EXTENDED TO NOVEMBER 16, 2026

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

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

C Name of organization
COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
777 GLOUCESTER STREET 100

City or town, state or province, country, and ZIP or foreign postal code
BRUNSWICK, GA 31520

F Name and address of principal officer: KEEVA KASE
SAME AS C ABOVE

D Employer identification number
20-2454729

E Telephone number
912-268-4442

G Gross receipts $ 35,679,098.

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

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

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.COASTALGEORGIAFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2005 **M** State of legal domicile: GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,331,090.	8,616,062.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,513,707.	2,257,756.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,668.	35,117.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,886,465.	10,908,935.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,191,453.	6,913,816.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	451,007.	445,028.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 180,363.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	333,792.	780,321.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,976,252.	8,139,165.
19	Revenue less expenses. Subtract line 18 from line 12	910,213.	2,769,770.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	54,475,785.	60,752,942.
21	Total liabilities (Part X, line 26)	5,112,076.	4,970,835.
22	Net assets or fund balances. Subtract line 21 from line 20	49,363,709.	55,782,107.

Part II Signature Block

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

Sign Here

Signature of officer Date

KEEVA KASE, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ANGELA L. HEYS	ANGELA L. HEYS		☐	P00358915

Firm's name ARMANINO ADVISORY LLC Firm's EIN 94-6214841

Firm's address 1612 NEWCASTLE STREET, SUITE 200
BRUNSWICK, GA 31520-6782 Phone no. 912-265-1750

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III 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? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 7,733,342. including grants of $ 6,913,816.) (Revenue $ 8,651,179.)
WE PROVIDE PHILANTHROPIC SERVICES TO OUR DONORS AND FUND HOLDERS, EDUCATING THEM ON COMMUNITY ISSUES, HELPING THEM DEFINE THEIR GOALS, AND ADMINISTERING THEIR GRANT MAKING REQUESTS IN AN EFFICIENT AND EFFECTIVE MANNER. OUR ASSETS ARE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES AND CONSIST OF BOTH ENDOWED AND NON-ENDOWED FUNDS (SEE SCHEDULE O).

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

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

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

4e Total program service expenses 7,733,342.

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*? See instructions	2	X	
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
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *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 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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *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 assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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.* See instructions	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		
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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 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 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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 on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders N/A **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? N/A **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed GA

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

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

KEEVA KASE - (912) 268-4442

777 GLOUCESTER STREET STE 103, BRUNSWICK, GA 31520

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEEVA KASE PRESIDENT & CEO	40.00			X				222,849.	0.	6,686.
(2) PHILLIP SAUSSY DIRECTOR	1.00	X						0.	0.	0.
(3) DAVID W. WRIGHT DIRECTOR	1.00	X						0.	0.	0.
(4) HILLARY S. STRINGFELLOW CHAIRPERSON	1.00	X		X				0.	0.	0.
(5) JACK C. KILGORE DIRECTOR	1.00	X						0.	0.	0.
(6) ALAN ACKRIDGE DIRECTOR	1.00	X						0.	0.	0.
(7) SUGANDHA YADAV DIRECTOR	1.00	X						0.	0.	0.
(8) JOEL K. ARLINE DIRECTOR	1.00	X						0.	0.	0.
(9) JEFF BARKER SECRETARY	1.00	X		X				0.	0.	0.
(10) WILLIAM HODGES DIRECTOR	1.00	X						0.	0.	0.
(11) MARTIN J. MILLER DIRECTOR	1.00	X						0.	0.	0.
(12) PAT HODNETT COOPER DIRECTOR	1.00	X						0.	0.	0.
(13) RENE C. SHELNUTT TREASURER	1.00	X		X				0.	0.	0.
(14) DONALD MYERS DIRECTOR	1.00	X						0.	0.	0.
(15) STEPHEN V. KINNEY DIRECTOR	1.00	X						0.	0.	0.
(16) CEDRIC KING DIRECTOR	1.00	X						0.	0.	0.
(17) REESE LANIER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Subtotal**								222,849.	0.	6,686.
c **Total from continuation sheets to Part VII, Section A**								0.	0.	0.
d **Total (add lines 1b and 1c)**								222,849.	0.	6,686.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,616,062.				
	g Noncash contributions included in lines 1a-1f	1g	$ 1,542,644.				
	h **Total.** Add lines 1a-1f			8,616,062.			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,447,704.			1447704.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	25,580,215.				
	b Less: cost or other basis and sales expenses	7b	24,770,163.				
	c Gain or (loss)	7c	810,052.				
	d Net gain or (loss)			810,052.			810,052.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			**Business Code**				
	11a MANAGEMENT FEE		541610	35,117.	35,117.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			35,117.			
	12 **Total revenue.** See instructions			10,908,935.	35,117.	0.	2257756.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,913,816.	6,913,816.		
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	222,849.	122,567.	55,712.	44,570.
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	184,502.	101,476.	46,126.	36,900.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,114.	4,463.	2,029.	1,622.
9 Other employee benefits	3.	2.	1.	
10 Payroll taxes	29,560.	16,258.	7,390.	5,912.
11 Fees for services (nonemployees):				
a Management	52,782.	29,030.	13,196.	10,556.
b Legal	160.	88.	40.	32.
c Accounting	29,000.	15,950.	7,250.	5,800.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	147,712.	147,712.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	275,100.	230,420.	24,822.	19,858.
12 Advertising and promotion	62,144.	34,179.	15,536.	12,429.
13 Office expenses	33,363.	18,349.	8,341.	6,673.
14 Information technology	53,406.	29,373.	13,352.	10,681.
15 Royalties				
16 Occupancy	76,518.	42,084.	19,130.	15,304.
17 Travel	8,790.	4,835.	2,198.	1,757.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	754.	415.	188.	151.
20 Interest	118.	64.	30.	24.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,931.	2,712.	1,233.	986.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER	26,398.	14,519.	6,600.	5,279.
b PRINTING AND PUBLICATIO	9,145.	5,030.	2,286.	1,829.
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	8,139,165.	7,733,342.	225,460.	180,363.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		4,750,819.	1	4,168,628.
	2	Savings and temporary cash investments		1,816,136.	2	904,824.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,734.			
	b	Less: accumulated depreciation	10b 6,266.	0.	10c	4,468.
	11	Investments - publicly traded securities		46,953,298.	11	54,589,865.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		400,000.	13	575,000.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		555,532.	15	510,157.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		54,475,785.	16	60,752,942.
Liabilities	17	Accounts payable and accrued expenses		7,336.	17	21,940.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		5,104,740.	25	4,948,895.
	26	**Total liabilities.** Add lines 17 through 25		5,112,076.	26	4,970,835.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		49,313,709.	27	55,732,107.
	28	Net assets with donor restrictions		50,000.	28	50,000.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		49,363,709.	32	55,782,107.
	33	Total liabilities and net assets/fund balances		54,475,785.	33	60,752,942.

Form **990** (2025)

532011 12-15-25

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,908,935.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,139,165.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,769,770.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,363,709.
5	Net unrealized gains (losses) on investments	5	3,648,628.
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	55,782,107.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8020182.	2835388.	3172967.	7331090.	8616062.	29975689.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	8020182.	2835388.	3172967.	7331090.	8616062.	29975689.
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)						5917327.
6 **Public support.** Subtract line 5 from line 4.						24058362.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	8020182.	2835388.	3172967.	7331090.	8616062.	29975689.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1598327.	1221486.	1412750.	1158491.	1447704.	6838758.
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						36814447.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	65.35 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	57.52 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer 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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on 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.**	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct 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**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.

Employer identification number 20-2454729

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	84	
2	Aggregate value of contributions to (during year)	4,799,350.	
3	Aggregate value of grants from (during year)	4,449,952.	
4	Aggregate value at end of year	43,961,888.	

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

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

Part II Conservation Easements.

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

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

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,559,874.	6,748,239.	6,271,665.	7,513,876.	6,446,006.
b Contributions	3,760,394.	2,118,847.	422,178.	551,152.	352,220.
c Net investment earnings, gains, and losses	1,105,239.	843,221.	885,255.	-1,018,006.	773,098.
d Grants or scholarships	79,389.	91,441.	338,433.	47,992.	33,939.
e Other expenditures for facilities and programs					
f Administrative expenses	1,946,848.	1,058,992.	492,426.	727,365.	23,509.
g End of year balance	11,399,270.	8,559,874.	6,748,239.	6,271,665.	7,513,876.

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

a Board designated or quasi-endowment 100 %
b Permanent endowment _____ %
c Term endowment _____ %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		10,734.	6,266.	4,468.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				4,468.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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, line 13, col. (B))		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS HELD TO BENEFIT AN AGENCY FUND	4,476,585.
(3) OPERATING LEASE LIABILITY	472,310.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	4,948,895.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	14,409,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,648,627.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	3,648,627.
3	Subtract line 2e from line 1			3	10,761,223.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	147,712.		
c	Add lines 4a and 4b			4c	147,712.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	10,908,935.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements			1	7,991,452.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	7,991,452.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	147,713.		
c	Add lines 4a and 4b			4c	147,713.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	8,139,165.

Part XIII Supplemental Information

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

PART V, LINE 4:
TO BE IN EXISTENCE IN PERPETUITY TO ADDRESS COMMUNITY ISSUES AND TO CREATE DONOR DETERMINED ENDOWMENTS TO PROVIDE FOR SINGLE NONPROFIT AGENCIES.

PART X, LINE 2:
INCOME TAXES: THE FOUNDATION IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND IS CLASSIFIED AS A PUBLIC CHARITY DEFINED UNDER THE CODE. GAAP PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED, AND DISCLOSED IN THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION'S MANAGEMENT HAS EVALUATED THE IMPLICATIONS OF THESE STANDARDS AND HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS FOR THE FOUNDATION; THEREFORE, NO TAX EXPENSE OR ACCRUALS FOR UNCERTAIN TAX POSITIONS ARE INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. INTEREST AND PENALTIES ARE EXPENSED AS INCURRED. THERE WERE NO INTEREST AND PENALTIES CHARGED TO EXPENSE FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT FEES

PART XII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT FEES
ROUNDING

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.

Employer identification number 20-2454729

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACLU FOUNDATION OF GEORGIA, INC. P.O. BOX 570738 ATLANTA, GA 30357	23-7115937	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ADOPTION-SHARE INC 1027 EGMONT ST BRUNSWICK, GA 31520	46-4041847	501(C)(3)	12,500.	0.			GENERAL SUPPORT
ALZHEIMER'S OF GLYNN D/B/A MEMORY MATTERS GLYNN - 2803 SHERWOOD DR - BRUNSWICK, GA 31520	58-2141802	501(C)(3)	12,500.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	25,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	35,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS, METRO ATLANTA CHAPTER - 1955 MONROE DR NE - ATLANTA, GA 30324	53-0196605	501(C)(3)	12,500.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 125.

3 Enter total number of other organizations listed in the line 1 table ..... 16.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S SECOND HARVEST OF COASTAL GEORGIA, INC. - 2501 EAST PRESIDENT STREET - SAVANNAH, GA 31404	58-1442013	501(C)(3)	75,900.	0.			GENERAL SUPPORT
ATLANTA BOTANICAL GARDEN INC. 1345 PIEDMONT AVE NE ATLANTA, GA 30309	58-1313284	501(C)(3)	5,972.	0.			GENERAL SUPPORT
ATLANTA CHILDREN'S SHELTER, INC. 607 PEACHTREE STREET NE ATLANTA, GA 30308	58-1675299	501(C)(3)	7,500.	0.			GENERAL SUPPORT
ATLANTA MISSION 2353 BOLTON ROAD NW ATLANTA, GA 30318	58-0572430	501(C)(3)	7,500.	0.			GENERAL SUPPORT
ATLANTA SPEECH SCHOOL 3160 NORTHSIDE PARKWAY NW ATLANTA, GA 30327	58-0566198	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ATLANTA YOUTH ACADEMIES FOUNDATION, INC. - 2120 FORREST PARK ROAD - ATLANTA, GA 30315	58-2554519	501(C)(3)	7,500.	0.			GENERAL SUPPORT
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	23-7147797	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF SOUTHEAST GEORGIA - 95 FAITH AVE - BRUNSWICK, GA 31520	58-0973039	501(C)(3)	459,500.	0.			GENERAL SUPPORT
CASA GLYNN PO BOX 145 BRUNSWICK, GA 31521	58-2176608	501(C)(3)	13,750.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL OF ST PHILLIP M P P P 1424 W PACES FERRY RD NW ATLANTA, GA 30327	58-6088023	501(C)(3)	12,500.	0.			GENERAL SUPPORT
CEDAR WAXWING, LLC 328 CEDAR BANK RD. ST. SIMONS ISLAND, GA 31522	25-6570196		73,517.	0.			PAYMENT FOR PROGRAM SERVICES, WORK COMPLETED
CENTER FOR A SUSTAINABLE COAST 221 MALLERY ST #B ST. SIMONS ISLAND, GA 31522	58-2323174	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CHILDREN'S HEALTHCARE OF ATLANTA, INC. - 1575 NORTHEAST EXPY NE - ATLANTA, GA 30329	58-2367819	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CHRIST EPISCOPAL CHURCH OF FREDERICA - 6329 FREDERICA ROAD - ST. SIMONS ISLAND, GA 31522	58-0898161	501(C)(3)	21,416.	0.			GENERAL SUPPORT
CHRIST'S CHURCH CAMDEN 250 LAKE POINTE DRIVE KINGSLAND, GA 31548	20-8655848	501(C)(3)	21,000.	0.			GENERAL SUPPORT
CITY OF REFUGE 1300 JOSEPH E. BOONE BLVD ATLANTA, GA 30314	58-2194642	501(C)(3)	61,500.	0.			GENERAL SUPPORT
COASTAL COMMUNITY HEALTH SERVICES, INC. - 100 PROFESSIONAL CENTER DR - BRUNSWICK, GA 31525	46-1859206	501(C)(3)	102,702.	0.			GENERAL SUPPORT
COASTAL GEORGIA COUNCIL INC. BOY SCOUTS OF AMERICA - 11900 ABERCORN STREET - SAVANNAH, GA 31419	58-0566164	501(C)(3)	37,200.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

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COASTAL GEORGIA HISTORICAL SOCIETY, INC - P.O. BOX 21136 - ST. SIMONS ISLAND, GA 31522	58-0964094	501(C)(3)	126,316.	0.			GENERAL SUPPORT
COASTAL GEORGIA HONOR FLIGHT PO BOX 20466 ST SIMONS ISLAND, GA 31522	81-0751631	501(C)(3)	15,000.	0.			GENERAL SUPPORT
COASTAL OUTREACH ACADEMIES, INC. 1425 CATE ROAD BRUNSWICK, GA 31525	81-4317353	501(C)(3)	48,500.	0.			GENERAL SUPPORT
COASTAL PINES TECHNICAL COLLEGE 1701 CARSWELL AVE WAYCROSS, GA 31503	58-1978595		25,000.	0.			GENERAL SUPPORT
COASTAL SYMPHONY OF GEORGIA, INC. P.O. BOX 21733 ST. SIMONS ISLAND, GA 31522	58-1637768	501(C)(3)	16,250.	0.			GENERAL SUPPORT
COLLEGE OF COASTAL GEORGIA FOUNDATION, INC. - ONE COLLEGE DRIVE - BRUNSWICK, GA 31520	58-6072323	501(C)(3)	368,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF GLYNN COUNTY, INC. - P.O. BOX 2318 - BRUNSWICK, GA 31521	20-4477385	501(C)(3)	208,847.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION FOR GREATER ATLANTA - 191 PEACHTREE STREET NE STE 1000 - ATLANTA, GA 30303	58-1344646	501(C)(3)	150,000.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF WEST GEORGIA - 807 S PARK ST - CARROLLTON, GA 30117	03-0472714	501(C)(3)	9,345.	0.			GENERAL SUPPORT

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DARIEN UNITED METHODIST CHURCH 201 FRANKLIN ST DARIEN, GA 31305	06-6065139	501(C)(3)	17,500.	0.			GENERAL SUPPORT
DAVIS LOVE III FOUNDATION, INC. 100 RETREAT RD ST SIMONS ISLAND, GA 31522	20-2920597	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA INC. 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	52,500.	0.			GENERAL SUPPORT
DUKE UNIVERSITY 2200 W MAIN ST, SUITE 300 DURHAM, NC 27705	56-0532129	501(C)(3)	56,627.	0.			GENERAL SUPPORT
FAITHWORK MINISTRIES 2911 ALTAMA AVENUE BRUNSWICK, GA 31520	58-2195606	501(C)(3)	44,872.	0.			GENERAL SUPPORT
FAMILY FIRST ALL PRO DAD 5509 W GRAY ST, SUITE 100 TAMPA, FL 33609	59-3043408	501(C)(3)	21,500.	0.			GENERAL SUPPORT
FIDELITY CHARITABLE 100 CROSBY PARKWAY KC1D-FCS COVINGTON, KY 41015	11-0303001	501(C)(3)	118,373.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 1400 NORWICH ST BRUNSWICK, GA 31520	58-0832565	501(C)(3)	8,500.	0.			GENERAL SUPPORT
FORWARD BRUNSWICK, INC. PO BOX 458 BRUNSWICK, GA 31521	84-3251316	501(C)(3)	98,500.	0.			GENERAL SUPPORT

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FOSTER LOVE MINISTRIES 4429 NEW JESUP HWY BRUNSWICK, GA 31520	82-4458152	501(C)(3)	12,500.	0.			GENERAL SUPPORT
FOUNDATION FOR PRADER WILLI RESEARCH - 340 S. LEMON AVE, #3620 - WALNUT, CA 91789	31-1763110	501(C)(3)	22,500.	0.			GENERAL SUPPORT
FREDERICA ACADEMY 200 MURRAY WAY ST. SIMONS ISLAND, GA 31522	58-1093060	501(C)(3)	11,500.	0.			GENERAL SUPPORT
FRIENDS OF FORT FREDERICA NATIONAL MONUMENT - PO BOX 30419 - SEA ISLAND, GA 31561	82-2484237	501(C)(3)	9,500.	0.			GENERAL SUPPORT
GEORGIA CONSERVANCY INC 230 PEACHTREE ST NW, SUITE 2275 ATLANTA, GA 30303	58-1027246	501(C)(3)	12,500.	0.			GENERAL SUPPORT
GEORGIA PUBLIC BROADCASTING 260 14TH STREET NW ATLANTA, GA 30318	58-1510475	501(C)(3)	40,000.	0.			GENERAL SUPPORT
GEORGIA TECH FOUNDATION 760 SPRING STREET NW STE 400 ATLANTA, GA 30308	58-6043294	501(C)(3)	6,250.	0.			GENERAL SUPPORT
GLYNN COUNTY ANIMAL SERVICES 190 CARL ALEXANDER WAY BRUNSWICK, GA 31525	58-6000830		20,000.	0.			GENERAL SUPPORT
GLYNN VISUAL ARTS, INC. 106 ISLAND DR ST SIMONS ISLAND, GA 31522	58-0948772	501(C)(3)	16,250.	0.			GENERAL SUPPORT

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GOLDEN ISLES ARTS AND HUMANITIES ASSOCIATION - 1530 NEWCASTLE ST - BRUNSWICK, GA 31520	58-1822047	501(C)(3)	12,000.	0.			GENERAL SUPPORT
GOLDEN ISLES LEADERSHIP FOUNDATION INC. - 1508 BAY ST - BRUNSWICK, GA 31520	46-1057428	501(C)(3)	18,000.	0.			GENERAL SUPPORT
GOLDEN ISLES VETERANS VILLAGE P.O. BOX 1884 BRUNSWICK, GA 31521	84-4633974	501(C)(3)	145,106.	0.			GENERAL SUPPORT
GOLDEN ISLES YMCA 144 SCRANTON CONNECTOR BRUNSWICK, GA 31525	58-1985120	501(C)(3)	40,000.	0.			GENERAL SUPPORT
GOLDEN ISLES YOUTH ORCHESTRA, INC. P.O. BOX 603 BRUNSWICK, GA 31521	46-5612306	501(C)(3)	22,900.	0.			GENERAL SUPPORT
GROUNDSWELL COMMUNITY PROJECT 1220 ROSECRANS ST SAN DIEGO, CA 92106	81-3150889	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GSGA FOUNDATION INC. 2205 NORTHSIDE DR NW, SUITE 200 ATLANTA, GA 30305	58-1614105	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF GLYNN COUNTY - 1919 GLYNN AVE, UNITS 9 & 10 - BRUNSWICK, GA 31520	58-1852944	501(C)(3)	28,500.	0.			GENERAL SUPPORT
HAND IN HAND OF GLYNN, INC. PO BOX 2452 BRUNSWICK, GA 31521	83-1620221	501(C)(3)	166,500.	0.			GENERAL SUPPORT

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HIGHLANDS CASHIERS HEALTH FOUNDATION, INC - 348 S 5TH ST, SUITE 221 - HIGHLANDS, NC 28741	56-1165833	501(C)(3)	6,000.	0.			GENERAL SUPPORT
HOPE 1312 COLLECTIVE INC. 1115 SYCAMORE AVE BRUNSWICK, GA 31520	81-4212307	501(C)(3)	22,750.	0.			GENERAL SUPPORT
HOSPICE OF THE GOLDEN ISLES, INC. 1692 GLYNCO PKWY BRUNSWICK, GA 31525	58-1428562	501(C)(3)	64,000.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF CAMDEN COUNTY, INC. - 1200 SHADOWLAWN DR - ST MARYS, GA 31558	58-1692541	501(C)(3)	40,500.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF SOUTH COASTAL GEORGIA - 4627 U.S. HIGHWAY 17 NORTH - BRUNSWICK, GA 31525	58-6073265	501(C)(3)	45,750.	0.			GENERAL SUPPORT
HUNTERMACLEAN, ATTORNEYS AT LAW 200 E SAINT JULIAN ST SAVANNAH, GA 31401	58-2211993		104,574.	0.			PAYMENT FOR PROGRAM SERVICES, WORK COMPLETED
IMINT MEDIA 590 MARTIN PALMER DR BRUNSWICK, GA 31523	47-2508678		6,075.	0.			GENERAL SUPPORT
IN HIS GRIP MINISTRIES PO BOX 2056 SPRING HILL, TN 37174	26-2214427	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INFORMED CONSENT ACTION NETWORK 10200 HIGHWAY 290 W, SUITE 301 AUSTIN, TX 78736	81-4540235	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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KENNESAW STATE UNIVERSITY 1000 CHASTAIN ROAD NW KENNESAW, GA 30144	58-0965786	501(C)(3)	7,500.	0.			GENERAL SUPPORT
KEVIN M. HIGGINS ARCHITECT 175 JUNIPER CT BRUNSWICK, GA 31520	20-0719117		20,109.	0.			PAYMENT FOR PROGRAM SERVICES, WORK COMPLETED
LENZ INC 119 E COURT SQ, SUITE 201 DECATUR, GA 30030	84-4867570		13,427.	0.			PAYMENT FOR PROGRAM SERVICES, WORK COMPLETED
LITTLE ST. SIMONS ISLAND PO BOX 21078 ST. SIMONS ISLAND, GA 31522	20-1954023		36,346.	0.			GENERAL SUPPORT
LSU FOUNDATION 3796 NICHOLSON DR BATON ROUGE, LA 70802	72-6020969	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MAP INTERNATIONAL 4700 GLYNCO PKWY BRUNSWICK, GA 31525	36-2586390	501(C)(3)	10,250.	0.			GENERAL SUPPORT
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	20-3021444	501(C)(3)	35,000.	0.			GENERAL SUPPORT
MARSHES OF GLYNN LIBRARIES 208 GLOUCESTER ST BRUNSWICK, GA 31520	58-6000830		21,000.	0.			GENERAL SUPPORT
MARSH'S EDGE, LLC 136 MARSH'S EDGE LANE ST. SIMONS ISLAND, GA 31522	26-1973863		6,449.	0.			UNRESTRICTED RESIDENT'S USE

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MAYO CLINIC 200 1ST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MCCALLIE SCHOOL, INC. 500 DODDS AVE CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MERCER UNIVERSITY 1400 COLEMAN AVE MACON, GA 31207	58-0566167	501(C)(3)	22,500.	0.			GENERAL SUPPORT
MORNINGSTAR CHILDREN AND FAMILY SERVICES, INC. - 1 YOUTH ESTATES DRIVE - BRUNSWICK, GA 31521	58-2314421	501(C)(3)	48,750.	0.			GENERAL SUPPORT
NATIONAL PUBLIC RADIO 1111 NORTH CAPITOL ST. NE WASHINGTON, DC 20002	52-0907625	501(C)(3)	35,000.	0.			GENERAL SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 W 20TH ST - NEW YORK, NY 10011	13-2654926	501(C)(3)	7,500.	0.			GENERAL SUPPORT
OKEFENOKEE SWAMP PARK, INC. 5700 OKEFENOKEE SWAMP PARK RD. WAYCROSS, GA 31503	58-0515884	501(C)(3)	87,469.	0.			GENERAL SUPPORT
ONE HUNDRED MILES, INC. P.O. BOX 2056 BRUNSWICK, GA 31521	45-5260656	501(C)(3)	103,304.	0.			GENERAL SUPPORT
PEACHTREE PRESBYTERIAN CHURCH 3434 ROSWELL ROAD NW ATLANTA, GA 30305	58-0566210	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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PIEDMONT HOSPITAL 1968 PEACHTREE RD NW ATLANTA, GA 30309	58-0566213	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PIGMENTAL 124 INSUSTRIAL DRIVE SAINT MARYS, GA 31558	46-5134804		12,025.	0.			GENERAL SUPPORT
PREMIER PRINTING 123 BENEDICT ROAD BRUNSWICK, GA 31520	20-5177001		5,320.	0.			GENERAL SUPPORT
ROBERT W WOODRUFF ARTS CENTER, INC. - 1280 PEACHTREE STREET NE - ATLANTA, GA 30309	58-0633971	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ROBERTS CIVIL ENGINEERING, LLC 301 SEA ISLAND RD, SUITE 10 ST SIMONS ISLAND, GA 31522	27-0756118		17,060.	0.			PAYMENT FOR PROGRAM SERVICES, WORK COMPLETED
RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE - 824 CHILDREN'S WAY - JACKSONVILLE, FL 32207	59-2625008	501(C)(3)	5,500.	0.			GENERAL SUPPORT
S.H.A.R.E. OF COASTAL GEORGIA 2228 STARLING ST BRUNSWICK, GA 31520	58-1920455	501(C)(3)	12,500.	0.			GENERAL SUPPORT
SAFE HARBOR CHILDREN'S CENTER P.O. BOX 1313 BRUNSWICK, GA 31521	58-1907913	501(C)(3)	59,000.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE SAMARITAN'S PURSE BOONE, NC 28607	58-1437002	501(C)(3)	17,750.	0.			GENERAL SUPPORT

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SAPELO STRONG, INC. 1426 NEWCASTLE ST, SUITE 101 BRUNSWICK, GA 31520	33-2277969	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SATILLA RIVERWATCH ALLIANCE, INC. 5700 OKEFENOKEE SWAMP PARK RD. WAYCROSS, GA 31503	51-0491201	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAVANNAH JEWISH FEDERATION 5111 ABERCORN ST SAVANNAH, GA 31405	58-0566231	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SECOND WIND PROGRAMS, INC. 402 OFFICE PARK DRIVE MOUNTAIN BARK, AL 35223	68-0174970	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SENIOR CITIZENS INC 3025 BULL ST SAVANNAH, GA 31405	58-0864009	501(C)(3)	12,500.	0.			GENERAL SUPPORT
SHEPHERD CENTER FOUNDATION, INC. 2020 PEACHTREE ROAD ATLANTA, GA 30309	20-1238224	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SHUPE SURVEYING COMPANY, P.C. 3837 DARIEN HWY BRUNSWICK, GA 31525	58-1822002		5,150.	0.			PAYMENT FOR PROGRAM SERVICES, WORK COMPLETED
SIGNATURE SQUARES OF BRUNSWICK, INC. - PO BOX 846 - BRUNSWICK, GA 31521	20-2154927	501(C)(3)	11,500.	0.			GENERAL SUPPORT
SKYLARK CLINIC, INC. 3548 COMMUNITY ROAD BRUNSWICK, GA 31520	58-1967329	501(C)(3)	121,500.	0.			GENERAL SUPPORT

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SLEEP IN HEAVENLY PEACE, INC. 669 W QUINN RD, BLDG 42 POCATELLO, ID 83202	46-4346568	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SOCIAL OPPORTUNITIES AND ACTIVE RECREATION, INC. - P.O. BOX 21672 - ST. SIMONS ISLAND, GA 31522	47-5595251	501(C)(3)	13,700.	0.			GENERAL SUPPORT
SOCIETY OF ST. VINCENT DE PAUL GEORGIA, INC. - 2050-C CHAMBLEE TUCKER ROAD - ATLANTA, GA 30341	58-0967972	501(C)(3)	59,226.	0.			GENERAL SUPPORT
SOLUTIONS IN HOMETOWN CONNECTIONS 6411 IVY LN, SUITE 703 GREENBELT, MD 20770	82-1942936	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION - 2415 PARKWOOD DR - BRUNSWICK, GA 31520	58-2125644	501(C)(3)	24,000.	0.			GENERAL SUPPORT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET, SUITE 14 CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	30,000.	0.			GENERAL SUPPORT
ST. FRANCIS XAVIER CATHOLIC CHURCH AND SCHOOL - 1121 UNION ST - BRUNSWICK, GA 31520	58-1584133	501(C)(3)	134,769.	0.			GENERAL SUPPORT
ST. SIMONS AFRICAN AMERICAN HERITAGE COALITION - PO BOX 20145 - ST SIMONS ISLAND, GA 31522	58-2629600	501(C)(3)	37,112.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. SIMONS COMMUNITY CHURCH 2700 FREDERICA ROAD ST. SIMONS ISLAND, GA 31522	58-2432879	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ST. SIMONS ISLAND PUBLIC LIBRARY SUPPORT FUND INC. - PO BOX 21253 - ST SIMONS ISLAND, GA 31522	58-0905187	501(C)(3)	30,000.	0.			GENERAL SUPPORT
ST. SIMONS LAND TRUST P.O. BOX 24615 ST. SIMONS ISLAND, GA 31522	58-2598986	501(C)(3)	102,505.	0.			GENERAL SUPPORT
ST. SIMONS PRESBYTERIAN CHURCH 205 KINGS WAY ST. SIMONS ISLAND, GA 31522	58-0909235	501(C)(3)	148,627.	0.			GENERAL SUPPORT
ST. SIMONS UNITED METHODIST CHURCH 624 OCEAN BLVD ST. SIMONS ISLAND, GA 31522	58-0972033	501(C)(3)	20,000.	0.			GENERAL SUPPORT
STAR OF COASTAL GEORGIA INC. 1612 NEWCASTLE ST SUITE #105 BRUNSWICK, GA 31520	31-1561207	501(C)(3)	24,750.	0.			GENERAL SUPPORT
TEMPLE ISRAEL 511 BAYTREE ROAD VALDOSTA , GA 31602	58-1971639	501(C)(3)	8,000.	0.			GENERAL SUPPORT
TERN 116 RUM CREEK DR FORSYTH, GA 31029	58-2004722	501(C)(3)	18,250.	0.			GENERAL SUPPORT
THE GATHERING PLACE P.O. BOX 772 BRUNSWICK, GA 31521	58-2312223	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LOVETT SCHOOL 4075 PACES FERRY ROAD NW ATLANTA, GA 30327	58-0619038	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY ATLANTA GEORGIA 1000 CENTER PLACE NORCROSS, GA 30093	58-0660607	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY ST. MARYS SERVICE CENTER - 1915 OSBORNE ROAD - ST. MARYS, GA 31558	58-0660607	501(C)(3)	21,000.	0.			GENERAL SUPPORT
THE SAVANNAH COMMUNITY FOUNDATION 2225 NORWOOD AVE, SUITE B SAVANNAH, GA 31406	58-6033468	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTE FE, NM 87501	31-1611995	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TOMMY LANIER FOUNDATION, INC. 2867 BAKER FARM ROAD ATLANTA, GA 30339	83-0683871	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TROYER'S SPECIALTY FENCING 1857 S US HWY 341 JESUP, GA 31546	47-1954068		64,354.	0.			PAYMENT FOR PROGRAM SERVICES, WORK COMPLETED
UNIVERSITY OF GEORGIA 220 HOLMES/HUNTER ACADEMIC BUILDING ATHENS, GA 30602	58-6001998	501(C)(3)	19,250.	0.			GENERAL SUPPORT
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	58-6033837	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH GEORGIA 82 COLLEGE CIRCLE DAHLONEGA, GA 30597	58-6002060		7,000.	0.			GENERAL SUPPORT
VALWOOD SCHOOL 4380 OLD US HWY 41 N HAHIRA, GA 31632	58-6074366	501(C)(3)	200,000.	0.			GENERAL SUPPORT
VANDERBILT UNIVERSITY PMB 4077272301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WASHINGTON & LEE UNIVERSITY 204 W. WASHINGTON STREET LEXINGTON, VA 24450	54-0505977	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WATERED GARDENS/TRUE CHARITY 531 KENTUCKY AVE JOPLIN, MO 64801	20-2586821	501(C)(3)	34,000.	0.			GENERAL SUPPORT
WESTMINSTER SCHOOLS INC. 1424 WEST PACES FERRY ROAD NW ATLANTA, GA 30327	58-0566206	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	35,000.	0.			GENERAL SUPPORT
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	35,000.	0.			GENERAL SUPPORT
YOUTH ENRICHMENT LEARNING CENTER, INC. - 2401 NORWICH ST, UNIT 1 - BRUNSWICK, GA 31520	84-4195217	501(C)(3)	9,000.	0.			GENERAL SUPPORT

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

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

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

PART I, LINE 2:
THE GRANT MAKING PROCESS IS WELL DOCUMENTED, BOTH IN POLICIES AND PROCEDURES ADOPTED BY THE BOARD, AND ALSO ON OUR WEBSITE AT WWW.COASTALGEORGIAFOUNDATION.ORG. THERE IS A DEFINED PROCESS FOR RECEIVING LETTERS OF INTENT AND FULL PROPOSALS AS WELL AS REQUESTED FINANCIAL INFORMATION FROM THE GRANT SEEKING NONPROFIT. DECISIONS ARE MADE BY THE COMMUNITY IMPACT COMMITTEE COMPOSED OF BOTH BOARD AND NON-BOARD MEMBERS AND DECISIONS ARE RATIFIED BY THE FULL BOARD.

UPON AWARDING THE GRANT, A SIGNED CONTRACT IS EXECUTED. FINAL REPORTS ON USE OF THE FUNDS ARE REQUIRED BEFORE THE NONPROFIT CAN SUBMIT FOR THE NEXT ROUND OF GRANTS.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.

Employer identification number: 20-2454729

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEEVA KASE	(i)	222,849.	0.	0.	6,686.	0.	229,535.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization: COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.

Employer identification number: 20-2454729

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	35	1,542,644.	HIGH/LOW AVERAGE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART I, LINE 32B:
MERRILL LYNCH AND TRUIST ARE USED AS A THIRD PARTY FOR NON-CASH CONTRIBUTIONS OF SECURITIES.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.

Employer identification number: 20-2454729

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC. WAS ESTABLISHED TO IMPROVE THE QUALITY OF LIFE IN COASTAL GEORGIA BY ENCOURAGING RESPONSIVE AND EFFECTIVE PHILANTHROPY TO ADDRESS COMMUNITY NEEDS AND ISSUES, BOTH NOW AND FOR FUTURE GENERATIONS. WE WORK WITH INDIVIDUALS, FAMILIES, CORPORATIONS AND FOUNDATIONS TO CREATE FUNDS; WE CONVENE COMMUNITY LEADERSHIP ON ISSUES VITAL TO THE REGION; WE HELP TO BUILD THE CAPACITY OF LOCAL NONPROFITS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRIMARILY FOR THE BENEFIT OF GLYNN, MCINTOSH AND CAMDEN COUNTIES, THROUGH BOTH COMPETITIVE AND NON-COMPETITIVE GRANT AWARDS.

FORM 990, PART III, LINE 4A
WE MEET INDIVIDUALLY WITH OUR DONORS AND FUND HOLDERS, HELPING THEM DEFINE THE GOOD THEY WISH TO DO WITH THEIR CHARITABLE DOLLARS, AND THEN CONNECTING THEM TO ORGANIZATIONS THAT FOCUS ON THEIR AREA OF INTEREST. WE CONDUCT DUE DILIGENCE ON NONPROFITS, TO ENSURE THAT THEY ARE CREDIBLE AND COMPLY WITH THE NECESSARY STANDARDS; WE OFFER EDUCATIONAL EVENTS TO INFORM DONORS OF COMMUNITY NEEDS. WE CURRENTLY HOLD 151 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 THROUGH THE DONOR FUNDS AND THE ASSOCIATED EXPENSES ARE CONTAINED IN 4A. OUR COMPETITIVE GRANT MAKING IS HIGHLIGHTED HERE AND IS FOCUSED ON TWO AREAS: 1) PROGRAMS SERVING AT-RISK YOUTH WHICH SPECIFICALLY ADDRESS ONE OF THE FOLLOWING: EARLY CHILDHOOD LITERACY AND/OR QUALITY-RATED CHILD CARE, TEEN PREGNANCY AND BIRTHS TO UNWED YOUNG MOTHERS, JUVENILE CRIME AND GANG ACTIVITY, HIGH SCHOOL GRADUATION AND/WORKFORCE READINESS, YOUTH DEVELOPMENT AND INNOVATIVE EDUCATION STRATEGIES; OR RISK REDUCTION, INCLUDING CHILD PROTECTIVE, SUBSTANCE ABUSE, AND/OR MENTAL HEALTH SERVICES. 2) OR INTIATIVES WHICH PRESENT A SUBSTANTIVE PARTNERSHIP BETWEEN TWO OR MORE SERVICE PROVIDERS TO PROMOTE TWO-GENERATIONAL APPROACHES TO IMPROVING EDUCATION, SKILLS AND COLLECTIVE WELL-BEING OF CHILDREN, THEIR PARENTS AND/OR GUARDIANS. FOR OUR COMPETITIVE GRANTS, OUR STAFF ISSUES REQUESTS FOR PROPOSALS, REVIEWS PROPOSALS, CONDUCTS DUE DILIGENCE AND SITE VISITS. A COMMITTEE COMPOSED ON BOTH BOARD AND NON-BOARD MEMBERS REVIEWS AND VOTES ON THE PROPOSALS SUBMITTED. ALL GRANTS ARE THEN CONSIDERED AND APPROVED BY THE COMMUNITY FOUNDATION BOARD OF DIRECTORS.

FORM 990, PART III, LINE 4C
BASED UPON A 2015 COASTAL GEORGIA COMMUNITY NEEDS ASSESSMENT, THE DATA REFLECTED THAT THE COMMUNITIES THE FOUNDATION SERVES HAVE GREATER POVERTY, LESS EDUCATION AND MORE AT-RISK CHARACTERISTICS AS COMPARED TO THE STATE AVERAGE. IDENTIFIED WAS THE NEED FOR: INTEGRATED EDUCATIONAL AND WORKFORCE DEVELOPMENT SERVICES FOR AT-RISK YOUTH AND THEIR FAMILIES AND APPLIED TRAINING IN LIFE SKILLS, FINANCIAL LITERACY AND WORKFORCE

Name of the organization COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.

Employer identification number 20-2454729

EDUCATION ACROSS ALL POPULATIONS. THE COMMUNITY FOUNDATON TARGETS ITS COMPETITIVE GRANT CYCLE TOWARD ADDRESSING THESE ISSUES.

THE FOUNDATION ALSO HELD PUBLIC MEETINGS AROUND ISSUES THAT IMPACT THIS COASTAL COMMUNITY SUCH AS THE RISING SEA LEVEL AND IT'S ECONOMIC AND ENVIRONMENTAL IMPACT IN THE COMING YEARS, AS WELL AS OPPORTUNITIES IN DOWNTOWN REDEVELOPMENT.

FORM 990, PART VI, SECTION B, LINE 11B:
THE MINUTES OF THE JUNE 2009 MEETING OF THE BOARD OF DIRECTORS OFFICIALLY RECORDS THE BOARD'S UNANIMOUS VOTE TO EMPOWER THE AUDIT COMMITTEE AND THE TREASURER TO REVIEW THE 990 PRIOR TO FILING. THIS COMMITTEE IS COMPOSED OF BOTH BOARD AND NON-BOARD MEMBERSHIP WITH A MAJORITY OF THOSE MEMBERS BEING CPAS. AN ELECTRONIC VERSION OF THE 990 AND ALL SCHEDULES AND ATTACHMENTS WILL BE SENT FOR REVIEW AND POSSIBLE COMMENTS. THE AUDIT COMMITTEE REVIEWS THE 990 AT A CALLED MEETING. FOLLOWING THE RESOLUTION OF ANY QUESTIONS/COMMENTS, A COPY OF THE COMPLETE 990 IS PROVIDED TO THE FULL BOARD. THE AUDIT COMMITTEE RECOMMENDS TO THE FULL BOARD TO ACCEPT THE 990. UPON ACCEPTANCE BY THE FULL BOARD, THE CEO OR BOARD CHAIR WILL SIGN AND FILE.

FORM 990, PART VI, SECTION B, LINE 12C:
ANNUALLY, EACH BOARD MEMBER IS ASKED TO READ AND RESUBMIT AND SIGN A CURRENT LISTING OF AFFILIATIONS, PROFESSIONAL, PERSONAL, AND NONPROFIT-LINKED, THAT COULD LEAD TO A POTENTIAL CONFLICT OF INTEREST. THESE ARE KEPT ON FILE IN THE CEO'S OFFICE FOR REFERENCE. AT EACH BOARD MEETING, BOARD MEMBERS AND STAFF ARE REMINDED TO DIVULGE POSSIBLE CONFLICTS OF INTEREST IN DISCUSSIONS OF GRANTS, SERVICES, ETC. AND RECUSE THEMSELVES FROM VOTING IF SO REQUESTED BY THE BOARD.

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.

Name of the organization COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.

Employer identification number 20-2454729

FORM 990, PART XII, LINE 2C:
THE BOARD HAS AN AUDIT COMMITTEE COMPOSED OF BOTH BOARD AND NON-BOARD MEMBERS. THIS SUBCOMMITTEE HAS BEEN IN PLACE FOR SEVERAL YEARS, AND DID NOT CHANGE IN PURPOSE OR STRUCTURE IN THE CURRENT YEAR.

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