			EXTENDED TO NOVEMBER 1	•										
	Ω	00	Return of Organization Exempt	From I	ncome Tax	OMB No. 1545-0047								
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu	e Code (exc	ept private foundation	is) <b>2020</b>								
_			Do not enter social security numbers on this form	n as it may b	e made public.	Open to Public								
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions ar	nd the latest	information.	Inspection								
ΑF	or th	e 2020 calend	ar year, or tax year beginning and	d ending										
	heck if	C Name o	forganization		D Employer identific	cation number								
a	oplicab	COMM	UNITIES OF COASTAL GEORGIA											
	Addre Chang	FOUN	DATION, INC.											
	Name Chang	pe Doing b	usiness as		20-245472	29								
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number									
	Final returr	1626	FREDERICA ROAD	201	912-268-4	4442								
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	31,846,622.								
	Amer returr	ded Cm	SIMONS ISLAND, GA 31522		H(a) Is this a group re									
	Appli tion		nd address of principal officer: PAUL WHITE		for subordinates									
	pendi		AS C ABOVE		H(b) Are all subordinates in									
IT	ax-ex	empt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1	) or 🚺 527		list. See instructions								
J۷	Vebsi		COASTALGEORGIAFOUNDATION.ORG	,	H(c) Group exemption									
ΚF	orm o	f organization:	X Corporation Trust Association Other ►	L Year		State of legal domicile: GA								
	rt I			•	•	<u> </u>								
	1	Briefly describ	e the organization's mission or most significant activities: $\underline{SEE}$	SCHEDU	LE O.									
ce		<b>,</b>	5 <u> </u>											
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets.												
ver	3			3	20									
ဗီ	4		lependent voting members of the governing body (Part VI, line 1b)			20								
ອ ອ	5													
itie	6		of volunteers (estimate if necessary)			<u>3</u> 43								
Activities &			d business revenue from Part VIII, column (C), line 12			0.								
Ă			business taxable income from Form 990-T, Part I, line 11			0.								
					Prior Year	Current Year								
	8	Contributions	and grants (Part VIII, line 1h)		13,289,844.	12,658,793.								
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.								
svel	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		901,477.	2,256,918.								
Å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,113.	27,277.								
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,211,434.	14,942,988.								
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		2,692,862.	3,100,430.								
	14		to or for members (Part IX, column (A), line 4)		0.	0.								
			r compensation, employee benefits (Part IX, column (A), lines 5-10)		220,382.	276,519.								
sec			undraising fees (Part IX, column (A), line 11e)		0.	0.								
Expenses			ing expenses (Part IX, column (D), line 25) <b>80, 8</b>	319.										
Ĕ			es (Part IX, column (A), lines 11a-11d, 11f-24e)		294,588.	292,032.								
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,207,832.	3,668,981.								
	19	-	expenses. Subtract line 18 from line 12		11,003,602.	11,274,007.								
- SS		nevenue less			ginning of Current Year	End of Year								
Net Assets or -und Balances	20	Total assets (F	Part X line 16)	De	32,433,363.	46,507,043.								
Asse Ball	21	•			2,619,910.	2,942,524.								
let / und	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		29,813,453.	43,564,519.								
_	22 Irt II	Signature			<u>, , , , , , , , , , , , , , , , , , , </u>	-J,JU-,JLJ.								
		-	I declare that I have examined this return, including accompanying schedul	as and stateme	inter and to the best of my	knowledge and belief it is								
			Declaration of preparer (other than officer) is based on all information of v			הווטשוטעשה מווע שבוובו, וג וא								
ut,	50116		י ביטימימנוטו טו איטאמיטי נטנופו נוומון טוווטפון וא שמצבע טון מון וווטווומנוטון טו ע	mon preparel	nas any knowledge.									
<b>C</b> :		Signature	e of officer		Date									
Sigr		· ·	WHITTE PRESIDENT & CEO		Duto									

Here	PAUL WHITE, PRESIDENT	& CEO	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	RONALD K. RECTOR	RONALD K. RECTOR	08/04/21 self-employed P00260850
Preparer	Firm's name 🕒 MSTILLER LLC		Firm's EIN ▶ 58-0673524
Use Only	Firm's address 🕨 777 GLOUCESTER S	TREET, SUITE 201	
	BRUNSWICK, GA 31	520	Phone no. (912) 265-1750
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form <b>990</b> (2020)

 12-23-20
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2020)

 SEE
 SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
 Form 990 (2020)

	COMMUNITIES OF COASTAL GEORGIA
Form	990 (2020) FOUNDATION, INC. 20-2454729 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III X
1	Briefly describe the organization's mission:
	AS ONE OF OVER 750 COMMUNITY FOUNDATONS 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?
	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?
	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 \$ 3,487,138. including grants of \$ 3,100,430. ) (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 \$ )
40	(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 ► 3,487,138.
	Form <b>990</b> (2020)
032002	12-23-20

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FOUNDATION, INC.

Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X 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? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		37	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b>v</b>
•	Schedule D, Part III	8		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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Δ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
а		11a	х	
h	Part VI		- 23	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
)32003	12-23-20	Form	990	(2020)

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032003 12-23-20

Form	990 (2020) FOUNDATION, INC. 20-2454	729	Р	age <b>4</b>
Par	t 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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete	1		
	Schedule L, Part 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	1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	00-		x
20	"Yes," complete Schedule L, Part IV	28c	x	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	- 11	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>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</i> "Yes," <i>complete</i>	<b>–</b>		<u> </u>
02	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
	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 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
032004	12-23-20 <b>F</b>	Form	990	(2020)
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Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)         Yes         No           2a         Enter the number of employees reported on From V-3, Transmittal of Wage and Tax Statements, 2a         3         4         4           2b         If a test one is reported on line 2a, did the organization file all required before employees inductions)         3a         5 <th>Form</th> <th>990 (2020) FOUNDATION, INC. 20-2454</th> <th>729</th> <th>Р</th> <th>age <b>5</b></th>	Form	990 (2020) FOUNDATION, INC. 20-2454	729	Р	age <b>5</b>						
2a         Eart the number of employees reported on Form W-3, Transmitul of Wage and Tax Statements, 2a         3         2a         3           b         If a least one is reported on line 2a, did the organization file all required teoral employment tax returns?         2a         X           A         Did the organization have unrelated basines gross income of 5,100 mme during the year?         3a         Xa         Xa           b         If Yes, "hast filed a Term BAD" for the year? If Ye' to <i>ine</i> 80, provide an explanation or Schradulo O         3b         Xa           b         If Yes, "hast filed a Terregin courtry?         3a         Xa         Xa           b         If Yes, "hast filed a Terregin courtry?         5a         X           Se instructions for timp requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a         X           Se instructions for timp requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a         X           Ga Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributors that were on term B86 F7         5b         Xa           7         Organization necked were advectible contributions and services provided T         7a         Xa           7         Organization necked and the organization file MB86 F7         Organization setter advectible 2	Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
Ited by the calendar year ending with or within the year covered by this return       2a       3       3         b of at least on is increated on lines 3, and 42 als grader than 250, you may be required to <i>e</i> , <i>de</i> (see instructions)       3       3       3       3         B Ob the regulation have unrelated business groups concered 51, NOO more ouring the year?       36       X       30       X         B Ob the regulation have unrelated business groups concered 51, NOO more ouring the year?       34       X       30       X         B A Aray time and thin the origin country (such as a back account, securities account, or other financial accounts (FBAR),       5a       X       30       X         See instructions for tiling requerements for FinCKN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a       X         C II "Yes," totat the name of the foreign country (buch as a back account, securities account, or other financial Accounts (FBAR),       5a       X         C II "Yes," totat the name of the foreign country (buch as a back account, securities account, or other financial accounts (FBAR),       5a       X         C II "Yes," totat the name of the foreign country (buch as a back account, securities account, or other financial accounts (FBAR),       5a       X         C II "Yes," totat the securities account, securities account, securities account, or other financial accounts (FBAR),       5a       X         D II "Yes," totat ac back account, se				Yes	No						
b       If a least one is monored on line 2a, did the organization fiel all required fedral employment to returns?       2b       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       Thes: Thes It field a form 990 T for the year?       YNO' to fine 2b, provide an explanation or schedule 0       3a       X         b       Thes: That It field a form 990 T for the year?       YNO' to fine 2b, provide an explanation or other standoral accountly over, a financial accountly equirements for FinCEN Form 114, Report of Foreign Bank and Financial accountly (FBAR).       3a       X         b       If Yes: "their the name of the organization the star bark scount, greater than \$100,000, and did the organization or other standoral to be accountly (FBAR).       5a       X         c       If Yes: The is a or 5b, did the organization the form 8806 T?       5a       X         d       If Yes: The is a or 5b, did the organization the form 8806 T?       5a       X         d       If Yes: The is a ord 5b, did the organization in the row sci a party to a prohibited tax shelter transaction row offs.       6b       X         d       If Yes: The is a did the organization include with every solicitation an express statement that such contributions or gifts.       7a       X         d       If Yes: Thick are diductible?       If Yes: Thick are diductible?       7a       X	2a										
Note:         If the sum of these 1s and 2s is greater than 250, you may be required to <i>e</i> -fite (see instructions)         3a         X           3a         Did the organization have unaliated business greas income of \$1,000 or more during the year?         3a         X           4a         At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts for filing requirements for Filing		filed for the calendar year ending with or within the year covered by this return 2a 3									
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         bit "Yes," has it field a Form 900-17 for this year? If "No" to <i>ime 3b, provide an explanation on Schedule O</i> 3b       X         bit "Yes," has it field a Form 900-17 for this year? If "No" to <i>ime 3b, provide an explanation on Schedule O</i> 3b       X         bit "Yes," the it field a Form 900-17 for this year? If "No" to <i>ime 3b, provide an explanation on Schedule O</i> 3c       X         bit "Yes," the it field a Form 900-17 for this year? If "No" to <i>ime 3b, provide an explanation on Schedule O</i> 4a       X         bit "Yes," the it field a Form 900-17 for this year? If "No" to <i>ime 3b, provide an explanation on Schedule O</i> 5a       X         bit "Yes," the it field a Form 900-17 for this year?       5a       X         bit any contributions that were not tax deductible as a party to a prohibited tax shelter transaction?       5a       X         bit "Yes," id the organization nicude with every solication an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a       X         bit The sciencid at the organization nicude with every solication are express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a       X         bit The sciencid at the organization nicude at the value of the goal os exreices provided?       7a       X <tr< th=""><th>b</th><th>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</th><th>2b</th><th>Х</th><th></th></tr<>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
b       If "Yes," that it field a Form 900-T for this year," (if the organization have an interest in, or a signature or other authority over, a financial account in a toreign country (such as a bark account securities account, or other financial accounts of thing requirements for FinCNN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),         56       See instructions for fining requirements for FinCNN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),         57       See instructions for fining requirements for FinCNN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),         58       Both we organization have on unargores receiptive tax as one in party to a prohibited tax shelter transaction 7         56       X.         57       Organization have nuargores receiptive tax are one appression tax as on the functions or gifts were not tax deductible acchriticulary 100,000, and did the organization have apprent in excess of Sfi made party as a contribution are gifts were not tax deductible?         70       Organization have apprent in excess of Sfi made party as a contribution and gifts organization and express statement that such contributions or gifts were not tax deductible?         71       Yes," did the organization have apprent in excess of Sfi made party as a contribution and party for goods and services provided?       7a         74       X       The organization have apprent in excess of Sfi made party as a contribution and party for goods and services provided?       7a         74       Tex.       Tex.       Tex.       Tex.         7		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
4a At any time during the calendar year, did the organization have an interest in, or a signature or other suthority over, a francoid accountly ocurbly (such as bank account, securities account), or other financial accountly.       4a       X         b If "Yes," enter the name of the foreign country \b       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       5a       X         5a Organization share annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible or the value of the form 888-7?       5a       X         7b Deas the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or the value of the ogond services provided to the party or the during the search or the value of the ogond services provided to the party or the value of the ogond services provided to the party or the foreign Bank and Financial accounts or gifts were not tax deductible or diniciton or the value of the ogond services provided to the party or the foreign Bank and Financial accounts or gifts       7a       X         7b Did the organization necelve any fund, directly or indirectly, to any premiums on a personal benefit contract?       7a       X         7b Did the organization necelve a contribution of qualified intelectual property, did the organization file a form 1008-7       7a       X         7b Did the organization necelve acontribution of qualifie	3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
4a At any time during the calendar year, did the organization have an interest in, or a signature or other suthority over, a francoid accountly ocurbly (such as bank account, securities account), or other financial accountly.       4a       X         b If "Yes," enter the name of the foreign country \b       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       5a       X         5a Organization share annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible or the value of the form 888-7?       5a       X         7b Deas the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or the value of the ogond services provided to the party or the during the search or the value of the ogond services provided to the party or the value of the ogond services provided to the party or the foreign Bank and Financial accounts or gifts were not tax deductible or diniciton or the value of the ogond services provided to the party or the foreign Bank and Financial accounts or gifts       7a       X         7b Did the organization necelve any fund, directly or indirectly, to any premiums on a personal benefit contract?       7a       X         7b Did the organization necelve a contribution of qualified intelectual property, did the organization file a form 1008-7       7a       X         7b Did the organization necelve acontribution of qualifie	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
b       If "Yes," enter the name of the foreign country. ►         See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         So Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       5b       X         D Id any taxable party notry the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solut any contributions that were not tax deductible as charitable contributions?       5c       X         O Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         O If the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         If "Yes," id the organization include with every solicitation and early for goods and services provided to the party of the organization notify the doors or the value of the poods or services provided?       7a       X         If "Yes," indicate the number of Forms B282 filed during the year       7d       7a       X         If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-6?       7a       X         If the organization cervice acounthout on ordause fundes. Did a doora advised fund manifable of the											
See instructions for ling requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR),     5a       5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?     5a       5a Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b       6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization site annual gross receipts that are normally greater than \$100,000, and did the organization site and source on the deductible as charitable contributions?     6c       7b If 'Yes,' did the organization nucled with every solicitations and party for goods and services provided to the part?     7a       7c Againzation sale aparts that, are normally greater than a sourch contributions or gifts     6b       7c Organization noted party the denor of the value of the goods or services provided?     7a       7c If 'Yes,' did the organization notely the denor of the value of the goods corservices provided?     7a       7c If 'Yes,' did the organization notely the denor of the value of the goods or services provided?     7a       7a If 'Yes,' did the organization neaves a contribution of party for which it was required?     7a       7a If 'Yes,' did the organization neaves a contribution of cars, boats, airplanes, or other valvices, did the organization neaves another of Porms 8282 lind during the year?     7a       7b If the organization neave a contribution of cars, boats, airplanes, or other valvices, did the organization file Porm 8082 as required?     7a		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
5a     Was the organization a party to a prohibited tax sheler transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization file form 88861?     5b     X       6a     Does the organization have annual gross receipts that are normally greater than \$10,000, and did the erganization solicit any contributions that were not tax deductible as chartable contributions?     5a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and erea to the goods or services provided to the part?     7a     X       b     If "Yes," did the organization notify the doors of the goods or services provided to the part?     7a     X       c     Did the organization notify the doors of the value of the goods or services provided?     7b     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X     X       d     If "Yes," indicate the number of cars, boats, anignes, or other value of infectory maintain neceive any turnsd, directly or indirectly, on a personal benefit contract?     7t     X       d     If the organization neceive any curst, boats, anignes, or other value of the door anzization file Form 8988     X     Sponsoring organization maintaining door advised funds.     8     X       d     Sponsoring organization maintaining door advised funds.     10a     10a     10a       d<	b	If "Yes," enter the name of the foreign country									
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes" to line 6 ar 0 b, did the organization file Form 8880-17       5c       5c         B       Desc the organization new annual gross receipts that are normally greater than \$100,000, and did the organization socient any contributions include with every solicitation an express statement that such contributions or gifts       6a       X         b       If 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts       6a       X         b       If 'Yes, ' did the organization notify the donor of the value of the goods or services provided?       7a       X         b       Did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization needware any funds, directly or indirectly, to a personal benefit contract?       7a       X         d       If 'Yes, ' indicate the number of Forms 8282 filed during the year       7d       X       X         f       If the organization needware any funds, directly or indirectly, on a personal benefit contract?       7t       X         f       If the organization area was bloffing at any time during the year?       7d       X         f       If the organization was esso holdings at any block diffubuititities organization servic		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
c     If "Yes" to line 5a or 5b, did the organization file Form 8886 T?     5c       GB     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 chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and parity is a contribution and parity for goods and services provided?     7a     X       b     If "Yes," did the organization notify the doors or the value of the goods or services provided?     7a     X       c     Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?     7a     X       d     If "Yes," indicate the number of Forms 8282 filed duming the year     7d     X       d     Did the organization receive any funds, directly or indirectly, on a personal benefit contract?     7a     X       g     If the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization maintaining door advised funds.     9a     X       9     Socients 016(c)? organizations maintaining door advised funds.     10a     10b	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
Ga       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 chartable contributions?       6a       X         b If 'Vse,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a       X         b If 'Vse,' did the organization neclive wery solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a       X         b If 'Vse,' did the organization neclive apayment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?       7a       X         b If 'Vse,' did the organization neclive apayment in excess of \$75 made party as a contribution and partly for goods and services provided?       7a       X         b If 'Vse,' did the organization neceive apy tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f Did the organization neceive actification of qualified inflectual property, for which it was required?       7f       X         f If the organization neceive apy tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f Did the organization neceive apy tunds, directly or indirectly, on a personal benefit contract?       7d       X         g If the organization neceive apy taxable distributions under section 49667       8a	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
any contributions that were not tax deductible as charitable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     6b       7     Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required     7a     X       b     If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required     7a     X       c     Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     Ta     X       g     Did the organization oreceive any tunds, directly or indirectly, on a personal benefit contract?     7r     X       g     If the organization neceive a contribution of qualified intellectual property, did the organization file Som 8399 as required?     7h     X       g     If the organization maintaining door advised funds.     Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     X       g     Sponsoring organization make any distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     X       g     Sponsoring organization make any taxable distributions under section 4966?     9a     X	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b       7a       X         0       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         0       Did the organization self, exchange, or therwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         1       H'Yes," indicate the number of Form 8282 filed during the year       7d       7e       X         1       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         1       If the organization received a contribution of qualified infelectual property, did the organization file Form 8998 as required?       7h       X         1       If the organization meteries and contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098 C?       7h       X         2       If the organization neceive any taxable distributions under section 4966?       9a       X       9b       X         9       Sponsoring organization make any taxable distributions on durined fuel person?       9a       X       9b       X         10       10a	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a       8     Did the organization neetive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a       2     Did the organization neetive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7c     X       4     If 'Yes,'' did the organization neetive any funds, directly or indirectly, on approximation neetive any funds, directly or indirectly, on a personal benefit contract?     7c     X       7     Did the organization neetived a contribution of qualified intellectual property, did the organization feelowed a contribution of carb, backs, airplanes, or there vehicles, did the organization feelowed a contribution of carb, backs, airplanes, or there vehicles, did the organization neetived a contribution of carb, backs, airplanes, or there vehicles, did the organization feelowed a contribution of carb, backs, airplanes, or other vehicles, did the organization neetived a contribution of carb, backs, airplanes, or other vehicles, did the organization neetival a contribution of carb, backs, airplanes, or other vehicles, did the organization neetival a contribution of carb, backs, airplanes, or other vehicles, did the organization neetival a contribution of carb, backs, airplanes, or other vehicles, did the organization neetival a contribution of carb, backs, airplanes, or other vehicles, did the organization neetival a contribution included funds.     Ba     X       9     Sponsoring organization make any taxable distributions under section 4966?     Ba     X		any contributions that were not tax deductible as charitable contributions?	6a		X						
7       Organizations that may receive deductible contributions under section 170(c).       a) bid the organization receive a payment in excess of 5/5 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         9       Did the organization notify the donor of the value of the goods or services provided?       7c       X         11       "Net" 'Net, '' idit the organization notify the donor of the value of the goods or services provided?       7c       X         2       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         4       I' 'Net, '' indicate the number of Forms 8282 filed during the year       7d       Z       X         4       I' did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         7       I' the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       X         9       Sponsoring organization maintaining donor advised funds.       10 a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised rund maintained by the sponsoring organization make an distribution to a donor advised on 4966?       9a       X         9       Sponsoring organization makes and istribution to a donor advised fund paint in the section 4966?       9a       X         10	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If 'Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization setup, exchange, or otherwise dispose of tangible personal property for which it was required       7d       7c       X         d If 'Yes," indicate the number of Forms 8282 field during the year       7d       7d       X         f Did the organization receives any funds, directly or indirectly, on a personal benefit contract?       7e       X         f If the organization received a contribution of qualified intellectual property, did the organization for Berom 8998 as required?       7h       X         f If the organization received a contribution of carb, boats, aipplanes, or other vehicles, did the organization falle form 1098-02?       8       X         8 Sponsoring organizations maintaining doon advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       X         9 Did the sponsoring organizations. Enter:       a linitiation fees and capital contributions included on Part VIII, line 12, tor public use of club facilities       10a       10b       10b         12 Section 501(c(12) organizations. Enter:       a Gross income from members or shareholders       11a       12a       12a		were not tax deductible?	6b								
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         f       Did the organization, during the year, pay premiums, or a personal benefit contract?       7ft       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       X         Sponsoring organization materialing door advised funds.       7h       X         sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       the sponsoring organizations. Enter:       10a       10b       10a       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         12       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b <td< th=""><th>7</th><th>Organizations that may receive deductible contributions under section 170(c).</th><th></th><th></th><th></th></td<>	7	Organizations that may receive deductible contributions under section 170(c).									
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7h       X         8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization neaves business holdings at any time during the year?       8       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       B       Gross income from members or Shareholders       10a       10b       11a       10a         11       Section 501(c)(2) organizations. Enter:       10b       11b       12a       12a         12       Section 501(c)(2) organizations. Enter:       10b       10b       12a       12a         13       Section 501(c)(2) organization istrees the corganization filing Form 990 in lieu of Fo	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>x</u>						
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         bit the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7d       X         Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 49667       8a       X         Sponsoring organization make any taxable distributions under section 49667       9a       X         Did the sponsoring organization make any taxable distributions under section 49667       9a       X         Section 501(c/17) organizations. Enter:       10a       10b       9b       X         Section 501(c/12) organizations. Enter:       10a       10b       10b       10b       10b         Section 501(c/12) organizations. Enter:       10a       10b       10b       10c       10c         A gross income from members or shareholders       11a       10b       10b       10c       10a       10b       12a       10c         12a       Section 501(c/12) organizations. Enter:       10a       10b       10b       12a	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         g Sponsoring organization make anothable distribution and vised funds.       Bid a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         g Sponsoring organization make any taxable distributions under section 4966?       9a       X       X         g Did the sponsoring organization make a distribution to a donor, donor advised runds.       9a       X       X         g Sponsoring organization make a distribution to a donor, donor advised, or related person?       9b       X         g Cross income from members or shareholders       10a       10a       10a       10a         l Section 501(c)(12) organizations. Enter:       11a       10a       10b       11a       12a       12a         l Gross income from members or shareholders       11a       10a       10b       11b       12a       12a       12a       12a       <	С										
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining door advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         9 Did the sponsoring organization make a distribution to a donor, doror advisor, or related person?       9b       X         9 Section 501(c)? Organizations. Enter:       10a       10b       10b       9a       X         11 Section 501(c)(12) organizations. Enter:       11a       10b       12a       12a       12a         12 Section 501(c)(22) qualified nonprofit heatth insurance issuers.       11a       12a       12a       12a         13 Section 501(c)(22) qualified nonprofit heatth insurance issuers.       13a       13a       13a       13a         14 b if "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization issue qualified heatth plans in ore			7c								
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       78         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       78         Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       X         9       Did the sponsoring organization make and istribution to a donor, donor advisor, or related person?       9a       X         10       the sponsoring organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12       foross income from members or shareholders       11a       10b       10b       12a         13       Section 501(c)(12) organizations. Enter:       11a       12a       12a       13a         14       Yes, " enter the amount of tax-exempt interest received or accrued during the year       12b       12a       14a       X         15       Section 501(c)(29) qualified nonprofit health plans in more than one state?       1											
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organization maintaining donor advised funds.       7g       7h         9 Sponsoring organization have excess business holdings at any time during the year?       8       X         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         10 Bection 501(c)(7) organizations. Enter:       10a       10a       9b       X         10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b       10b         11 Section 501(c)(2) organizations. Enter:       10a       10b       10b       11a       10b         13 Gross income from members or shareholders       11a       10b       12b       12c       12b       12a         14 Free,* enter the amount of tax-exempt interest received or accrued during the year?       12a       12a       13a       13a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       14a       X         14 Did the organization is locensed to issue qualified health plans       13b       13a       14a </th <th>е</th> <th></th> <th></th> <th></th> <th></th>	е										
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a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Comparization 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         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       If "Yes," complete Form 4720, Schedule O.       16       X											
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans is construction is licensed to issue qualified health plans is construction of the organization receive any payments for indoor tanning services during the tax year?       13b       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       Image: Construction an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       Image: Construction for the section 4968 excise tax on net investment income?       16       X			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       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X											
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14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         16       "Yes," complete Form 4720, Schedule O.       10       10       10	с										
b       If "Yes," has it filed a Form 720 to report these payments? If "No, " provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X			14a		X						
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X	b		14b								
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         16       X         If "Yes," complete Form 4720, Schedule O.											
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?	15		X						
If "Yes," complete Form 4720, Schedule O.											
	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
		If "Yes," complete Form 4720, Schedule O.		000							

Form **990** (2020)

032005 12-23-20

FOUNDATION, INC.

Form 990 (2020)

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.

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		20			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	2	0		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code )				
		venue	0000.)			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			01111.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b					12b	X	
	<ul> <li>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i></li> </ul>						
C		,			12c	х	
12	in Schedule O how this was done Did the organization have a written whistleblower policy?				13	X	
13 14	. ,				14	X	
14 45	Did the organization have a written document retention and destruction policy?				14	Λ	
15	Did the process for determining compensation of the following persons include a review and approva		Jependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45.	Х	
	The organization's CEO, Executive Director, or top management official				15a	л Х	<u> </u>
D	Other officers or key employees of the organization				15b		
	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 arrangen						v
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
200	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright GA$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section	501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explained)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest p	olicy, and	finano	cial	
	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 boo	ks and	d records	▶			
	PAUL WHITE - (912) 268-4442						
	1626 FREDERICA ROAD, SUITE 201, ST. SIMONS ISLAND,	GA	31522	2			
	1020 FREDERICA ROAD, BUTTE 201, SI. SIMONS ISLAND,	GA	51541			990	

	COMMUNITIES	OF COASTAL	GEORGIA						
Form 990 (2020)	FOUNDATION,	INC.			20-2454729	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employee	s, and Independent Co	ntractors							
Check if Sch	edule O contains a response o	or note to any line in th	is Part VII						
Section A. Officers, Di	rectors, Trustees, Key Empl	oyees, and Highest C	ompensated En	nployees					
1a Complete this table for	or all persons required to be lis	sted. Report compensated	ation for the cale	ndar year ending with	or within the organization's	s tax year.			
<ul> <li>List all of the organ</li> </ul>	ization's current officers, dire	ctors, trustees (wheth	er individuals or o	organizations), regard	ess of amount of compens	ation.			

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.

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

(A)	(B) (C)							(D)	(F)				
Name and title	Average	Average Position (do not check more than one					ne	Reportable	Estimated				
	hours per	box, unless person is both officer and a director/trust				s both	n an	compensation	compensation	amount of			
	week	-	cer ar		Irecto	r/trus	tee)	from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation			
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization			
	organizations	ruster	ll trus		/ee	mpen		(***2/1099-10130)		and related			
	below	dual t	In stit utio nal tru stee	-	Key employee	st co	Ŀ			organizations			
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0			
(1) PAUL WHITE	40.00												
PRESIDENT & CEO						x		164,856.	Ο.	0.			
(2) BONNEY S. SHUMAN	1.00												
VICE-CHAIR, SECRETARY		х		x				0.	Ο.	0.			
(3) EDWARD ANDREWS, JR	1.00												
DIRECTOR		X						0.	0.	0.			
(4) HILLARY S. STRINGFELLOW	1.00												
AT-LARGE EXECUTIVE COMMITT		Х		Х				0.	0.	0.			
(5) JACK C. KILGORE	2.00												
CHAIRMAN		Х		Х				0.	0.	0.			
(6) BURCH BARGER	1.00												
DIRECTOR		Х						0.	0.	0.			
(7) JEFF BARKER	1.00												
TREASURER		Х		Х				0.	0.	0.			
(8) JOEL K. ARLINE	1.00												
DIRECTOR		Х						0.	0.	0.			
(9) JOHN R. MURPHY	1.00												
DIRECTOR		Х						0.	0.	0.			
(10) LAWTON M NEASE III	1.00												
DIRECTOR		Х						0.	0.	0.			
(11) MARTIN J. MILLER	1.00												
AT-LARGE EXECUTIVE COMMITT		Х		Х				0.	0.	0.			
(12) MARY T. ROOT	1.00												
AT-LARGE EXECUTIVE COMMITT		Х		X				0.	0.	0.			
(13) MICHAEL K. MALOY	1.00												
DIRECTOR		Х						0.	0.	0.			
(14) PAT HODNETT COOPER	1.00									_			
DIRECTOR		х						0.	0.	0.			
(15) RENE C. SHELNUTT	1.00												
DIRECTOR		Х						0.	0.	0.			
(16) SANDRA W. CHANNELL	1.00												
DIRECTOR		Х						0.	0.	0.			
(17) STEPHEN V. KINNEY	1.00												
DIRECTOR		Х						0.	0.	0.			
032007 12-23-20										Form <b>990</b> (2020)			

032007 12-23-20

Form 990 (2020)

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Form 990 (2020) FOUNDATIC	N, INC.								20-24:	)4/	29	Pa	ige <b>Ö</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	Hig	hest	t Co	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average Position							Reportable	Reportable			mateo	d
	hours per	(do not check more than one box, unless person is both an						compensation	compensation		amo	ount c	of
	week			d a dire				from	from related		0	ther	
	(list any	ctor						the	organizations		comp	ensat	ion
	hours for	direc				p		organization	(W-2/1099-MISC		•	m the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	,	´	orga	nizatio	on
	organizations	trust	al tru		yee	ed un be					and	relate	ed
	below	idual	nstitutional trustee	2	d u	est co oyee	er				organ	izatio	ons
	line)	Individual trustee or director	nstit	Officer	Key employee	Highest compensated employee	Former				0		
(18) JANET A. SHIRLEY	1.00			_	-								
DIRECTOR		х						0.	ſ	<b>b</b> .			0.
	1 00	Δ						0.		<b>′</b> +			0.
(19) WILLIAM BERNARD MCCLOUD	1.00							0					^
DIRECTOR		Х						0.	(	).			0.
(20) WILLIAM HODGES	1.00												
DIRECTOR		Х						0.	(	).			Ο.
(21) MICHAEL D. HODGES	1.00												
DIRECTOR		х						0.	(	).			Ο.
				_									<u> </u>
										$\rightarrow$			
					_					-+			
										$\rightarrow$			
1b Subtotal						🕨		164,856.		).			0.
c Total from continuation sheets to Part VII								0.	(	).			0.
d Total (add lines 1b and 1c)								164,856.	(	).			0.
2 Total number of individuals (including but no							n re		00 of reportable				
compensation from the organization		030	1310	u abt	500)	write	10						1
compensation from the organization												/es	No
												res	NO
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	mplo	yee	e, or l	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su	ıch individual									. L	3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	.000? If "Yes	" ററ	mnle	te So	cher	dule	. I fa	or such individual			4	x	
5 Did any person listed on line 1a receive or a										··  -	-		
											E		Х
rendered to the organization? <i>If</i> "Yes," com	plete Schedule	e J fo	or su	ch p	erso	<u>. n</u>				<u> </u>	5		Δ
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated ind	eper	nder	nt cor	ntra	ctors	s th	hat received more than \$	100,000 of compe	nsatio	on fron	n	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wit	th or	r with	hin	the organization's tax ye	ear.				
(A)								(B)			(C)		
Name and business	address	NC	)NE					Description of se	ervices	Cor	mpens	sation	1
							+						
9 Total number of independent contractors		<b>+</b> 11	aiter	1 + ~ +'		liet			ther				
2 Total number of independent contractors (in		JL IIM	nteo	ιοτ	~		ed	above) who received mo	ne man				
\$100,000 of compensation from the organiz	ation 🕨				0								

Form **990** (2020)

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			FOUNDATION, I	NC.			20-2454	729 Page <b>9</b>
Pa	rt \							
			Check if Schedule O contains a response	or note to any line		(B)	(C)	
					<b>(A)</b> Total revenue	Related or exempt		Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns 1a					
			Membership dues 1b					
, Gr			Fundraising events 1c					
iifts ar A			Related organizations 1d					
s, G milå			Government grants (contributions) 1e					
r Si		f	All other contributions, gifts, grants, and					
ibut the			similar amounts not included above 1f	12,658,793.				
d O		g	Noncash contributions included in lines 1a-1f	9,163,700.				
Co an		h	Total. Add lines 1a-1f		12,658,793.			
				Business Code				
ice	2	а						
Program Service Revenue		b						
		C						
grar Rev		d						
ro		e 4	All other program convice revenue					
			All other program service revenue Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
	Ŭ		other similar amounts)		811,708.			811,708.
	4		Income from investment of tax-exempt bond p		,			,
	5		Royalties	. [				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)	►				
	7	a	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b> 18,348,844.					
		b	Less: cost or other basis					
anu			and sales expenses					
evenue			Gain or (loss)		1 445 010			1 445 010
Ě			Net gain or (loss)	▶	1,445,210.			1,445,210.
Other	8	а	Gross income from fundraising events (not including \$ of					
0			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses9b					
		с	Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold10t	· · · · · · · · · · · · · · · · · · ·				
		с	Net income or (loss) from sales of inventory					
SI			OTHER THOME	Business Code	12 522	10 500		
Miscellaneous Revenue	11		OTHER INCOME	541610	13,733.	13,733.		
llan (ent		~	MANAGEMENT FEES	523920	13,544.	13,544.		
sce Bev		с С						
Mi			All other revenue	►	27,277.			
	12		Total revenue. See instructions		14,942,988.	27,277.	0.	2,256,918.
03200				▶	,, _ •			Form <b>990</b> (2020)

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# COMMUNITIES OF COASTAL GEORGIA Form 990 (2020) FOUNDATION, INC. 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)
	will other organizations must complete column (v).

Sect	On 501(C)(3) and 501(C)(4) organizations must compl Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ŀ		•
	and domestic governments. See Part IV, line 21	3,100,430.	3,100,430.		
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	164,856.	90,671.	41,214.	32,971.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	89,472.	49,210.	22,368.	17,894.
8	Pension plan accruals and contributions (include		<b>.</b>		
	section 401(k) and 403(b) employer contributions)	2,030.	<u>1,117.</u> 1,238.	508.	<u>405.</u> 450.
9	Other employee benefits	2,251.		563.	450.
10	Payroll taxes	17,910.	9,851.	4,478.	3,581.
11	Fees for services (nonemployees):	- /			
а	Management	54,286.	29,857.	13,572.	10,857.
b	Legal				
	Accounting	13,500.	7,425.	3,375.	2,700.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	125 000	125 000		
f	Investment management fees	135,882.	135,882.		
g	Other. (If line 11g amount exceeds 10% of line 25,	00 550	00 550		
	column (A) amount, list line 11g expenses on Sch 0.)	28,572.	28,572.	422	246
12	Advertising and promotion	1,731.	952.	433.	346.
13	Office expenses	9,012.	4,957.	2,253.	1,802.
14	Information technology	9,979.	5,488.	2,495.	1,996.
15	Royalties	10 001	7,041.	3,200.	2 560
16		<u>12,801.</u> 891.	490.	223.	<u>2,560.</u> 178.
17	Travel	091.	490.	<u> </u>	1/0.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	7,824.	4,303.	1,956.	1,565.
19 20	Conferences, conventions, and meetings	46.	<u> </u>	12.	<u> </u>
20 21	Interest Payments to affiliates	40•	<i>د</i> ک •	12.	J•
21 22	Depreciation, depletion, and amortization				
22 23		1,679.	923.	420.	336.
23 24	Other expenses. Itemize expenses not covered	±,0,5.	525.	1200	
24	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 0.)				
а	OTHER	10,534.	5,794.	2,630.	2,110.
h	MEMBERSHIPS	3,695.	2,032.	924.	739.
c c	PRINTING AND PUBLICATIO	1,600.	880.	400.	320.
d		.,			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,668,981.	3,487,138.	101,024.	80,819.
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 Figure if following SOP 98-2 (ASC 958-720)				

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Form **990** (2020)

COMMUNITIES	OF	COASTAL	GEORGIA
FOUNDATION,	INC	2.	

	990 (2					20-	2454729 Page 11
Pai	τX	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
					119,168.	_	676,044.
	1				4,228,250.	1	5,352,462.
	2	Savings and temporary cash investments			33,850.	2	22,350.
	3	Pledges and grants receivable, net			55,050.	3 4	<u> </u>
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs				5	
	6	controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali				6	
	7	under section 4958(f)(1)), and persons described				7	
ets	7	Notes and loans receivable, net				8	
Assets	8	Inventories for sale or use				0 9	
	9 10a					9	
	10a	Land, buildings, and equipment: cost or other	102	4 692			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	<u>4,692</u> . 4,692.	0.	10c	0.
	11	Investments - publicly traded securities			27,822,216.	11	40,354,676.
	12	Investments - other securities. See Part IV, line			27,022,210.	12	10,331,0701
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			229,879.	15	101,511.
	16	Total assets. Add lines 1 through 15 (must equ			32,433,363.	16	46,507,043.
	17	Accounts payable and accrued expenses			20,991.	17	17,833.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or forn	ner office	er, director,			
itie		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
Ë	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	iyables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			2,598,919.	25	2,924,691. 2,942,524.
	26	Total liabilities. Add lines 17 through 25			2,619,910.	26	2,942,524.
		Organizations that follow FASB ASC 958, che	eck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions		·····  -	29,519,146.	27	43,428,531.
l Ba	28			L	294,307.	28	135,988.
nnc		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 📃			
Ϋ́		and complete lines 29 through 33.					
tso	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	12 564 510
Ne	32	Total net assets or fund balances			29,813,453.	32	43,564,519.
	33	Total liabilities and net assets/fund balances			32,433,363.	33	46,507,043. Form <b>990</b> (2020)

Form **990** (2020)

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COMMUNITIES	OF	COASTAL	GEORGIA
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Form	1990 (2020) FOUNDATION, INC.	20-2	2454729	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,94		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,66		
3	Revenue less expenses. Subtract line 2 from line 1	3	11,27	<u>4,0</u>	07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,81		
5	Net unrealized gains (losses) on investments	5	2,47	7,0	59.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	43,56	54,5	19.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2</u> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2020)

032012 12-23-20

SCHEDULE A		Dublic C	harity Status an	d Dublia	Support		OMB No. 1545-0047		
(Form 990 or 990-EZ)		mplete if the o	2020						
		Simplete il the o	ζυζυ						
Department of the Treasury Internal Revenue Service		0	Attach to Form 990 or I			Open to Public Inspection			
Name of the organizati			s.gov/Form990 for instruction OF COASTAL GEO		st information.	Employer	identification number		
nume of the organization		DATION,		NGIA			0-2454729		
Part I Reason			IS. (All organizations must of	complete this part	.) See instruction				
The organization is not a	a private found	ation because it	is: (For lines 1 through 12, c	heck only one bo	x.)				
1 🗌 A church, co	nvention of chu	urches, or assoc	ciation of churches described	in section 170(	b)(1)(A)(i).				
2 A school des	cribed in <b>secti</b>	ion 170(b)(1)(A)	(ii). (Attach Schedule E (Forr	n 990 or 990-EZ).)	1				
	•	•	organization described in s						
	-	ation operated i	n conjunction with a hospital	described in sec	ction 170(b)(1)(A	)(iii). Enter	the hospital's name,		
city, and stat	-	r the henefit of	a college or university owned	h or operated by a	aovornmontolu		d in		
	-	Complete Part II.		I OF OPERATED BY 2	governmentaru				
			, ernmental unit described in	section 170(b)(1)	(A)(v).				
		-	bstantial part of its support f			ne general p	oublic described in		
section 170(	<b>b)(1)(A)(vi).</b> (Co	omplete Part II.)							
8 X A community	rtrust describe	ed in section 17	0(b)(1)(A)(vi). (Complete Par	t II.)					
-	-		ibed in section 170(b)(1)(A)		-	-	-		
	or a non-land-g	rant college of a	agriculture (see instructions).	Enter the name,	city, and state of	the college	or		
university:	ion that normal		nore than 33 1/3% of its supp	ort from contribu	tiona mombarah	in food one	l grace receipte from		
			bject to certain exceptions;						
			ome (less section 511 tax) fro						
		mplete Part III.)				,			
			clusively to test for public sa	fety. See section	n 509(a)(4).				
12 An organizat	ion organized a	and operated ex	clusively for the benefit of, to	perform the fund	tions of, or to ca	rry out the	purposes of one or		
more publicly	/ supported or	ganizations des	cribed in section 509(a)(1) o	or <b>section 509(a)(</b>	2). See section	509(a)(3). C	Check the box in		
	-	-	pe of supporting organization	-		-			
		-	ed, supervised, or controlled	• • • •					
	-		o regularly appoint or elect a	i majority of the d	irectors or truste	es of the su	pporting		
		•	/, Sections A and B. vised or controlled in connection	tion with its supp	ortod organizatio	n(c) by boy	ina		
			organization vested in the s		-		-		
	•		t IV, Sections A and C.			ge are each			
Ē Š	. ,	•	orting organization operated	in connection wit	h, and functional	lly integrate	d with,		
its support	ed organizatior	n(s) (see instruct	tions). You must complete	Part IV, Sections	A, D, and E.				
d 🗌 Type III no	n-functionally	integrated. A	supporting organization oper	rated in connection	n with its suppor	ted organiz	ation(s)		
		•	ganization generally must sat		•	I an attentiv	eness		
			complete Part IV, Sections						
	•		d a written determination fro		s a Type I, Type	II, Type III			
f Enter the number			nctionally integrated supporti						
	••	•	ported organization(s).						
(i) Name of supp	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organization lis in your governing docume	nt?	-	(vi) Amount of other		
organization	ו		above (see instructions))	Yes No	support (see ir	istructions)	support (see instructions)		
						_			
Total									
LHA For Paperwork Re	duction Act N	lotice, see the l	nstructions for Form 990 o	r 990-EZ. 032021	01-25-21 Sche	dule A (For	m 990 or 990-EZ) 2020		

### Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION,

INC. 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2843432.	2997794.	3640892.	13289844.	<u>12658793.</u>	35430755.
2	Tax revenues levied for the organ-						
	ization'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	2843432.	2997794.	3640892.	13289844.	12658793.	<u>35430755.</u>
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)						<u>17218945.</u>
	Public support. Subtract line 5 from line 4.						18211810.
Sec	ction B. Total Support				1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2843432.	2997794.	3640892.	13289844.	12658793.	35430755.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	261,386.	296,107.	343,256.	370,992.	811,708.	2083449.
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						37514204.
	Gross receipts from related activities,	-				12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3)	
_	organization, check this box and stor						<b>&gt;</b>
	ction C. Computation of Publi					1 1	40 55
	Public support percentage for 2020 (I		-			14	48.55 %
	Public support percentage from 2019					15	54.71 %
16a	33 1/3% support test - 2020. If the o				14 is 33 1/3% or m	iore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2019. If the c				line 15 is 33 1/3%	or more, check th	is box
<i></i>	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	•	VI how the organiz	zation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		-				
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2020

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Part II

Schedule A (Form 990 or 990 EZ) 2020 FOUNDATION, INC.

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	D (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	D (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
	check this box and stop here	-			-		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves					•	
17	Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the	organization did r				33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the	-	-				'3%, and
-	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
	3 01-25-21			,, 5			m 990 or 990-EZ) 2020
20202			16	-			

1

2

3a

3b

3c

4a

Yes No

### Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION, Part IV Supporting Organizations

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

INC.

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If "Yes," provide detail in* Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 FOUNDATION, INC.

Part IV Supporting Organizations (continued)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<i>detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Jec				
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
500	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Yes	Na
	Did the exception provide to each of its supported exceptions, by the last day of the fifth month of the		res	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	1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	- 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a	2		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2020

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#### Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION, Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2020

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Sche Par	dule A (Form 990 or 990-EZ) 2020 FOUNDATION, I t V Type III Non-Functionally Integrated 509		nizations (		0-2454729 Page 7
		allo Supporting Orga	nizations (continu	iea)	0
	on D - Distributions			4	Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		•	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets	( ) ( ) ( ) ( Doubly)		4 5	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)			
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6 7	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	a arganization is reasonable		1	
8	Distributions to attentive supported organizations to which th	le organization is responsive		•	
	(provide details in <b>Part VI</b> ). See instructions.			8 9	
9	Distributable amount for 2020 from Section C, line 6			9 10	
10	Line 8 amount divided by line 9 amount	(;)	(::)	10	(:::)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
		• • • • • • • • • • • • • • • • • • • •	Cabad		

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

		COMMUNITIES	OF COASTAL GEORGIA	
Schedule A	(Form 990 or 990-EZ) 2020	FOUNDATION,	INC.	20-2454729 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li	<b>nation.</b> Provide the ex 2, 3b, 3c, 4b, 4c, 5a, 6, ines 2 and 3; Part IV, Se	xplanations required by Part II, line 10; Pa 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Se	ction B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V,
032028 01-25-2	21			Schedule A (Form 990 or 990-EZ) 2020
			21	

	HEDULE D Supplement	OMB No. 1545-0047		
	ment of the Treasury	), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public Inspection	
_	e of the organization COMMUNITIES OF COA	990 for instructions and the latest information.	Employer identification number	
Num	FOUNDATION, INC.		20-2454729	
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lir			
			b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
•	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
Pa		manization answered "Yes" on Form 990 Part IV		
1	Purpose(s) of conservation easements held by the organizati			
•	Preservation of land for public use (for example, recrea		rically important land area	
	Protection of natural habitat	Preservation of a certif		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a cor	servation easement on the last	
-	day of the tax year.		Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
b	±		2b	
c	Number of conservation easements on a certified historic str		2c	
	Number of conservation easements included in (c) acquired			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re		zation during the tax	
	year ►		-	
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?	Yes 📃 No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easements during the year	
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	ements during the year	
	▶\$			
8	Does each conservation easement reported on line 2(d) above	ve 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	ion easements in its revenue and expense stateme	ent and	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements tha	t describes the	
De	organization's accounting for conservation easements. T III Organizations Maintaining Collections or	f Art Historical Tracquires, or Other Si	miler Acceto	
Fai			illiar Assets.	
	Complete if the organization answered "Yes" on Form		<u> </u>	
1a	If the organization elected, as permitted under FASB ASC 95	· ·		
	of art, historical treasures, or other similar assets held for pu		ce of public	
h	service, provide in Part XIII the text of the footnote to its fina		about works of	
D	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, equeation, or research in furtherance		
	<ul><li>provide the following amounts relating to these items:</li><li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>		▶ \$	
	<b></b>		► \$	
2	If the organization received or held works of art, historical tre	easures or other similar assets for financial gain o	► Ψ	
£	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$	
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020	
	12-01-20			
		27		

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<sup>2020.04010</sup> COMMUNITIES OF COASTAL GE B13170.1

		TIES OF COP	ASTAL GEORG	GIA					
		ION, INC.			-	20-24	54729	Pag	<sub>je</sub> 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Sim	ilar Assets	S (continu	ied)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	e significa	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	empt pu	rpose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simi	lar assets	3			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes"	on Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets ne	ot include	ed			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:						
							Amount		
с	Beginning balance				1	c			
d	Additions during the year				1	d			
	Distributions during the year					е			
f	Ending balance					f			
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part X	III				
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	: (d) Thr	ee years back	(e) Four	years ba	ack
1a	Beginning of year balance	5,827,354.	4,886,635.	5,212,888	. 4	4,473,350.	. 2,168,411.		11.
	Contributions		45,741.	67,636	•	77,264.	2,	123,0	70.
	Net investment earnings, gains, and losses	725,120.	958,609.	-348,741		694,984.	. 213,401.		01.
d	Grants or scholarships	47,430.	43,921.	27,504		19,325.	5. 19,88		85.
е	Other expenditures for facilities								
	and programs	36,436.							
f	Administrative expenses	22,602.	19,710.	17,644		13,385.		11,6	47.
	End of year balance	6,446,006.	5,827,354.	4,886,635	. !	5,212,888.	4,	473,3	50.
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a. column (a)	) held as:			•		
	Board designated or quasi-endowment	<b>,</b>	%	,					
	Permanent endowment	%	<b>—</b> 1						
		<u> </u>							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered for	the orga	nization			
	by:						·	Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	. Part IV. line 11a. S	ee Form 990. Part	X. line 10	).			
	Description of property	(a) Cost or o			Accumu		(d) Book	value	
		basis (investm	• •		depreciat		(, 2000	. 4.40	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			4,692.	4	692.			0.
	Other			_,	÷,				
	Add lines 1a through 1e. (Column (d) must e		V column (D) line 1						0.
1010	in Add in too Ta through Te. (Column (a) MUSLE	<u>uuai ruini 990, Part /</u>		<i></i>		Schedule	D (Form		
						Concudit			

032052 12-01-20

COMMUNITIES	OF	COASTAL	GEORGIA
FOUNDATION,	INC	2.	

### Schedule D (Form 990) 2020 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. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book 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 (a) Description of liability (b) Book value 1 (1) Federal income taxes AMOUNTS HELD TO BENEFIT AN AGENCY (2)2,924,691 FUND (3) (4) (5) (6) (7) (8) (9) 2,924,691. ► Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2.

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 X

Schedule D (Form 990) 2020

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	COMMUNITIES OF COASTAL G	EORGIA			
	edule D (Form 990) 2020 FOUNDATION, INC.				2454729 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	h Revenue per Re	turn.	
	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	17,284,165.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	2,477,059.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	2,477,059.
3	Subtract line 2e from line 1			3	14,807,106.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	135,882.		
с	Add lines 4a and 4b			4c	135,882.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,942,988.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements Wi	th Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	3,533,099.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,533,099.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	135,882.		
с	Add lines 4a and 4b			4c	135,882.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.,	)		5	3,668,981.
Pa	rt 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 032054 12-01-20 Schedule D (Form 990) 2020

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Part XIII Supplemental Information (continued)

HAS CONCLUDED THAT IT HAS NO UNCERTAIN TAX POSITIONS THAT REQUIRE

DISCLOSURE.

Schedule D (Form 990) 2020

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 135,882 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 D (Form 990) 2020

032055 12-01-20

SCHEDULE I		G	irants and Oth	ner Assistan	ce to Organ	izations,			OMB No.	1545-0047
(Form 990)		Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni <sup>.</sup>	ted States			20	20
Department of the Treasury Internal Revenue Service			► Go to www.ii	Attach to Forn rs.gov/Form990 fo		nation.			Open to Inspe	
Name of the organization	COMMUNITI		STAL GEORGI	A				Employer	identificatio 20-24	
Part I General Info	ormation on Grants a	,								
1 Does the organizat	tion maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	ion		
criteria used to aw	ard the grants or assis	stance?							X Yes	🗌 No
2 Describe in Part IV	' the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.					
	Other Assistance to I	_				anization answered "Y	′es" on Form 990, Par	t IV, line 21,	for any	
	t received more than \$					(f) Method of		1		
<b>1 (a)</b> Name and add or gove	U	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of good assistance	
ALBANY COMMUNITIES										
230 S. JACKSON ST.	#118							PROGRAM		
ALBANY, GA 31701		58-2497789	501(C)(3)	100,000.	0.			INVESTME	NT	
AMERICAN CIVIL LIB										
FOUNDATION, INC		13-6213516	F(1/c)/2	7 500	0.			GENERAL	GIIDDODM	
18TH FLOOR - NEW YO	JRK, NI 10004	13-0213510	501(C)(3)	7,500.	0.			GENERAL	SUPPORT	
AMERICAN RED CROSS										
431 18TH ST NW										
WASHINGTON, DC 2000	06	53-0196605	501(C)(3)	30,000.	0.			GENERAL	SUPPORT	
AMERICA'S SECOND HA				,						
COASTAL GEORGIA, IN	NC 2501 EAST									
PRESIDENT STREET -	SAVANNAH, GA							COVID RE	LIEF/GENE	RAL
31404	-	58-1442013	501(C)(3)	79,800.	0.			SUPPORT		
ATLANTA SPEECH SCHO	DOL INC.									
3160 NORTHSIDE PARK	KWAY, NW									
ATLANTA, GA 30327		58-0566198	501(C)(3)	10,000.	0.			GENERAL	SUPPORT	
BOYS & GIRLS CLUB (										
GEORGIA - P.O. BOX		50 0072020	F(1/2)/2	100 500	0.				SUPPORT/	COVID
BRUNSWICK, GA 31521		58-0973039		100,520.	0.			RELIEF		
	r of section 501(c)(3) ar			e line 1 table				🏲		
3 Enter total number	r of other organizations Reduction Act Notice.							Scher	lule I (Form	990) 2020

Schedule I (Form 990) FOUNDATION, INC.

20-2454729 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD FOR THE WORLD INSTITUTE,							
INC 425 3RD STREET SW STE 1200							
- WASHINGTON, DC 20024	51-0175510	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CAMDEN COMMUNITY CRISIS CENTER,							
INC P.O. BOX 5159 - ST MARYS,							
GA 31558	58-1775895	501(C)(3)	45,000.	0.			COVID RELIEF
CAMDEN CONNECTION							
531 NORTH LEE STREET							
KINGSLAND, GA 31548	58-2213460	501(C)(3)	32,500.	0.			COVID RELIEF
CASA GLYNN							
P.O. BOX 145							AT RISK YOUTH/COVID
BRUNSWICK, GA 31521	58-2176608	501(C)(3)	9,700.	0.			RELIEF
	30 21/0000	501(0)(5)	5,700.				
CENTER FOR A SUSTAINABLE COAST							
221 MALLERY ST #B							
ST. SIMONS ISLAND, GA 31522	58-2323174	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CENTERED FOR LIFE INC.							
2487 DEMERE RD STE 500							
ST. SIMONS ISLAND, GA 31522	27-3869053	501(C)(3)	48,400.	0.			COVID RELIEF
CUTI DEEN IN ACTION SDODTS CITE							
CHILDREN IN ACTION SPORTS CLUB, INC 154 GRANVILLE NIX LN -							AT RISK YOUTH/COVID
	26-2717334	501(C)(3)	16 000	0.			RELIEF
BRUNSWICK, GA 31525	20-2/1/334	501(C)(S)	16,000.	0.			KETTEL
CHILDREN'S HEALTHCARE OF ATLANTA,							
INC 1575 NORTHEAST EXPY NE -							
ATLANTA, GA 30329	58-2367819	501(C)(3)	12,000.	0.			GENERAL SUPPORT
CHRIST CHURCH - FREDERICA							
6329 FREDERICA ROAD				_			
ST. SIMONS ISLAND, GA 31522	58-6067060	501(C)(3)	42,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) FOUNDATION, INC.

Schedule I (Form 990) FOUNDATIO	N, INC.					2	10-2454729 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTAL COALITION FOR CHILDREN, INC - 1612 NEWCASTLE STREET - BRUNSWICK, GA 31520	58-1497814	501(C)(3)	30,000.	0.			AT RISK YOUTH/COVID RELIEF
COASTAL COMMUNITY HEALTH SERVICES, INC. – 106 SHOPPERS WAY – BRUNSWICK, GA 31525	48-1859206	501(C)(3)	10,000.	0.			COVID RELIEF
COASTAL COUNSELING CENTER 104 LAKESHORE DRIVE, SUITE D ST MARYS, GA 31558	20-2869836	501(C)(3)	24,741.	0.			COVID RELIEF/GENERAL SUPPORT
COASTAL GEORGIA AREA COMMUNITY ACTION AUTHORITY - 1 COMMUNITY ACTION DR #A - BRUNSWICK, GA 31520	58-0973468	501(C)(3)	34,960.	0.			COVID RELIEF
COASTAL GEORGIA HISTORICAL SOCIETY, INC - P.O. BOX 21136 - ST. SIMONS ISLAND, GA 31522	58-0964094	501(C)(3)	33,750.	0.			GENERAL SUPPORT
COASTAL OUTREACH ACADEMIES, INC. 1425 CATE ROAD BRUNSWICK, GA 31525	81-4317353	501(C)(3)	45,600.	0.			AT RISK YOUTH/COVID RELIEF
COLLEGE OF COASTAL GEORGIA 3700 ALTAMA AVE BRUNSWICK, GA 31520	58-0939565	501(C)(3)	18,250.	0.			SCHOLARSHIPS
COLLEGE OF COASTAL GEORGIA FOUNDATION, INC ONE COLLEGE DRIVE - BRUNSWICK, GA 31520	58-6072323	501(C)(3)	11,350.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF GLYNN COUNTY, INC P.O. BOX 2318 - BRUNSWICK, GA 31521	20-4477385	501(C)(3)	18,000.	0.			AT RISK YOUTH/COVID RELIEF

Schedule I (Form 990) FOUNDATION, INC.

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Schedule I (Form 990)         FOUNDATIO           Part II         Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990). Pa		20-2454729 Page
(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
DARLINGTON SCHOOL							
1014 CAVE SPRING RD SW							
ROME, GA 30161	58-0566169	501(C)(3)	7,000.	0.			GENERAL SUPPORT
DUKE UNIVERSITY							GENERAL
324 BLACKWELL STREET DUKE BOX 10							SUPPORT/ATHLETICS/SCHOOL
DURHAM, NC 27701	56-0532129	501(C)(3)	15,900.	0.			OF LAW
EPWORTH BY THE SEA							
100 ARTHUR J MOORE DR							
ST. SIMONS ISLAND, GA 31522	58-0830633	501(C)(3)	10,000.	0.			DORM REPAIRS
FAITHWORK MINISTRIES							
2911 ALTAMA AVENUE							
BRUNSWICK, GA 31520	58-2195606	501(C)(3)	52,500.	٥.			COVID RELIEF
FIRST UNITED METHODIST CHURCH							
1400 NORWICH ST							
BRUNSWICK, GA 31520	58-0832565	501(C)(3)	6,000.	0.			GENERAL SUPPORT
BODE VALLEY CEARE INTUED CLEW							
FORT VALLEY STATE UNIVERSITY							
1005 STATE UNIVERSITY DR	22 7281005	E01(0)(2)	7 500	0			
FORT VALLEY, GA 31030	23-7281905	501(C)(3)	7,500.	0.			SCHOLARSHIPS
FREDERICA ACADEMY							
200 MURRAY WAY							ANNUAL FUND & FRIENDS OF
ST. SIMONS ISLAND, GA 31522	58-1093060	501(C)(3)	11,500.	0.			FREDERICA
GEORGIA DEPARTMENT OF NATURAL	50 1055000	501(0/(5/	11,500.	•.			FREDERICA
RESOURCES/NON-GAME DIVISION - 1							
CONSERVATION WAY - BRUNSWICK, GA							
31520	58-1130945	170(C)(1)	15,400.	0.			EQUIPMENT
	50 1130943	-, , , , , , , , , , , , , , , , , , ,	15,400.				PX011111111
GEORGIA LEGAL SERVICES PROGRAM							
INC 104 MARIETTA STREET SUITE							
250 - ATLANTA, GA 30303	58-1111590	501(C)(3)	6,000.	٥.			GENERAL SUPPORT
,,,				••		1	

Schedule I (Form 990) FOUNDATION, INC.

Schedule I (Form 990) FOUNDATIO	-				· · · · · · · · · · · · · · · · · · ·		10-2434729 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.) T	
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA PUBLIC BROADCASTING							
260 14TH STREET NW							
ATLANTA, GA 30318	58-1510475	501(C)(3)	10,300.	0.			GENERAL SUPPORT
,							
GEORGIA RIVER NETWORK, INC.							
126 S. MILLEDGE AVE., STE E3							
ATHENS, GA 30605	58-2404112	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GEORGIA SOUTHERN UNIVERSITY							
PO BOX 8053							
STATESBORO, GA 30460	58-6034031	501(C)(3)	17,000.	0.			SCHOLARSHIPS
GEORGIA STATE GOLF FOUNDATION							
121 VILLAGE PARKWAY, BLDG. 3							
MARIETTA, GA 30067	58-1614105	501(C)(3)	10,000.	0.			GENERAL SUPPORT
				••			
GEORGIA STATE UNIVERSITY							
PO BOX 2668							
ATLANTA, GA 30301	58-6033185	501(C)(3)	9,000.	0.			SCHOLARSHIPS
GLYNN COMMUNITY CRISIS CENTER							
P.O. BOX 278							
BRUNSWICK, GA 31521	58-1498878	501(C)(3)	12,449.	0.			COVID RELIEF
GLYNN VISUAL ARTS, INC.							
529 BEACHVIEW DRIVE							
ST. SIMONS ISLAND, GA 31522	58-0948772	501(C)(3)	7,000.	0.			AT RISK YOUTH
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••			
GOLDEN ISLES ARTS AND HUMANITIES							
ASSOCIATION - 1530 NEWCASTLE ST -							AT RISK YOUTH & GENERAL
BRUNSWICK, GA 31520	58-1822047	501(C)(3)	8,500.	0.			SUPPORT
GOLDEN ISLES YMCA FOUNDATION, INC.							
144 SCRANTON CONNECTOR							
BRUNSWICK, GA 31525	58-1985120	501(C)(3)	65,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) FOUNDATION, INC.

Schedule I (Form 990) FOUNDATIO							10-2454729 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN ISLES YOUTH ORCHESTRA, INC. P.O. BOX 603							
BRUNSWICK, GA 31521	46-5612306	501(C)(3)	9,500.	0.			GENERAL SUPPORT
GRACE HOUSE OF BRUNSWICK, INC. P.O. BOX 2121 BRUNSWICK, GA 31521	27-1310602	501(C)(3)	22,000.	0.			COVID RELIEF
HABITAT FOR HUMANITY OF GLYNN COUNTY - P.O. BOX 296 - BRUNSWICK, GA 31521	58-1852944	501(C)(3)	8,000.	0.			GENERAL SUPPORT
HAND IN HAND OF GLYNN, INC. PO BOX 2452 BRUNSWICK, GA 31521	83-1620221		125,000.	0.			GENERAL SUPPORT/COVID RELIEF
HOPE 1312 COLLECTIVE INC. 1115 SYCAMORE AVE BRUNSWICK, GA 31520	81-4212307	501(C)(3)	5,600.	0.			COVID RELIEF
HOSPICE OF THE GOLDEN ISLES, INC. 1692 GLYNCO PKWY BRUNSWICK, GA 31525	58-1428562	501(C)(3)	37,000.	0.			GENERAL SUPPORT
HOUSE OF HOPE REFUGE OF LOVE PO BOX 21283 ST. SIMONS ISLAND, GA 31522	82-2224796	501(C)(3)	30,000.	0.			COVID RELIEF/GENERAL SUPPORT
HUMANE SOCIETY OF SOUTH COASTAL GEORGIA - 4627 U.S. HIGHWAY 17 NORTH - BRUNSWICK, GA 31525	58-6073265	501(C)(3)	22,500.	0.			GENERAL SUPPORT
INSPIRITUS, INC. 731 PEACHTREE STREET NE STE B ATLANTA, GA 30308	58-1535692	501(C)(3)	14,900.	0.			HURRICANE IRMA RELIEF

Schedule I (Form 990) FOUNDATION, INC.

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNESAW STATE UNIVERSITY							
1000 CHASTAIN RD NW #9101							
KENNESAW, GA 30144	23-7034345	501(C)(3)	12,500.	0.			SCHOLARSHIPS
LOVETT SCHOOL							
4075 PACES FERRY RD NW							
ATLANTA, GA 30327	58-0619038	501(C)(3)	15,000.	0.			GENERAL SUPPORT
LOWNDES COUNTY BOARD OF HEALTH							
P.O. BOX 5147							
VALDOSTA, GA 31603	58-1111978	501(C)(3)	10,000.	0.			HYPERTENSION CLINIC
LSU FOUNDATION							GENERAL SUPPORT &
3796 NICHOLSON DR							MECHANICAL ENGINEERIN
BATON ROUGE, LA 70802	72-6020969	501(C)(3)	18,000.	0.			DEPARMENT
MARINE TOYS FOR TOTS FOUNDATION							
18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	20-3021444	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRIANGLE, VA 221/2	20-3021444	501(0)(5)	10,000.	0.			GENERAL SUFFORI
MARSHES OF GLYNN LIBRARIES							
208 GLOUCESTER STREET							COVID RELIEF/CHILDHOO
BRUNSWICK, GA 31520	58-6000430	501(C)(3)	36,000.	0.			LITERACY
MCCALLIE SCHOOL, INC.							
500 DODDS AVE							
CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MERCER UNIVERSITY							
1400 COLEMAN AVE MACON, GA 31207	58-0566167	501(C)(3)	7,500.	0.			GENERAL SUPPORT
	50 0500107		7,500.	0.			SERENAL SOFFORI
METHODIST HOME OF THE SOUTH							
GEORGIA CONFERENCE, INC POST							
OFFICE BOX 2525 - MACON, GA 31203	58-0622971	501(C)(3)	6,250.	Ο.			PROGRAM SUPPORT

Schedule I (Form 990) FOUNDATION, INC.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOMENTOUS INSTITUTE							
106 E 10TH STREET							
DALLAS, TX 75203	75-1855620	501(C)(3)	29,787.	0.			EDUCATION
MORNINGSTAR CHILDREN AND FAMILY SERVICES, INC 1 YOUTH ESTATES DRIVE - BRUNSWICK, GA 31521	58-2314421	501(C)(3)	26,700.	0.			GENERAL SUPPORT/COVID RELIEF
NATIONAL PUBLIC RADIO 1111 NORTH CAPITOL ST. NE							
WASHINGTON, DC 20002	52-0907625	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ONE HUNDRED MILES, INC. P.O. BOX 2056 BRUNSWICK, GA 31521	45-5260656	501(C)(3)	39,500.	0.			GENERAL SUPPORT
PIEDMONT HEALTHCARE FOUNDATION 2001 PEACHTREE RD NE STE 400 ATLANTA, GA 30309	58-1272768	501(C)(3)	12,000.	0.			GENERAL SUPPORT
RAVENS OF ELIJAH FOOD MINISTRIES, INC. – 790 MAY CREEK DR – KINGSLAND, GA 31548	84-3597304	501(C)(3)	15,000.	0.			COVID RELIEF
SAFE HARBOR CHILDREN'S CENTER P.O. BOX 1313 BRUNSWICK, GA 31521	58-1907913	501(C)(3)	101,000.	0.			COVID RELIEF & GENERAL SUPPORT
SAINT ANDREW'S EPISCOPAL CHURCH P.O. DRAWER 929							
DARIEN, GA 31305	58-0566215	501(C)(3)	11,400.	0.			AT RISK YOUTH SUPPORT
SATILLA RIVERKEEPER ALLIANCE P.O. BOX 159 WAYNESVILLE, GA 31566	51-0491201	F01 ( 2) ( 2)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) FOUNDATION, INC.

20-2454729 Page 1

Schedule I (Form 990) FOUNDATION	N, INC.					2	10-2454729 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HWY EAST, STE 400							
FAIRFIELD, CT 06825	06-0726487	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SHEPHERD CENTER FOUNDATION, INC. 2020 PEACHTREE ROAD ATLANTA , GA 30309	20-1238224	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION - 2415 PARKWOOD DR	50 0105644		20.000				
BRUNSWICK, GA 31520	58-2125644	501(C)(3)	38,000.	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		10,000.	0.			GENERAL SUPPORT
SOUTHERN TECHNOLOGICAL ADVOCACY RESOURCES FOUNDATION - 1907 GLOUCESTER STREET - BRUNSWICK, GA 31520	31-1561207	501(C)(3)	42,484.	0.			COVID RELIEF/AT RISK YOUTH
ST. FRANCIS XAVIER CATHOLIC CHURCH AND SCHOOL - 1121 UNION ST - BRUNSWICK, GA 31520	58-1584133	501(C)(3)	51,000.	0.			GENERAL SUPPORT
ST. MARYS UNITED METHODIST CHURCH 106 E. CONYERS STREET							
ST MARYS, GA 31558	31-1813333	501(C)(3)	15,100.	0.			GENERAL SUPPORT
ST. SIMONS LAND TRUST P.O. BOX 24615							
ST. SIMONS ISLAND, GA 31522	58-2598986	501(C)(3)	61,501.	0.			GENERAL SUPPORT

Schedule I (Form 990) FOUNDATION, INC.

20-2454729 Page 1

Schedule I (Form 990) FOUNDATION	N, INC.					2	10-2454729 Page
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> 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)	73,911.	0.			GENERAL SUPPORT
ST. SIMONS UNITED METHODIST CHURCH 624 OCEAN BLVD ST. SIMONS ISLAND, GA 31522	58-0972033	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ST. VINCENT DE PAUL SOCIETY GEORGIA, INC 2050-C CHAMBLEE							
TUCKER ROAD - ATLANTA, GA 30341	58-0967972	501(C)(3)	30,000.	0.			EMERGENCY RELIEF
TEMPLE ISRAEL 511 BAYTREE ROAD VALDOSTA, GA 31602	58-1971639	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE CATHEDRAL OF ST. PHILIP 2744 PEACHTREE RD NW ATLANTA, GA 30305	58-0572411	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE GATHERING PLACE P.O. BOX 772 BRUNSWICK, GA 31521	58-2312223	501(C)(3)	33,250.	0.			YOUTH DEVELOPMENT/ GENERAL SUPPORT
THE REMEDY PROJECT, INC. P.O. BOX 20341 ST. SIMONS ISLAND, GA 31522	26-4609756	501(C)(3)	9,000.	0.			COVID RELIEF/GENERAL SUPPORT
THE SALVATION ARMY P.O. BOX 1375		E01/(C)/(2)	21.750				
BRUNSWICK, GA 31521 THE WOODRUFF ARTS CENTER 1280 PEACHTREE ST N.E. ATLANTA GA 30309	58-0660607		31,750.	0.			GENERAL SUPPORT
ATLANTA, GA 30309	10-00339/1	POT(C)(3)	1 10,000.	υ.			PENERAL SUPPORT

Schedule I (Form 990) FOUNDATION, INC.

Part II Continuation of Grants and Other							
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THINK NEW MEXICO							
1227 PASEO DE PERALTA							
SANTE FE, NM 87501	31-1611995	501(C)(3)	10,000.	0.			ANNUAL FUND
TIGER ATHLETIC FOUNDATION P.O. BOX 711							
BATON ROUGE, LA 70821	72-1004960	501(C)(3)	7,000.	0.			GENERAL SUPPORT
UNITED WAY OF COASTAL GEORGIA, INC P.O. BOX 877 - BRUNSWICK, GA 31521	58-0671327	501(C)(3)	52,500.	0.			GENERAL SUPPORT/COVID RELIEF
UNIVERSITY OF GEORGIA 220 SOUTH JACKSON STREET ATHENS, GA 30602	58-6001998	501(C)(3)	38,000.	0.			SCHOLARSHIPS AND GENERAL SUPPORT
UNIVERSITY OF GEORGIA FOUNDATION							TERRY SCHOOL OF BUSINESS LAW & SCHOLARSHIPS &
394 S. MILLEDGE AVE, SUITE 100 ATHENS, GA 30602	58-6033837	501(C)(3)	7,500.	0.			LIBRARIES, BOTANICAL SUPPORT
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37235	62-0476822	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WASHINGTON AND LEE UNIVERSITY 204 W. WASHINGTON STREET							
LEXINGTON, VA 24450	54-0505977	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WESTMINSTER SCHOOLS, INC. 1424 WEST PACES FERRY ROAD							
ATLANTA, GA 30327	58-0566206	501(C)(3)	34,000.	0.			GENERAL SUPPORT
WORLD WILDLIFE FUND 1250 24TH ST NW							
WASHINGTON, DC 20037	52-1693387	501(C)(3)	10,500.	0.			GENERAL SUPPORT

COMMUNITIES	OF	COASTAL	GEORGIA
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Schedule I (Form 990) FOUNDATIO	N, INC.	SIAL GLORGI					0-2454729 Page
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLDWIDE DISCIPLESHIP ASSOCIATION, INC - P.O. BOX 142437 - FAYETTEVILLE, GA 30214	58-1211155	501(C)(3)	12,000.	0.			GENERAL SUPPORT
YMCA OF COASTAL GEORGIA P.O. BOX 14142							
SAVANNAH, GA 31416	58-0603160	DUT(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

## COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> 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:

Schedule I (Form 990) 2020

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.

20 - 2454729

Page 2

	UNDATION, INC.	OASTAL GEORGIA	2(	0-2454729 Page 2
UPON AWARDING THE GRA	NT, A SIGNED CO	ONTRACT IS EXEC	UTED. FINAL	REPORTS ON
USE OF THE FUNDS ARE	REQUIRED BEFOR	E THE NONPROFIT	CAN SUBMIT F	OR THE NEXT
ROUND OF GRANTS.				
032291				Schedule I (Form 990)

04-01-20

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	00	<u> </u>
•		Compensated Employees		20	ZU	J
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization		Employer i	dentificatio	on nui	mber
		FOUNDATION, INC.	20-2	245472	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or d	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		<b>4c</b>		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
						X
b		ation?		<b>5</b> b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	-				
а						X
b		ation?		<b>6b</b>	_	X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	10			
				8	_	X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2020

032111 12-07-20

## COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred benefits compensation		(B)(i)-(D)	on prior Form 990	
(1) PAUL WHITE	(i)	164,856.	0.	0.	0.	0.	164,856.	0	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								

Schedule J (Form 990) 2020

Page 2

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COMMUNITIES	OF	COASTAL	GEORGIA
FOUNDATION,	INC	2.	

Schedule J (Form 990) 2020

## Part III Supplemental Information

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

Schedule J (Form 990) 2020

	HEDULE M		Nonc	ash Contr	ibutions		OMB No. 1545-0047
(Fo	rm 990)			2020			
				answered "Yes" o	n Form 990, Part IV, lines 29	9 or 30.	2020
	ment of the Treasury I Revenue Service	Attach to Form 990					Open to Public Inspection
	e of the organizatio	-			the latest information.	Employor	identification number
Inding	e or the organizatio	FOUNDATION,		STAL GEOR	ALE		0-2454729
Par	tl Types o	f Property	INC.			2	0-2434723
	51		(a)	(b)	(c)		(d)
			Check if	Number of	Noncash contribution		d of determining
			applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash co	ontribution amounts
1	Art - Works of art				, , , , , , , , , , , , , , , , , , , ,		
2		asures					
3		erests					
4		ations					
5		sehold goods					
6		hicles					
7							
8		rty					
9		ly traded	X	22	9,163,700.	HIGH/LOW	AVERAGE
10	Securities - Close	ly held stock					
11	Securities - Partne	ership, LLC, or					
12	Securities - Misce	llaneous					
13	Qualified conservation	ation contribution -					
	Historic structures						
14		ation contribution - Other					
15		dential					
16		mercial					
17		er					
18							
19							
20		al supplies					
21							
22		S					
23 24		ens					
	Other (	facts					
25 26	Other (	)		1			
20 27	Other (	) }					
28	Other (	)					
29		8283 received by the organi	zation during	the tax vear for co	ontributions		
		anization completed Form 82					
	3-		. ,-	-3	······ LL		Yes No
30a	During the year, d	lid the organization receive b	y contributio	on any property rep	orted in Part I, lines 1 throug	h 28, that it	
					which isn't required to be us		
	exempt purposes	for the entire holding period	?		·		30a X
b	If "Yes," describe	the arrangement in Part II.					
31	Does the organiza	ation have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31 X
32a	Does the organiza	ation hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash		
	contributions?						32a X
b	If "Yes," describe	in Part II.					
33	•	•	column (c) fo	r a type of property	/ for which column (a) is chec	ked,	
	describe in Part II						

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

Schedule M (Form 990) 2020

032141 11-23-20

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COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.

20-2454729 Page 2

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:

Schedule M (Form 990) 2020

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 M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## 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. COMMUNITIES OF COASTAL GEORGIA



20-2454729

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

INC.

FOUNDATION

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) 2020

 032211
 11-20-20

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2020.04010 COMMUNITIES OF COASTAL GE B13170.1

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Name of the organization COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.	Employer identification number 20-2454729
THROUGH THE DONOR FUNDS AND THE ASSOCIATED EXPENSES ARE CO	NTAINED IN
4A. OUR COMPETITIVE GRANT MAKING IS HIGHLIGHTED HERE AND	IS FOCUSED ON
TWO AREAS: 1) PROGRAMS SERVING AT-RISK YOUTH WHICH SPECIFI	CALLY ADDRESS
ONE OF THE FOLLOWING: EARLY CHILDHOOD LITERACY AND/OR QUAL	ITY-RATED
CHILD CARE, TEEN PREGNANCY AND BIRTHS TO UNWED YOUNG MOTHE	RS, JUVENILE
CRIME AND GANG ACTIVITY, HIGH SCHOOL GRADUATION AND/WORKFO	RCE
READINESS, YOUTH DEVELOPMENT AND INNOVATIVE EDUCATION STRA	TEGIES; OR
RISK REDUCTION, INCLUDING CHILD PROTECTIVE, SUBSTANCE ABUS	E, AND/OR
MENTAL HEALTH SERVICES. 2) OR INTIATIVES WHICH PRESENT A S	UBSTANTIVE
PARTNERSHIP BETWEEN TWO OR MORE SERVICE PROVIDERS TO PROMO	TE
TWO-GENERATIONAL APPROACHES TO IMPROVING EDUCATION, SKILLS	AND
COLLECTIVE WELL-BEING OF CHILDREN, THEIR PARENTS AND/OR GU	ARDIANS.
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 V	OTES ON THE
PROPOSALS SUBMITTED. ALL GRANTS ARE THEN CONSIDERED AND A	PPROVED 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.

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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

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OF INTEREST IN DISCUSSIONS OF GRANTS, SERVICES, ETC. AND RECUSE THEMSELVES

FROM VOTING IF SO REQUESTED BY THE BOARD.

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	FOUNDATION, INC.	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

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization COMMUNITIES OF COASTAL GEORGIA	Page 2 Employer identification number
FOUNDATION, INC.	20-2454729
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 LEASIN	G
ARRANGEMENT. WAGES REPORTED AND ALLOCATED HEREIN WERE ACT	UALLY PAID BY
THE PRIVATE EMPLOYMENT ORGANIZATION (PEO) TO WHICH THE FOU	NDATION PAID
A FEE INTENDED TO COVER SUCH WAGES AND BENEFITS. THE COMM	UNITY
FOUNDATION AND PEO ARE CONSIDERED "CO-EMPLOYERS," HOWEVER,	FOR
ADMINISTRATIVE PURPOSES, THE PEO IS CONSIDERED TO BE THE E	MPLOYER AND
ALL FEDERAL TAX RETURNS ARE FILED IN THE NAME OF THE PEO -	TEAMWORK

SERVICES, INC., BRUNSWICK, GEORGIA.

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