVERSITY OF GEORGIA 220 SOUTH JACKSON STREET ATHENS, GA 30602	58-6001998	501(C)(3)	14,750.	0.			SCHOLARSHIPS AND GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 GEORGIA FOUNDATION 394 S. MILLEDGE AVE, SUITE 100 ATHENS, GA 30602	58-6033837	501(C)(3)	88,900.	0.			TERRY SCHOOL OF BUSINESS, LAW & WATSON SCHOLARSHIPS & GENERAL SUPPORT
UNIVERSITY OF VIRGINIA P.O. BOX 400331 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	26,000.	0.			PATRICK OLIPHANT COLLECTION AT THE LIBRARIES
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YMCA OF COASTAL GEORGIA P.O. BOX 14142 SAVANNAH, GA 31416	58-0603160	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE GRANT MAKING PROCESS IS WELL DOCUMENTED, BOTH IN POLICIES AND PROCEDURES ADOPTED BY THE BOARD, AND ALSO ON OUR WEBSITE AT WWW.COASTALGEORGIAFOUNDATION.ORG. THERE IS A DEFINED PROCESS FOR RECEIVING LETTERS OF INTENT AND FULL PROPOSALS AS WELL AS REQUESTED FINANCIAL INFORMATION FROM THE GRANT SEEKING NONPROFIT. DECISIONS ARE MADE BY THE COMMUNITY IMPACT COMMITTEE COMPOSED OF BOTH BOARD AND NON-BOARD MEMBERS AND DECISIONS ARE RATIFIED BY THE FULL BOARD.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.** Employer identification number **20-2454729**

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	18	9,775,710.	HIGH/LOW AVERAGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>COPYRIGHTS</u>)	X	1	10.	MARKET APPROACH
26 Other ▶ (<u>GAS/OIL LEASE</u>)	X	1	10.	MARKET APPROACH
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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, LINE 32B:

MERRILL LYNCH AND SUNTRUST ARE USED AS A THIRD PARTY FOR NON-CASH CONTRIBUTIONS OF SECURITIES. THE FOUNDATION UTILIZES A GALLERY AS A THIRD PARTY FOR NON-CASH CONTRIBUTIONS OF ART.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

COMMUNITIES OF COASTAL GEORGIA
FOUNDATION, INC.

Employer identification number

20-2454729

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC. WAS ESTABLISHED TO
IMPROVE THE QUALITY OF LIFE IN COASTAL GEORGIA BY ENCOURAGING
RESPONSIVE AND EFFECTIVE PHILANTHROPY TO ADDRESS COMMUNITY NEEDS AND
ISSUES, BOTH NOW AND FOR FUTURE GENERATIONS. WE WORK WITH INDIVIDUALS,
FAMILIES, CORPORATIONS AND FOUNDATIONS TO CREATE FUNDS; WE CONVENE
COMMUNITY LEADERSHIP ON ISSUES VITAL TO THE REGION; WE HELP TO BUILD
THE CAPACITY OF LOCAL NONPROFITS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRIMARILY FOR THE BENEFIT OF GLYNN, MCINTOSH AND CAMDEN COUNTIES,
THROUGH BOTH COMPETITIVE AND NON-COMPETITIVE GRANT AWARDS.

FORM 990, PART III, LINE 4A

WE MEET INDIVIDUALLY WITH OUR DONORS AND FUND HOLDERS, HELPING THEM
DEFINE THE GOOD THEY WISH TO DO WITH THEIR CHARITABLE DOLLARS, AND THEN
CONNECTING THEM TO ORGANIZATIONS THAT FOCUS ON THEIR AREA OF INTEREST.
WE CONDUCT DUE DILIGENCE ON NONPROFITS, TO ENSURE THAT THEY ARE
CREDIBLE AND COMPLY WITH THE NECESSARY STANDARDS; WE OFFER EDUCATIONAL
EVENTS TO INFORM DONORS OF COMMUNITY NEEDS. WE CURRENTLY HOLD 59
FUNDS, THE MAJORITY BEING DONOR ADVISED FUNDS.

FORM 990, PART III, LINE 4B

WE OFFER GRANT AWARDS FROM THE DONOR FUNDS WE ADMINISTER, AS WELL AS
FROM OUR OWN COMPETITIVE GRANT MAKING ANNUAL PROCESS. THE GRANTS MADE

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.	Employer identification number 20-2454729
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THROUGH THE DONOR FUNDS AND THE ASSOCIATED EXPENSES ARE CONTAINED IN

4A. OUR COMPETITIVE GRANT MAKING IS HIGHLIGHTED HERE AND IS FOCUSED ON TWO AREAS: 1) PROGRAMS SERVING AT-RISK YOUTH WHICH SPECIFICALLY ADDRESS ONE OF THE FOLLOWING: EARLY CHILDHOOD LITERACY AND/OR QUALITY-RATED CHILD CARE, TEEN PREGNANCY AND BIRTHS TO UNWED YOUNG MOTHERS, JUVENILE CRIME AND GANG ACTIVITY, HIGH SCHOOL GRADUATION AND/WORKFORCE READINESS, YOUTH DEVELOPMENT AND INNOVATIVE EDUCATION STRATEGIES; OR RISK REDUCTION, INCLUDING CHILD PROTECTIVE, SUBSTANCE ABUSE, AND/OR MENTAL HEALTH SERVICES. 2) OR INTIATIVES WHICH PRESENT A SUBSTANTIVE PARTNERSHIP BETWEEN TWO OR MORE SERVICE PROVIDERS TO PROMOTE TWO-GENERATIONAL APPROACHES TO IMPROVING EDUCATION, SKILLS AND COLLECTIVE WELL-BEING OF CHILDREN, THEIR PARENTS AND/OR GUARDIANS. FOR OUR COMPETITIVE GRANTS, OUR STAFF ISSUES REQUESTS FOR PROPOSALS, REVIEWS PROPOSALS, CONDUCTS DUE DILIGENCE AND SITE VISITS. A COMMITTEE COMPOSED ON BOTH BOARD AND NON-BOARD MEMBERS REVIEWS AND VOTES ON THE PROPOSALS SUBMITTED. ALL GRANTS ARE THEN CONSIDERED AND APPROVED BY THE COMMUNITY FOUNDATION BOARD OF DIRECTORS.

FORM 990, PART III, LINE 4C

BASED UPON A 2015 COASTAL GEORGIA COMMUNITY NEEDS ASSESSMENT, THE DATA REFLECTED THAT THE COMMUNITIES THE FOUNDATION SERVES HAVE GREATER POVERTY, LESS EDUCATION AND MORE AT-RISK CHARACTERISTICS AS COMPARED TO THE STATE AVERAGE. IDENTIFIED WAS THE NEED FOR: INTEGRATED EDUCATIONAL AND WORKFORCE DEVELOPMENT SERVICES FOR AT-RISK YOUTH AND THEIR FAMILIES AND APPLIED TRAINING IN LIFE SKILLS, FINANCIAL LITERACY AND WORKFORCE EDUCATION ACROSS ALL POPULATIONS. THE COMMUNITY FOUNDATON TARGETS ITS COMPETITIVE GRANT CYCLE TOWARD ADDRESSING THESE ISSUES.

Name of the organization	COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.	Employer identification number	20-2454729
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THE FOUNDATION ALSO HELD PUBLIC MEETINGS AROUND ISSUES THAT IMPACT THIS COASTAL COMMUNITY SUCH AS THE RISING SEA LEVEL AND IT'S ECONOMIC AND ENVIRONMENTAL IMPACT IN THE COMING YEARS, AS WELL AS OPPORTUNITIES IN DOWNTOWN REDEVELOPMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE MINUTES OF THE JUNE 2009 MEETING OF THE BOARD OF DIRECTORS OFFICIALLY RECORDS THE BOARD'S UNANIMOUS VOTE TO EMPOWER THE AUDIT COMMITTEE AND THE TREASURER TO REVIEW THE 990 PRIOR TO FILING. THIS COMMITTEE IS COMPOSED OF BOTH BOARD AND NON-BOARD MEMBERSHIP WITH A MAJORITY OF THOSE MEMBERS BEING CPAS. AN ELECTRONIC VERSION OF THE 990 AND ALL SCHEDULES AND ATTACHMENTS WILL BE SENT FOR REVIEW AND POSSIBLE COMMENTS. THE AUDIT COMMITTEE REVIEWS THE 990 AT A CALLED MEETING. FOLLOWING THE RESOLUTION OF ANY QUESTIONS/COMMENTS, A COPY OF THE COMPLETE 990 IS PROVIDED TO THE FULL BOARD. THE AUDIT COMMITTEE RECOMMENDS TO THE FULL BOARD TO ACCEPT THE 990. UPON ACCEPTANCE BY THE FULL BOARD, THE CEO OR BOARD CHAIR WILL SIGN AND FILE.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH BOARD MEMBER IS ASKED TO READ AND RESUBMIT AND SIGN A CURRENT LISTING OF AFFILIATIONS, PROFESSIONAL, PERSONAL, AND NONPROFIT-LINKED, THAT COULD LEAD TO A POTENTIAL CONFLICT OF INTEREST. THESE ARE KEPT ON FILE IN THE CEO'S OFFICE FOR REFERENCE. AT EACH BOARD MEETING, BOARD MEMBERS AND STAFF ARE REMINDED TO DIVULGE POSSIBLE CONFLICTS OF INTEREST IN DISCUSSIONS OF GRANTS, SERVICES, ETC. AND RECUSE THEMSELVES FROM VOTING IF SO REQUESTED BY THE BOARD.

Name of the organization **COMMUNITIES OF COASTAL GEORGIA
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Employer identification number
20-2454729

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S PERFORMANCE IS MEASURED AGAINST THE ANNUAL PLAN ON OR NEAR THE ANNIVERSARY DATE OF HIRING BY BOTH THE BOARD CHAIR AND THE BOARD SECRETARY WHO IS CHARGED WITH ADMINISTRATIVE MATTERS. A REVIEW INSTRUMENT IS COMPLETED BY BOTH, AND ALSO BY THE CEO IN A SELF-EVALUATION.

SALARY/COMPENSATION SURVEY INFORMATION COMPILED FOR COMMUNITY FOUNDATIONS BY THE COUNCIL ON FOUNDATIONS, AND SIMILAR INFORMATION FOR FOUNDATIONS COMPILED BY THE SOUTHEASTERN COUNCIL ON FOUNDATIONS ARE ANALYZED, AS ARE 990'S FROM SIMILAR ORGANIZATIONS. THE CEO PERFORMS A SIMILAR REVIEW ON THE STAFF MEMBER AND USES THE SAME SURVEY INFORMATION. DOCUMENTATION IS KEPT IN PERSONNEL FILES MAINTAINED IN THE CEO'S OFFICE.

FORM 990, PART VI, SECTION C, LINE 19:

ALL POLICIES AND PROCEDURES OF THE COMMUNITY FOUNDATION ARE KEPT IN A BOUND NOTEBOOK IN THE OFFICE AND AVAILABLE FOR PUBLIC REVIEW. PRIOR YEAR FILINGS OF THE 990, STATE REGISTRATIONS, SIGNED CONFLICT OF INTEREST FORMS, BY-LAWS AND ARTICLES OF INCORPORATION ARE LIKEWISE KEPT IN HARD COPY AND AVAILABLE UPON REQUEST.

ADDITIONALLY, THE FOUNDATION'S WEBSITE AT WWW.COASTALGEORGIAFOUNDATION.ORG HOLDS ELECTRONIC VERSIONS OF CURRENT AND PAST ANNUAL REPORTS, 990 FILINGS, AND AUDITS. ANNUAL REPORTS ARE MAILED TO A MAILING LIST OF SOME 1,000 IN THE COMMUNITY.

FORM 990, PART XII, LINE 2C:

THE BOARD HAS AN AUDIT COMMITTEE COMPOSED OF BOTH BOARD AND NON-BOARD

Name of the organization COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.	Employer identification number 20-2454729
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MEMBERS. THIS SUBCOMMITTEE HAS BEEN IN PLACE FOR SEVERAL YEARS, AND
 DID NOT CHANGE IN PURPOSE OR STRUCTURE IN THE CURRENT YEAR.

FORM 990, PART 1 - LINE 5, PART V - LINE 2A, AND PART IX - LINES 5 AND 7:
 WAGES TO PERSONNEL PERFORMING SERVICES FOR COMMUNITIES OF COASTAL
 GEORGIA FOUNDATION, INC. ARE PAID UNDER AN EMPLOYEE LEASING
 ARRANGEMENT. WAGES REPORTED AND ALLOCATED HEREIN WERE ACTUALLY PAID BY
 THE PRIVATE EMPLOYMENT ORGANIZATION (PEO) TO WHICH THE FOUNDATION PAID
 A FEE INTENDED TO COVER SUCH WAGES AND BENEFITS. THE COMMUNITY
 FOUNDATION AND PEO ARE CONSIDERED "CO-EMPLOYERS," HOWEVER, FOR
 ADMINISTRATIVE PURPOSES, THE PEO IS CONSIDERED TO BE THE EMPLOYER AND
 ALL FEDERAL TAX RETURNS ARE FILED IN THE NAME OF THE PEO - TEAMWORK
 SERVICES, INC., BRUNSWICK, GEORGIA.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.	Taxpayer identification number (TIN) 20-2454729
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1626 FREDERICA ROAD, NO. 201	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. SIMONS ISLAND, GA 31522	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PAUL WHITE - 1626 FREDERICA ROAD, SUITE 201 - ST. SIMONS ISLAND, GA 31522

- The books are in the care of ▶ **ISLAND, GA 31522**
Telephone No. ▶ **(912) 268-4442** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

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

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

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