

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>20-2454729</b>
	Doing business as		<b>E</b> Telephone number <b>912-268-4442</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>31,846,622.</b>
	<b>1626 FREDERICA ROAD</b>	<b>201</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>ST. SIMONS ISLAND, GA 31522</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>PAUL WHITE</b> <b>SAME AS C ABOVE</b>			If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.COASTALGEORGIAFOUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2005</b> <b>M</b> State of legal domicile: <b>GA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>3</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>43</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 13,289,844.	<b>Current Year</b> 12,658,793.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	901,477.	2,256,918.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,113.	27,277.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,211,434.	14,942,988.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,692,862.	3,100,430.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	220,382.	276,519.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>80,819.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	294,588.	292,032.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,207,832.	3,668,981.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	11,003,602.	11,274,007.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 32,433,363.	<b>End of Year</b> 46,507,043.
	<b>21</b> Total liabilities (Part X, line 26)	2,619,910.	2,942,524.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	29,813,453.	43,564,519.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>PAUL WHITE, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RONALD K. RECTOR</b>	Preparer's signature <b>RONALD K. RECTOR</b>	Date <b>08/04/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00260850</b>
	Firm's name ▶ <b>MSTILLER LLC</b>	Firm's address ▶ <b>777 GLOUCESTER STREET, SUITE 201 BRUNSWICK, GA 31520</b>	Firm's EIN ▶ <b>58-0673524</b>	Phone no. (912) 265-1750	

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

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FOUNDATION, INC.

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**Part III** Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 3,487,138. including grants of \$ 3,100,430. ) (Revenue \$ )  
**WE PROVIDE PHILANTHROPIC SERVICES TO OUR DONORS AND FUND HOLDERS, EDUCATING THEM ON COMMUNITY ISSUES, HELPING THEM DEFINE THEIR GOALS, AND ADMINISTERING THEIR GRANT MAKING REQUESTS IN AN EFFICIENT AND EFFECTIVE MANNER. OUR ASSETS ARE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES AND CONSIST OF BOTH ENDOWED AND NON-ENDOWED FUNDS (SEE SCHEDULE O).**

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

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

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

4e Total program service expenses **3,487,138.**

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**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	1a	4
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	

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

		Yes	No
<b>2a</b>	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		3
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	20	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	20	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</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	
<b>11a</b>	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>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

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

**COMMUNITIES OF COASTAL GEORGIA  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL WHITE PRESIDENT & CEO	40.00					X	164,856.	0.	0.	
(2) BONNEY S. SHUMAN VICE-CHAIR, SECRETARY	1.00	X		X			0.	0.	0.	
(3) EDWARD ANDREWS, JR DIRECTOR	1.00	X					0.	0.	0.	
(4) HILLARY S. STRINGFELLOW AT-LARGE EXECUTIVE COMMITTEE	1.00	X		X			0.	0.	0.	
(5) JACK C. KILGORE CHAIRMAN	2.00	X		X			0.	0.	0.	
(6) BURCH BARGER DIRECTOR	1.00	X					0.	0.	0.	
(7) JEFF BARKER TREASURER	1.00	X		X			0.	0.	0.	
(8) JOEL K. ARLINE DIRECTOR	1.00	X					0.	0.	0.	
(9) JOHN R. MURPHY DIRECTOR	1.00	X					0.	0.	0.	
(10) LAWTON M NEASE III DIRECTOR	1.00	X					0.	0.	0.	
(11) MARTIN J. MILLER AT-LARGE EXECUTIVE COMMITTEE	1.00	X		X			0.	0.	0.	
(12) MARY T. ROOT AT-LARGE EXECUTIVE COMMITTEE	1.00	X		X			0.	0.	0.	
(13) MICHAEL K. MALOY DIRECTOR	1.00	X					0.	0.	0.	
(14) PAT HODNETT COOPER DIRECTOR	1.00	X					0.	0.	0.	
(15) RENE C. SHELNUTT DIRECTOR	1.00	X					0.	0.	0.	
(16) SANDRA W. CHANNELL DIRECTOR	1.00	X					0.	0.	0.	
(17) STEPHEN V. KINNEY DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JANET A. SHIRLEY DIRECTOR	1.00	X					0.	0.	0.	
(19) WILLIAM BERNARD MCCLLOUD DIRECTOR	1.00	X					0.	0.	0.	
(20) WILLIAM HODGES DIRECTOR	1.00	X					0.	0.	0.	
(21) MICHAEL D. HODGES DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b> .....							164,856.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							164,856.	0.	0.	

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

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

**Section B. Independent Contractors**

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

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

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

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	12,658,793.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 9,163,700.				
	<b>h Total.</b> Add lines 1a-1f .....		12,658,793.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		811,708.			811,708.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	18,348,844.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	16,903,634.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,445,210.				
	<b>d</b> Net gain or (loss) .....		1,445,210.			1,445,210.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> OTHER INCOME	<b>Business Code</b>	541610	13,733.	13,733.		
	<b>b</b> MANAGEMENT FEES		523920	13,544.	13,544.		
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			27,277.			
<b>12 Total revenue.</b> See instructions .....			14,942,988.	27,277.	0.	2,256,918.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,100,430.	3,100,430.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	164,856.	90,671.	41,214.	32,971.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	89,472.	49,210.	22,368.	17,894.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,030.	1,117.	508.	405.
<b>9</b> Other employee benefits .....	2,251.	1,238.	563.	450.
<b>10</b> Payroll taxes .....	17,910.	9,851.	4,478.	3,581.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	54,286.	29,857.	13,572.	10,857.
<b>b</b> Legal .....				
<b>c</b> Accounting .....	13,500.	7,425.	3,375.	2,700.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	135,882.	135,882.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	28,572.	28,572.		
<b>12</b> Advertising and promotion .....	1,731.	952.	433.	346.
<b>13</b> Office expenses .....	9,012.	4,957.	2,253.	1,802.
<b>14</b> Information technology .....	9,979.	5,488.	2,495.	1,996.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	12,801.	7,041.	3,200.	2,560.
<b>17</b> Travel .....	891.	490.	223.	178.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	7,824.	4,303.	1,956.	1,565.
<b>20</b> Interest .....	46.	25.	12.	9.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	1,679.	923.	420.	336.
<b>24</b> 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.)				
<b>a OTHER</b>	10,534.	5,794.	2,630.	2,110.
<b>b MEMBERSHIPS</b>	3,695.	2,032.	924.	739.
<b>c PRINTING AND PUBLICATIO</b>	1,600.	880.	400.	320.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,668,981.	3,487,138.	101,024.	80,819.
<b>26 Joint costs.</b> 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)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	119,168.	<b>1</b>	676,044.
	<b>2</b> Savings and temporary cash investments .....	4,228,250.	<b>2</b>	5,352,462.
	<b>3</b> Pledges and grants receivable, net .....	33,850.	<b>3</b>	22,350.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,692.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,692.	<b>10c</b> 0.	0.
	<b>11</b> Investments - publicly traded securities .....	27,822,216.	<b>11</b>	40,354,676.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	229,879.	<b>15</b>	101,511.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	32,433,363.	<b>16</b>	46,507,043.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	20,991.	<b>17</b>	17,833.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,598,919.	<b>25</b>	2,924,691.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,619,910.	<b>26</b>	2,942,524.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	29,519,146.	<b>27</b>	43,428,531.
	<b>28</b> Net assets with donor restrictions .....	294,307.	<b>28</b>	135,988.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	29,813,453.	<b>32</b>	43,564,519.
<b>33</b> Total liabilities and net assets/fund balances .....	32,433,363.	<b>33</b>	46,507,043.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>14,942,988.</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>3,668,981.</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>11,274,007.</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>29,813,453.</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>2,477,059.</b>
<b>6</b>	Donated services and use of facilities	
<b>7</b>	Investment expenses	
<b>8</b>	Prior period adjustments	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>0.</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>43,564,519.</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</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 _____		



COMMUNITIES OF COASTAL GEORGIA

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2843432.	2997794.	3640892.	13289844.	12658793.	35430755.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2843432.	2997794.	3640892.	13289844.	12658793.	35430755.
<b>5</b> 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) .....						17218945.
<b>6 Public support.</b> Subtract line 5 from line 4.						18211810.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	2843432.	2997794.	3640892.	13289844.	12658793.	35430755.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	261,386.	296,107.	343,256.	370,992.	811,708.	2083449.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						37514204.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	48.55 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	54.71 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 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... b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

COMMUNITIES OF COASTAL GEORGIA

Schedule A (Form 990 or 990-EZ) 2020

FOUNDATION, INC.

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

COMMUNITIES OF COASTAL GEORGIA

**Part VI**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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 .....	60	
2 Aggregate value of contributions to (during year) .....	12,156,014.	
3 Aggregate value of grants from (during year) .....	2,497,462.	
4 Aggregate value at end of year .....	36,917,795.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020



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

Schedule D (Form 990) 2020

20-2454729 Page **3**

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>AMOUNTS HELD TO BENEFIT AN AGENCY</b>	
(3) <b>FUND</b>	<b>2,924,691.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>2,924,691.</b>

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 ...

Schedule D (Form 990) 2020

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

**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	17,284,165.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,477,059.	
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	2,477,059.	
3	Subtract line 2e from line 1	3	14,807,106.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	135,882.	
c	Add lines 4a and 4b	4c	135,882.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,942,988.	

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

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

1	Total expenses and losses per audited financial statements		1	3,533,099.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	3,533,099.	
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	135,882.	
c	Add lines 4a and 4b	4c	135,882.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,668,981.	

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information (continued)

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES

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

THE 135,882 IS COMPOSED OF INVESTMENT FEES NETTED AGAINST INVESTMENT  
INCOME IN THE AUDIT REPORT, BUT REPORTED IN THE STATEMENT OF FUNCTIONAL  
EXPENSES ON FORM 990.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**Employer identification number  
20-2454729**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALBANY COMMUNITIES TOGETHER 230 S. JACKSON ST. #118 ALBANY, GA 31701	58-2497789	501(C)(3)	100,000.	0.			PROGRAM RELATED INVESTMENT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD ST 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	7,500.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	30,000.	0.			GENERAL SUPPORT
AMERICA'S SECOND HARVEST OF COASTAL GEORGIA, INC. - 2501 EAST PRESIDENT STREET - SAVANNAH, GA 31404	58-1442013	501(C)(3)	79,800.	0.			COVID RELIEF/GENERAL SUPPORT
ATLANTA SPEECH SCHOOL INC. 3160 NORTHSIDE PARKWAY, NW ATLANTA, GA 30327	58-0566198	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF SOUTHEAST GEORGIA - P.O. BOX 1193 - BRUNSWICK, GA 31521	58-0973039	501(C)(3)	100,520.	0.			GENERAL SUPPORT/ COVID RELIEF

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

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

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

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

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DARLINGTON SCHOOL 1014 CAVE SPRING RD SW ROME, GA 30161	58-0566169	501(C)(3)	7,000.	0.			GENERAL SUPPORT
DUKE UNIVERSITY 324 BLACKWELL STREET DUKE BOX 10 DURHAM, NC 27701	56-0532129	501(C)(3)	15,900.	0.			GENERAL SUPPORT/ATHLETICS/SCHOOL OF LAW
EPWORTH BY THE SEA 100 ARTHUR J MOORE DR ST. SIMONS ISLAND, GA 31522	58-0830633	501(C)(3)	10,000.	0.			DORM REPAIRS
FAITHWORK MINISTRIES 2911 ALTAMA AVENUE BRUNSWICK, GA 31520	58-2195606	501(C)(3)	52,500.	0.			COVID RELIEF
FIRST UNITED METHODIST CHURCH 1400 NORWICH ST BRUNSWICK, GA 31520	58-0832565	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FORT VALLEY STATE UNIVERSITY 1005 STATE UNIVERSITY DR FORT VALLEY, GA 31030	23-7281905	501(C)(3)	7,500.	0.			SCHOLARSHIPS
FREDERICA ACADEMY 200 MURRAY WAY ST. SIMONS ISLAND, GA 31522	58-1093060	501(C)(3)	11,500.	0.			ANNUAL FUND & FRIENDS OF FREDERICA
GEORGIA DEPARTMENT OF NATURAL RESOURCES/NON-GAME DIVISION - 1 CONSERVATION WAY - BRUNSWICK, GA 31520	58-1130945	170(C)(1)	15,400.	0.			EQUIPMENT
GEORGIA LEGAL SERVICES PROGRAM INC. - 104 MARIETTA STREET SUITE 250 - ATLANTA, GA 30303	58-1111590	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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GEORGIA PUBLIC BROADCASTING 260 14TH STREET NW ATLANTA, GA 30318	58-1510475	501(C)(3)	10,300.	0.			GENERAL SUPPORT
GEORGIA RIVER NETWORK, INC. 126 S. MILLEDGE AVE., STE E3 ATHENS, GA 30605	58-2404112	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GEORGIA SOUTHERN UNIVERSITY PO BOX 8053 STATESBORO, GA 30460	58-6034031	501(C)(3)	17,000.	0.			SCHOLARSHIPS
GEORGIA STATE GOLF FOUNDATION 121 VILLAGE PARKWAY, BLDG. 3 MARIETTA, GA 30067	58-1614105	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GEORGIA STATE UNIVERSITY PO BOX 2668 ATLANTA, GA 30301	58-6033185	501(C)(3)	9,000.	0.			SCHOLARSHIPS
GLYNN COMMUNITY CRISIS CENTER P.O. BOX 278 BRUNSWICK, GA 31521	58-1498878	501(C)(3)	12,449.	0.			COVID RELIEF
GLYNN VISUAL ARTS, INC. 529 BEACHVIEW DRIVE ST. SIMONS ISLAND, GA 31522	58-0948772	501(C)(3)	7,000.	0.			AT RISK YOUTH
GOLDEN ISLES ARTS AND HUMANITIES ASSOCIATION - 1530 NEWCASTLE ST - BRUNSWICK, GA 31520	58-1822047	501(C)(3)	8,500.	0.			AT RISK YOUTH & GENERAL SUPPORT
GOLDEN ISLES YMCA FOUNDATION, INC. 144 SCRANTON CONNECTOR BRUNSWICK, GA 31525	58-1985120	501(C)(3)	65,000.	0.			GENERAL SUPPORT

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GOLDEN ISLES YOUTH ORCHESTRA, INC. P.O. BOX 603 BRUNSWICK, GA 31521	46-5612306	501(C)(3)	9,500.	0.			GENERAL SUPPORT
GRACE HOUSE OF BRUNSWICK, INC. P.O. BOX 2121 BRUNSWICK, GA 31521	27-1310602	501(C)(3)	22,000.	0.			COVID RELIEF
HABITAT FOR HUMANITY OF GLYNN COUNTY - P.O. BOX 296 - BRUNSWICK, GA 31521	58-1852944	501(C)(3)	8,000.	0.			GENERAL SUPPORT
HAND IN HAND OF GLYNN, INC. PO BOX 2452 BRUNSWICK, GA 31521	83-1620221	501(C)(3)	125,000.	0.			GENERAL SUPPORT/COVID RELIEF
HOPE 1312 COLLECTIVE INC. 1115 SYCAMORE AVE BRUNSWICK, GA 31520	81-4212307	501(C)(3)	5,600.	0.			COVID RELIEF
HOSPICE OF THE GOLDEN ISLES, INC. 1692 GLYNCO PKWY BRUNSWICK, GA 31525	58-1428562	501(C)(3)	37,000.	0.			GENERAL SUPPORT
HOUSE OF HOPE REFUGE OF LOVE PO BOX 21283 ST. SIMONS ISLAND, GA 31522	82-2224796	501(C)(3)	30,000.	0.			COVID RELIEF/GENERAL SUPPORT
HUMANE SOCIETY OF SOUTH COASTAL GEORGIA - 4627 U.S. HIGHWAY 17 NORTH - BRUNSWICK, GA 31525	58-6073265	501(C)(3)	22,500.	0.			GENERAL SUPPORT
INSPIRITUS, INC. 731 PEACHTREE STREET NE STE B ATLANTA, GA 30308	58-1535692	501(C)(3)	14,900.	0.			HURRICANE IRMA RELIEF

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KENNESAW STATE UNIVERSITY 1000 CHASTAIN RD NW #9101 KENNESAW, GA 30144	23-7034345	501(C)(3)	12,500.	0.			SCHOLARSHIPS
LOVETT SCHOOL 4075 PACES FERRY RD NW ATLANTA, GA 30327	58-0619038	501(C)(3)	15,000.	0.			GENERAL SUPPORT
LOWNDES COUNTY BOARD OF HEALTH P.O. BOX 5147 VALDOSTA, GA 31603	58-1111978	501(C)(3)	10,000.	0.			HYPERTENSION CLINIC
LSU FOUNDATION 3796 NICHOLSON DR BATON ROUGE, LA 70802	72-6020969	501(C)(3)	18,000.	0.			GENERAL SUPPORT & MECHANICAL ENGINEERING DEPARTMENT
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	20-3021444	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MARSHES OF GLYNN LIBRARIES 208 GLOUCESTER STREET BRUNSWICK, GA 31520	58-6000430	501(C)(3)	36,000.	0.			COVID RELIEF/CHILDHOOD LITERACY
MCCALLIE SCHOOL, INC. 500 DODDS AVE CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MERCER UNIVERSITY 1400 COLEMAN AVE MACON, GA 31207	58-0566167	501(C)(3)	7,500.	0.			GENERAL SUPPORT
METHODIST HOME OF THE SOUTH GEORGIA CONFERENCE, INC. - POST OFFICE BOX 2525 - MACON, GA 31203	58-0622971	501(C)(3)	6,250.	0.			PROGRAM SUPPORT

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MOMENTOUS INSTITUTE 106 E 10TH STREET DALLAS, TX 75203	75-1855620	501(C)(3)	29,787.	0.			EDUCATION
MORNINGSTAR CHILDREN AND FAMILY SERVICES, INC. - 1 YOUTH ESTATES DRIVE - BRUNSWICK, GA 31521	58-2314421	501(C)(3)	26,700.	0.			GENERAL SUPPORT/COVID RELIEF
NATIONAL PUBLIC RADIO 1111 NORTH CAPITOL ST. NE WASHINGTON, DC 20002	52-0907625	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ONE HUNDRED MILES, INC. P.O. BOX 2056 BRUNSWICK, GA 31521	45-5260656	501(C)(3)	39,500.	0.			GENERAL SUPPORT
PIEDMONT HEALTHCARE FOUNDATION 2001 PEACHTREE RD NE STE 400 ATLANTA, GA 30309	58-1272768	501(C)(3)	12,000.	0.			GENERAL SUPPORT
RAVENS OF ELIJAH FOOD MINISTRIES, INC. - 790 MAY CREEK DR - KINGSLAND, GA 31548	84-3597304	501(C)(3)	15,000.	0.			COVID RELIEF
SAFE HARBOR CHILDREN'S CENTER P.O. BOX 1313 BRUNSWICK, GA 31521	58-1907913	501(C)(3)	101,000.	0.			COVID RELIEF & GENERAL SUPPORT
SAINT ANDREW'S EPISCOPAL CHURCH P.O. DRAWER 929 DARIEN, GA 31305	58-0566215	501(C)(3)	11,400.	0.			AT RISK YOUTH SUPPORT
SATILLA RIVERKEEPER ALLIANCE P.O. BOX 159 WAYNESVILLE, GA 31566	51-0491201	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HWY EAST, STE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SHEPHERD CENTER FOUNDATION, INC. 2020 PEACHTREE ROAD ATLANTA, GA 30309	20-1238224	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION - 2415 PARKWOOD DR. - BRUNSWICK, GA 31520	58-2125644	501(C)(3)	38,000.	0.			GENERAL SUPPORT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET, SUITE 14 CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SOUTHERN TECHNOLOGICAL ADVOCACY RESOURCES FOUNDATION - 1907 GLOUCESTER STREET - BRUNSWICK, GA 31520	31-1561207	501(C)(3)	42,484.	0.			COVID RELIEF/AT RISK YOUTH
ST. FRANCIS XAVIER CATHOLIC CHURCH AND SCHOOL - 1121 UNION ST - BRUNSWICK, GA 31520	58-1584133	501(C)(3)	51,000.	0.			GENERAL SUPPORT
ST. MARYS UNITED METHODIST CHURCH 106 E. CONYERS STREET ST MARYS, GA 31558	31-1813333	501(C)(3)	15,100.	0.			GENERAL SUPPORT
ST. SIMONS LAND TRUST P.O. BOX 24615 ST. SIMONS ISLAND, GA 31522	58-2598986	501(C)(3)	61,501.	0.			GENERAL SUPPORT

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ST. SIMONS PRESBYTERIAN CHURCH 205 KINGS WAY ST. SIMONS ISLAND, GA 31522	58-0909235	501(C)(3)	73,911.	0.			GENERAL SUPPORT
ST. SIMONS UNITED METHODIST CHURCH 624 OCEAN BLVD ST. SIMONS ISLAND, GA 31522	58-0972033	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ST. VINCENT DE PAUL SOCIETY GEORGIA, INC. - 2050-C CHAMBLEE TUCKER ROAD - ATLANTA, GA 30341	58-0967972	501(C)(3)	30,000.	0.			EMERGENCY RELIEF
TEMPLE ISRAEL 511 BAYTREE ROAD VALDOSTA, GA 31602	58-1971639	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE CATHEDRAL OF ST. PHILIP 2744 PEACHTREE RD NW ATLANTA, GA 30305	58-0572411	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE GATHERING PLACE P.O. BOX 772 BRUNSWICK, GA 31521	58-2312223	501(C)(3)	33,250.	0.			YOUTH DEVELOPMENT/ GENERAL SUPPORT
THE REMEDY PROJECT, INC. P.O. BOX 20341 ST. SIMONS ISLAND, GA 31522	26-4609756	501(C)(3)	9,000.	0.			COVID RELIEF/GENERAL SUPPORT
THE SALVATION ARMY P.O. BOX 1375 BRUNSWICK, GA 31521	58-0660607	501(C)(3)	31,750.	0.			GENERAL SUPPORT
THE WOODRUFF ARTS CENTER 1280 PEACHTREE ST N.E. ATLANTA, GA 30309	58-0633971	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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

Schedule I (Form 990)



COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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

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

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

PART I, LINE 2:

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



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2020

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

**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 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) PAUL WHITE PRESIDENT & CEO	(i)	164,856.	0.	0.	0.	0.	164,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	22	9,163,700.	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 ( )				

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 Acknowledgement **29**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization	COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.	Employer identification number	20-2454729
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

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

FORM 990, PART III, LINE 4A

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

FORM 990, PART III, LINE 4B

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

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

Employer identification number  
20-2454729

THROUGH THE DONOR FUNDS AND THE ASSOCIATED EXPENSES ARE CONTAINED IN

4A. OUR COMPETITIVE GRANT MAKING IS HIGHLIGHTED HERE AND IS FOCUSED ON

TWO AREAS: 1) PROGRAMS SERVING AT-RISK YOUTH WHICH SPECIFICALLY ADDRESS

ONE OF THE FOLLOWING: EARLY CHILDHOOD LITERACY AND/OR QUALITY-RATED

CHILD CARE, TEEN PREGNANCY AND BIRTHS TO UNWED YOUNG MOTHERS, JUVENILE

CRIME AND GANG ACTIVITY, HIGH SCHOOL GRADUATION AND/WORKFORCE

READINESS, YOUTH DEVELOPMENT AND INNOVATIVE EDUCATION STRATEGIES; OR

RISK REDUCTION, INCLUDING CHILD PROTECTIVE, SUBSTANCE ABUSE, AND/OR

MENTAL HEALTH SERVICES. 2) OR INTIATIVES WHICH PRESENT A SUBSTANTIVE

PARTNERSHIP BETWEEN TWO OR MORE SERVICE PROVIDERS TO PROMOTE

TWO-GENERATIONAL APPROACHES TO IMPROVING EDUCATION, SKILLS AND

COLLECTIVE WELL-BEING OF CHILDREN, THEIR PARENTS AND/OR GUARDIANS.

FOR OUR COMPETITIVE GRANTS, OUR STAFF ISSUES REQUESTS FOR PROPOSALS,

REVIEWS PROPOSALS, CONDUCTS DUE DILIGENCE AND SITE VISITS. A COMMITTEE

COMPOSED ON BOTH BOARD AND NON-BOARD MEMBERS REVIEWS AND VOTES ON THE

PROPOSALS SUBMITTED. ALL GRANTS ARE THEN CONSIDERED AND APPROVED BY

THE COMMUNITY FOUNDATION BOARD OF DIRECTORS.

FORM 990, PART III, LINE 4C

BASED UPON A 2015 COASTAL GEORGIA COMMUNITY NEEDS ASSESSMENT, THE DATA

REFLECTED THAT THE COMMUNITIES THE FOUNDATION SERVES HAVE GREATER

POVERTY, LESS EDUCATION AND MORE AT-RISK CHARACTERISTICS AS COMPARED TO

THE STATE AVERAGE. IDENTIFIED WAS THE NEED FOR: INTEGRATED EDUCATIONAL

AND WORKFORCE DEVELOPMENT SERVICES FOR AT-RISK YOUTH AND THEIR FAMILIES

AND APPLIED TRAINING IN LIFE SKILLS, FINANCIAL LITERACY AND WORKFORCE

EDUCATION ACROSS ALL POPULATIONS. THE COMMUNITY FOUNDATON TARGETS ITS

COMPETITIVE GRANT CYCLE TOWARD ADDRESSING THESE ISSUES.

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

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

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

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

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

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

Employer identification number  
**20-2454729**

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

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

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

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

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

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

FORM 990, PART XII, LINE 2C:

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

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

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