

Form **990**Department of the Treasury  
Internal Revenue ServiceRETURNED TO NOVEMBER 15, 2023  
**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

**2022**Open to Public  
Inspection

<b>A</b> For the <b>2022</b> calendar year, or tax year beginning and ending		
<b>B</b> Check if applicable: <input checked="" 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> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1316 NEWCASTLE STREET 201</b> City or town, state or province, country, and ZIP or foreign postal code <b>BRUNSWICK, GA 31520</b> F Name and address of principal officer: <b>KEEVA KASE</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>20-2454729</b> <b>E</b> Telephone number <b>912-268-4442</b> <b>G</b> Gross receipts \$ <b>27,949,862.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number <b>L</b> Year of formation: <b>2005</b> <b>M</b> State of legal domicile: <b>GA</b>
<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>Part I Summary</b>		

<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 2022 (Part V, line 2a)	<b>5</b>	<b>4</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>40</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</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>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>8,020,182.</b>	<b>2,835,388.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>7,012,049.</b>	<b>1,401,673.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>38,612.</b>	<b>29,389.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>15,070,843.</b>	<b>4,266,450.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>3,959,790.</b>	<b>5,343,733.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>349,812.</b>	<b>380,259.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>299,184.</b>	<b>296,484.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,608,786.</b>	<b>6,020,476.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>10,462,057.</b>	<b>-1,754,026.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>54,970,721.</b>	<b>45,434,510.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,065,860.</b>	<b>2,694,122.</b>
		<b>51,904,861.</b>	<b>42,740,388.</b>

<b>Part II Signature Block</b>				
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>KEEVA KASE, PRESIDENT &amp; CEO</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<b>ANGELA L. HEYS</b>	<b>ANGELA L. HEYS</b>	<b>11/02/23</b>	<b>P00358915</b>
<b>Paid Preparer Use Only</b>	Firm's name	Firm's EIN		
	<b>MSTILLER LLC</b>	<b>58-0673524</b>		
<b>Paid Preparer Use Only</b>	Firm's address	Phone no. (912) 265-1750		
	<b>777 GLOUCESTER STREET, SUITE 201 BRUNSWICK, GA 31520</b>			

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

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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**Part III** Statement of Program Service Accomplishments

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

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 \$ 5,790,540. including grants of \$ 5,343,733. ) (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 5,790,540.

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**Part IV Checklist of Required Schedules**

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



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

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

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

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

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

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



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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	<b>2a</b> 4		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		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>3b</b>		
<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)?	<b>4a</b>		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?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<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?	<b>6a</b>		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>6b</b>		
<b>7 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<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>7h</b>		
<b>8 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?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<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.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 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.	<b>13a</b>		
<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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<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 the instructions and file Form 4720, Schedule N.	<b>15</b>		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.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		



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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 ☒ **X**

**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	20			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

**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  
**KEEVA KASE - (912) 268-4442**  
**1316 NEWCASTLE STREET, BRUNSWICK, GA 31520**



COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL WHITE PRESIDENT & CEO	40.00					X		170,110.	0.	0.
(2) PHILLIP SAUSSY DIRECTOR	1.00	X						0.	0.	0.
(3) DAVID W. WRIGHT DIRECTOR	1.00	X						0.	0.	0.
(4) HILLARY S. STRINGFELLOW CHAIRPERSON	1.00	X		X				0.	0.	0.
(5) JACK C. KILGORE DIRECTOR	2.00	X						0.	0.	0.
(6) BURCH BARGER DIRECTOR	1.00	X						0.	0.	0.
(7) SUGANDHA YADAV DIRECTOR	1.00	X						0.	0.	0.
(8) JOEL K. ARLINE DIRECTOR	1.00	X						0.	0.	0.
(9) JOHN R. MURPHY DIRECTOR	1.00	X						0.	0.	0.
(10) LAWTON M NEASE III DIRECTOR	1.00	X						0.	0.	0.
(11) MARTIN J. MILLER AT-LARGE EXECUTIVE COMMITTEE	1.00	X		X				0.	0.	0.
(12) MARY T. ROOT AT-LARGE EXECUTIVE COMMITTEE	1.00	X		X				0.	0.	0.
(13) MICHAEL K. MALOY DIRECTOR	1.00	X						0.	0.	0.
(14) PAT HODNETT COOPER DIRECTOR	1.00	X						0.	0.	0.
(15) RENE C. SHELNUTT DIRECTOR	1.00	X						0.	0.	0.
(16) SANDRA W. CHANNELL DIRECTOR	1.00	X						0.	0.	0.
(17) STEPHEN V. KINNEY DIRECTOR	1.00	X						0.	0.	0.

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JANET A. SHIRLEY DIRECTOR	1.00	X						0.	0.	0.
(19) CEDRIC KING 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>								170,110.	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>								170,110.	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

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

	Yes	No
3		X
4	X	
5		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		
<b>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</b>	0	

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COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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**Part VIII** Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,835,388.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 976,097.			
	h	<b>Total.</b> Add lines 1a-1f		2,835,388.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,221,486.			1,221,486.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Real (ii) Personal 23,863,599.			
	b	Less: cost or other basis and sales expenses	7b	23,683,412.			
	c	Gain or (loss)	7c	180,187.			
	d	Net gain or (loss)		180,187.			180,187.
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
	11 a	MANAGEMENT FEE	541610	20,643.	20,643.		
	b	OTHER INCOME	541610	8,746.	8,746.		
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d		29,389.			
12	<b>Total revenue.</b> See instructions		4,266,450.	29,389.	0.	1401673.	



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

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,343,733.	5,343,733.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	248,635.	136,749.	62,159.	49,727.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	100,079.	55,043.	25,020.	20,016.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,739.	2,056.	935.	748.
9 Other employee benefits	2,161.	1,189.	540.	432.
10 Payroll taxes	25,645.	14,105.	6,411.	5,129.
11 Fees for services (nonemployees):				
a Management	24,744.	13,609.	6,186.	4,949.
b Legal				
c Accounting	14,699.	8,084.	3,675.	2,940.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	165,774.	165,774.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	6,760.	3,718.	1,690.	1,352.
13 Office expenses	12,016.	6,609.	3,004.	2,403.
14 Information technology	25,899.	14,244.	6,475.	5,180.
15 Royalties				
16 Occupancy	15,989.	8,794.	3,997.	3,198.
17 Travel	9,596.	5,278.	2,399.	1,919.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,479.	5,763.	2,620.	2,096.
20 Interest	40.	22.	10.	8.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,651.	908.	413.	330.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PRINTING AND PUBLICATION</b>	5,293.	2,911.	1,323.	1,059.
b <b>OTHER</b>	3,544.	1,951.	885.	708.
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	6,020,476.	5,790,540.	127,742.	102,194.
26 <b>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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	3,537,403.	1	3,486,292.
	2 Savings and temporary cash investments .....	3,613,259.	2	1,166,530.
	3 Pledges and grants receivable, net .....	7,350.	3	0.
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 6,266.		
	b Less: accumulated depreciation .....	10b 6,266.	0.	10c 0.
	11 Investments - publicly traded securities .....	47,753,956.	11	40,663,638.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	58,753.	15	118,050.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	54,970,721.	16	45,434,510.	
Liabilities	17 Accounts payable and accrued expenses .....	12,481.	17	30,092.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,053,379.	25	2,664,030.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	3,065,860.	26	2,694,122.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
27 Net assets without donor restrictions .....		51,831,307.	27	42,670,928.
28 Net assets with donor restrictions .....		73,554.	28	69,460.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
29 Capital stock or trust principal, or current funds .....			29	
30 Paid-in or capital surplus, or land, building, or equipment fund .....			30	
31 Retained earnings, endowment, accumulated income, or other funds .....			31	
32 <b>Total net assets or fund balances</b> .....		51,904,861.	32	42,740,388.
33 <b>Total liabilities and net assets/fund balances</b> .....		54,970,721.	33	45,434,510.

Form 990 (2022)

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

Form 990 (2022)

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**Part XI** Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,266,450.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,020,476.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,754,026.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51,904,861.
5	Net unrealized gains (losses) on investments	5	-7,410,447.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	42,740,388.

**Part XII** Financial Statements and Reporting

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

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

Form 990 (2022)



Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

**Open to Public Inspection**

Employer identification number  
20-2454729

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

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

f Enter the number of supported organizations

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

g. Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

Schedule A (Form 990) 2022

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**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3640892.	13289844.	12658793.	8020182.	2835388.	40445099.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3640892.	13289844.	12658793.	8020182.	2835388.	40445099.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18044764.
6 Public support. Subtract line 5 from line 4.						22400335.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3640892.	13289844.	12658793.	8020182.	2835388.	40445099.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	343,256.	370,992.	811,708.	1598327.	1221486.	4345769.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						44790868.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	50.01	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	51.89	%
16a 33 1/3% support test - 2022. 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 33 1/3% support test - 2021. 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"/>		
17a 10% -facts-and-circumstances test - 2022. 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 10% -facts-and-circumstances test - 2021. 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"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990) 2022



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a** 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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</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</b> <b>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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

Schedule A (Form 990) 2022

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**Part IV** Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

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

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

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 of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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**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 ( <i>explain in detail in Part VI</i> ):		
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).		

Schedule A (Form 990) 2022



COMMUNITIES OF COASTAL GEORGIA  
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 - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). 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 ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**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.)



## 2022

\*\*\* Not Open to Public Inspection \*\*\*

223171 04-01-22

**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

**2022**

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	87	
2 Aggregate value of contributions to (during year)	2,512,229.	
3 Aggregate value of grants from (during year)	4,593,469.	
4 Aggregate value at end of year	36,332,640.	

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$

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

a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$



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

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

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations

- d ☐ Loan or exchange program  
e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,513,876.	6,446,006.	5,827,354.	4,886,635.	5,212,888.
b Contributions	551,152.	352,220.		45,741.	67,636.
c Net investment earnings, gains, and losses	-1,018,006.	773,098.	725,120.	958,609.	-348,741.
d Grants or scholarships	47,992.	33,939.	47,430.	43,921.	27,504.
e Other expenditures for facilities and programs			36,436.		
f Administrative expenses	727,365.	23,509.	22,602.	19,710.	17,644.
g End of year balance	6,271,665.	7,513,876.	6,446,006.	5,827,354.	4,886,635.

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

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

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

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

- (i) Unrelated organizations  
(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,266.	6,266.	0.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

Schedule D (Form 990) 2022

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS HELD TO BENEFIT AN AGENCY	
(3) FUND	2,606,397.
(4) ACCRUED PAYROLL	4,230.
(5) OPERATING LEASE LIABILITY	53,403.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
	2,664,030.

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) 2022



COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

Schedule D (Form 990) 2022

20-2454729 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	-3,309,771.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-7,410,447.
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	-7,410,447.
3	Subtract line 2e from line 1	3	4,100,676.
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	165,774.
c	Add lines 4a and 4b	4c	165,774.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,266,450.

**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	5,854,702.
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	5,854,702.
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	165,774.
c	Add lines 4a and 4b	4c	165,774.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,020,476.

**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 165,774 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.

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

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

Employer identification number  
**20-2454729**

Open to Public  
Inspection

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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)	21,000.	0.			GENERAL SUPPORT
AMERICA'S SECOND HARVEST OF COASTAL GEORGIA, INC. - 2501 EAST PRESIDENT STREET - SAVANNAH, GA 31404	58-1442013	501(C)(3)	74,073.	0.			COVID RELIEF/GENERAL SUPPORT
BOYS & GIRLS CLUB OF SOUTHEAST GEORGIA - P.O. BOX 1193 - BRUNSWICK, GA 31521	58-0973039	501(C)(3)	78,250.	0.			GENERAL SUPPORT/ COVID RELIEF
CENTER FOR A SUSTAINABLE COAST 221 MALLERY ST #B ST. SIMONS ISLAND, GA 31522	58-2323174	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CHILDREN IN ACTION SPORTS CLUB, INC. - 154 GRANVILLE NIX LN - BRUNSWICK, GA 31525	26-2717334	501(C)(3)	7,500.	0.			AT RISK YOUTH/COVID RELIEF

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **98.**

**3** Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) 2022

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

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
CHILDREN'S HEALTHCARE OF ATLANTA, INC. - 1575 NORTHEAST EXPY NE - ATLANTA, GA 30329	58-2367819	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CHRIST CHURCH - FREDERICA 6329 FREDERICA ROAD ST. SIMONS ISLAND, GA 31522	58-6067060	501(C)(3)	21,450.	0.			GENERAL SUPPORT
COASTAL GEORGIA HISTORICAL SOCIETY, INC - P.O. BOX 21136 - ST. SIMONS ISLAND, GA 31522	58-0964094	501(C)(3)	59,800.	0.			GENERAL SUPPORT
COASTAL OUTREACH ACADEMIES, INC. 1425 CATE ROAD BRUNSWICK, GA 31525	81-4317353	501(C)(3)	17,500.	0.			AT RISK YOUTH/COVID RELIEF
COLLEGE OF COASTAL GEORGIA 3700 ALTAMA AVE BRUNSWICK, GA 31520	58-0939565	501(C)(3)	10,750.	0.			SCHOLARSHIPS
COLLEGE OF COASTAL GEORGIA FOUNDATION, INC. - ONE COLLEGE DRIVE - BRUNSWICK, GA 31520	58-6072323	501(C)(3)	115,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF GLYNN COUNTY, INC. - P.O. BOX 2318 - BRUNSWICK, GA 31521	20-4477385	501(C)(3)	94,512.	0.			AT RISK YOUTH/COVID RELIEF
DUKE UNIVERSITY 324 BLACKWELL STREET DUKE BOX 10 DURHAM, NC 27701	56-0532129	501(C)(3)	16,250.	0.			GENERAL SUPPORT/ATHLETICS/SCHOOL OF LAW
FAITHWORK MINISTRIES 2911 ALTAMA AVENUE BRUNSWICK, GA 31520	58-2195606	501(C)(3)	21,100.	0.			COVID RELIEF

Schedule I (Form 990)



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

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
FREDERICA ACADEMY 200 MURRAY WAY ST. SIMONS ISLAND, GA 31522	58-1093060	501(c)(3)	355,500.	0.			ANNUAL FUND & FRIENDS OF FREDERICA
GEORGIA PUBLIC BROADCASTING 260 14TH STREET NW ATLANTA, GA 30318	58-1510475	501(c)(3)	15,000.	0.			GENERAL SUPPORT
GEORGIA SOUTHERN UNIVERSITY PO BOX 8053 STATESBORO, GA 30460	58-6034031	501(c)(3)	11,500.	0.			SCHOLARSHIPS
GOLDEN ISLES ARTS AND HUMANITIES ASSOCIATION - 1530 NEWCASTLE ST - BRUNSWICK, GA 31520	58-1822047	501(c)(3)	10,000.	0.			AT RISK YOUTH & GENERAL SUPPORT
GOLDEN ISLES YOUTH ORCHESTRA, INC. P.O. BOX 603 BRUNSWICK, GA 31521	46-5612306	501(c)(3)	31,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF GLYNN COUNTY - P.O. BOX 296 - BRUNSWICK, GA 31521	58-1852944	501(c)(3)	451,000.	0.			GENERAL SUPPORT
HAND IN HAND OF GLYNN, INC. PO BOX 2452 BRUNSWICK, GA 31521	83-1620221	501(c)(3)	213,250.	0.			GENERAL SUPPORT/COVID RELIEF
HOPE 1312 COLLECTIVE INC. 1115 SYCAMORE AVE BRUNSWICK, GA 31520	81-4212307	501(c)(3)	11,000.	0.			COVID RELIEF
HOSPICE OF THE GOLDEN ISLES, INC. 1692 GLYNCO PKWY BRUNSWICK, GA 31525	58-1428562	501(c)(3)	29,250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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
HUMANE SOCIETY OF SOUTH COASTAL GEORGIA - 4627 U.S. HIGHWAY 17 NORTH - BRUNSWICK, GA 31525	58-6073265	501(C)(3)	25,500.	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)	12,000.	0.			GENERAL SUPPORT
MARSHES OF GLYNN LIBRARIES 208 GLOUCESTER STREET BRUNSWICK, GA 31520	58-6000430	501(C)(3)	11,000.	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)	26,000.	0.			GENERAL SUPPORT
MORNINGSTAR CHILDREN AND FAMILY SERVICES, INC. - 1 YOUTH ESTATES DRIVE - BRUNSWICK, GA 31521	58-2314421	501(C)(3)	38,250.	0.			GENERAL SUPPORT/COVID RELIEF
NATIONAL PUBLIC RADIO 1111 NORTH CAPITOL ST. NE WASHINGTON, DC 20002	52-0907625	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE HUNDRED MILES, INC. P.O. BOX 2056 BRUNSWICK, GA 31521	45-5260656	501(c)(3)	183,500.	0.			GENERAL SUPPORT
SAFE HARBOR CHILDREN'S CENTER P.O. BOX 1313 BRUNSWICK, GA 31521	58-1907913	501(c)(3)	38,500.	0.			COVID RELIEF & GENERAL SUPPORT
SATILLA RIVERKEEPER ALLIANCE P.O. BOX 159 WAYNESVILLE, GA 31566	51-0491201	501(c)(3)	10,000.	0.			GENERAL SUPPORT
SHEPHERD CENTER FOUNDATION, INC. 2020 PEACHTREE ROAD ATLANTA, GA 30309	20-1238224	501(c)(3)	300,250.	0.			GENERAL SUPPORT
SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION - 2415 PARKWOOD DR. - BRUNSWICK, GA 31520	58-2125644	501(c)(3)	16,500.	0.			GENERAL SUPPORT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET, SUITE 14 CHARLOTTEVILLE, VA 22902	52-1436778	501(c)(3)	12,000.	0.			GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(c)(3)	10,000.	0.			GENERAL SUPPORT
ST. FRANCIS XAVIER CATHOLIC CHURCH AND SCHOOL - 1121 UNION ST - BRUNSWICK, GA 31520	58-1584133	501(c)(3)	221,000.	0.			GENERAL SUPPORT
ST. MARYS UNITED METHODIST CHURCH 106 E. CONYERS STREET ST MARYS, GA 31558	31-1813333	501(c)(3)	18,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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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
ST. SIMONS LAND TRUST P.O. BOX 24615 ST. SIMONS ISLAND, GA 31522	58-2598986	501(C)(3)	313,501.	0.			GENERAL SUPPORT
ST. SIMONS PRESBYTERIAN CHURCH 205 KINGS WAY ST. SIMONS ISLAND, GA 31522	58-0909235	501(C)(3)	45,400.	0.			GENERAL SUPPORT
ST. SIMONS UNITED METHODIST CHURCH 624 OCEAN BLVD ST. SIMONS ISLAND, GA 31522	58-0972033	501(C)(3)	36,000.	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)	221,250.	0.			YOUTH DEVELOPMENT/ GENERAL SUPPORT
THE SALVATION ARMY P.O. BOX 1375 BRUNSWICK, GA 31521	58-0660607	501(C)(3)	15,000.	0.			GENERAL SUPPORT
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)	15,000.	0.			GENERAL SUPPORT
UNITED WAY OF COASTAL GEORGIA, INC. - P.O. BOX 877 - BRUNSWICK, GA 31521	58-0671327	501(C)(3)	53,000.	0.			GENERAL SUPPORT/COVID RELIEF

Schedule I (Form 990)



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

Schedule I (Form 990) **20-2454729** Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA FOUNDATION 394 S. MILLEDGE AVE, SUITE 100 ATHENS, GA 30602	58-6033837	501(C)(3)	30,250.	0.			TERRY SCHOOL OF BUSINESS LAW & SCHOLARSHIPS & LIBRARIES, BOTANICAL SUPPORT
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YMCA OF COASTAL GEORGIA P.O. BOX 14142 SAVANNAH, GA 31416	58-0603160	501(C)(3)	32,500.	0.			GENERAL SUPPORT
ATLANTA YOUTH ACADEMIES FOUNDATION INC - 2120 FORREST PARK RD SE - ATLANTA, GA 30315	58-2554519	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BELoved CHRISTIAN MINISTRIES, INC. 2465 DEMERE ROAD SUITE 210 ST. SIMONS ISLAND, GA 31522	47-2040142	501(C)(3)	25,000.	0.			GENERAL SUPPORT
BRUNSWICK-GOLDEN ISLES CHAMBER FOUNDATION, INC. - 1505 RICHMOND STREET, SECOND FLOOR - BRUNSWICK, GA 31520	85-4133468	501(C)(3)	30,000.	0.			GENERAL SUPPORT
CAMDEN COMMUNITY FAMILY CENTER 711 A CHARLES GILMAN JR AVE KINGSLAND, GA 31548	58-2322710	501(C)(3)	7,500.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH DARIEN, GA 201 5TH ST W DARIEN, GA 31305	58-1536841	501(C)(3)	68,140.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF ST SIMONS 729 OCEAN BLVD ST. SIMONS ISLAND, GA 31522	58-0677162	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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
FORWARD BRUNSWICK, INC. PO BOX 458 BRUNSWICK, GA 31521	84-3251316	501(C)(3)	28,500.	0.			GENERAL SUPPORT
FOUNDATION FOR PRADER WILLI RESEARCH - 340 S. LEMON AVE, #3620 - WALNUT, CA 91789	31-1763110	501(C)(3)	16,000.	0.			GENERAL SUPPORT
GIDEONS INTERNATIONAL PO BOX 140800 NASHVILLE, TN 37214	36-2270051	501(C)(3)	158,099.	0.			GENERAL SUPPORT
GLYNN ACADEMY FOOTBALL CLUB, INC. 1001 MANSFIELD STREET BRUNSWICK, GA 31520	83-4419493	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE SAMARITAN'S PURSE BOONE, NC 28607	58-1437002	501(C)(3)	104,210.	0.			GENERAL SUPPORT
ST. ANDREW'S EPISCOPAL CHURCH PO DRAWER 929 DARIEN, GA 31305	58-0566215	501(C)(3)	9,000.	0.			GENERAL SUPPORT
STAR FOUNDATION 1612 NEWCASTLE ST SUITE #105 BRUNSWICK, GA 31520	31-1561207	501(C)(3)	39,000.	0.			GENERAL SUPPORT
3 LITTLE BIRDS OF GEORGIA, INC. 407 MALLERY STREET ST. SIMONS ISLAND, GA 31522	47-2433986		9,956.	0.			FIELD OF INTEREST PAYMENT
ADOPTION-SHARE, INC. 1027 EGMONT STREET BRUNSWICK, GA 31520	46-4041847	501(C)(3)	40,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BF INC. 1300 JOSEPH E. BOONE BLVD NW ATLANTA, GA 30314	43-1988942	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CAMDEN COMMUNITY CRISIS CENTER PO BOX 5159 ST MARYS, GA 31558	58-1775898	501(C)(3)	8,500.	0.			GENERAL SUPPORT
CARE PAX AND FRIENDS, INC. 812 PARK ST ST MARYS, GA 31558	87-0994114	501(C)(3)	11,842.	0.			GENERAL SUPPORT
CASA GLYNN PO BOX 145 BRUNSWICK, GA 31521	58-2176608	501(C)(3)	8,250.	0.			GENERAL SUPPORT
CHANGING STUDENTS ODDS FOR SUCCESS, INC. - 2200 PRINCE LANE - ST. SIMONS ISLAND, GA 31522	88-1641024	501(C)(3)	30,000.	0.			GENERAL SUPPORT
CHURCH OF SAINT MARYS 1347 E. 49TH PLACE TULSA, OK 74105	73-0631499	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COASTAL GEORGIA COUNCIL INC, BOY SCOUTS OF AMERICA - 11900 ABERCORN STREET - SAVANNAH, GA 31419	58-0566164	501(C)(3)	5,850.	0.			GENERAL SUPPORT
DELIGHT IN THE LORD MINISTRIES 3495 UNION CHURCH RD REGISTER, GA 30452	47-5377618	501(C)(3)	7,000.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA INC. 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	20,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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
FERST READERS, INC. PO BOX 1327 MADISON, GA 30650	58-2489181	501(c)(3)	7,488.	0.			GENERAL SUPPORT
FURMAN UNIVERSITY 3300 POINSETT HWY GREENVILLE, SC 29613	57-0314395	501(c)(3)	11,000.	0.			GENERAL SUPPORT
GEORGIA COLLEGE AND STATE UNIVERSITY - CAMPUS BOX 96 - MILLEDGEVILLE, GA 31061	58-6043972	501(c)(3)	17,500.	0.			GENERAL SUPPORT
GEORGIA INSTITUTE OF TECHNOLOGY 760 SPRING STREET, STE 400 ATLANTA, GA 30308	58-6002023	501(c)(3)	15,750.	0.			GENERAL SUPPORT
GEORGIA RIVER NETWORK, INC. 126 SOUTH MILLEDGE AVE, STE E3 ATHENS, GA 30605	58-2404112	501(c)(3)	17,500.	0.			GENERAL SUPPORT
GEORGIA STATE UNIVERSITY P.O. BOX 2668 ATLANTA, GA 30301	58-6033185	501(c)(3)	7,500.	0.			GENERAL SUPPORT
GLYNN COUNTY POLICE DEPARTMENT 1725 REYNOLDS STREET BRUNSWICK, GA 31520	58-6000430	170(c)(1)	15,000.	0.			GENERAL SUPPORT
INTERNATIONAL LEAGUE OF CONSERVATION PHOTOGRAPHERS, INC. - 4600 FAIRFAX DRIVE - ARLINGTON, VA 22203	27-1455999	501(c)(3)	50,000.	0.			GENERAL SUPPORT
KENNESAW STATE UNIVERSITY 1000 CHASTAIN RD. NW KENNESAW, GA 30144	23-7034345	501(c)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

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
OKEFENOKEE SWAMP PARK, INC. 5700 OKEFENOKEE SWAMP PARK RD. WAYCROSS, GA 31503	58-0515884	501(c)(3)	12,000.	0.			GENERAL SUPPORT
RAVENS OF ELIJAH FOOD MINISTRIES, INC. - 790 MAY CREEK DRIVE - KINGSLAND, GA 31548	84-3597304	501(c)(3)	8,000.	0.			GENERAL SUPPORT
SEA ISLAND COMPANY P.O. BOX 30351 SEA ISLAND, GA 31561	58-6041385	501(c)(3)	120,760.	0.			GENERAL SUPPORT
SEASIDE SUMMER ENRICHMENT, INC. 118 SAINT CLAIR DRIVE ST. SIMONS ISLAND, GA 31522	47-2151853	501(c)(3)	7,500.	0.			GENERAL SUPPORT
SECOND WIND PROGRAMS, INC. 402 OFFICE PARK DRIVE BIRMINGHAM, AL 35223	68-0174970	501(c)(3)	15,000.	0.			GENERAL SUPPORT
SKYLARK CRISIS PREGNANCY CENTER OF COASTAL GEORGIA - 3548 COMMUNITY ROAD - BRUNSWICK, GA 31520	58-1967329	501(c)(3)	60,250.	0.			GENERAL SUPPORT
SOCIAL OPPORTUNITIES AND ACTIVE RECREATION, INC. - P.O. BOX 21672 - ST. SIMONS ISLAND, GA 31522	47-5595251	501(c)(3)	6,200.	0.			GENERAL SUPPORT
SOCIETY OF ST. VINCENT DE PAUL GEORGIA, INC. - 2050-C CHAMBLEE TUCKER ROAD - ATLANTA, GA 30341	58-0967972	501(c)(3)	60,000.	0.			GENERAL SUPPORT
ST. SIMONS COMMUNITY CHURCH 2700 FREDERICA ROAD ST. SIMONS ISLAND, GA 31522	58-0909235	501(c)(3)	52,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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
ST. SIMONS ISLAND ATHLETIC ASSOCIATION, INC. - P.O. BOX 24170 - ST. SIMONS ISLAND, GA 31522	58-1732132	501(C)(3)	20,000.	0.			GENERAL SUPPORT
UNITED HELP UKRAINE P.O. BOX 83426 GAITHERSBURG, MD 20883	47-1837509	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED NATIONS FOUNDATION, INC. 320 EAST 43RD STREET, 3RD FLOOR NEW YORK, NY 10017	58-2368165	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF WEST GEORGIA 1601 MAPLE STREET CARROLLTON, GA 30118	58-6056464	501(C)(3)	7,500.	0.			GENERAL SUPPORT
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	5,500.	0.			GENERAL SUPPORT
VILLAGE CREEK LANDING, LLC 526 SOUTH HAMPTON ST. SIMONS ISLAND, GA 31522	82-5280532		5,935.	0.			FIELD OF INTEREST FUND PAYMENT
GEORGIA DEPARTMENT OF NATURAL RESOURCES - 1 CONSERVATION WAY - BRUNSWICK, GA 31520	58-1130945	170(C)(1)	0.	16,418.	FAIR MARKET VALUE	2023 KAWASAKI MULE	SEA TURTLE RESEARCH

Schedule I (Form 990)



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

<b>Part IV</b>	<b>Supplemental Information.</b> Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
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DECISIONS ARE RATIFIED BY THE FULL BOARD.

**Part IV** Supplemental Information

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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.

[illegible]

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

Schedule J (Form 990) 2022

20-2454729

Page 3

**Part III** Supplemental Information

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

Area with horizontal lines for supplemental information.



**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

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	14	1,090,901.	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

31	X	
----	---	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

32a	X	
-----	---	--

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

--	--	--

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

Schedule M (Form 990) 2022

**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 TRUIST ARE USED AS A THIRD PARTY FOR NON-CASH

CONTRIBUTIONS OF SECURITIES.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

Employer identification number  
20-2454729

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

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

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

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

FORM 990, PART III, LINE 4A

WE MEET INDIVIDUALLY WITH OUR DONORS AND FUND HOLDERS, HELPING THEM  
DEFINE THE GOOD THEY WISH TO DO WITH THEIR CHARITABLE DOLLARS, AND THEN  
CONNECTING THEM TO ORGANIZATIONS THAT FOCUS ON THEIR AREA OF INTEREST.  
WE CONDUCT DUE DILIGENCE ON NONPROFITS, TO ENSURE THAT THEY ARE  
CREDIBLE AND COMPLY WITH THE NECESSARY STANDARDS; WE OFFER EDUCATIONAL  
EVENTS TO INFORM DONORS OF COMMUNITY NEEDS. WE CURRENTLY HOLD 114  
FUNDS, THE MAJORITY BEING DONOR ADVISED FUNDS.

FORM 990, PART III, LINE 4B

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

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

Schedule O (Form 990) 2022



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 INITIATIVES 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 FOUNDATION TARGETS ITS

COMPETITIVE GRANT CYCLE TOWARD ADDRESSING THESE ISSUES.

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

Employer identification number  
20-2454729

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.

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

OMB No. 1545-0047

► File a separate application for each return.  
► Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. <b>COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.</b>	Taxpayer identification number (TIN) <b>20-2454729</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1316 NEWCASTLE STREET, 201</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BRUNSWICK, GA 31520</b>	

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

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

**KEEVA KASE**

- The books are in the care of ► **1316 NEWCASTLE STREET - BRUNSWICK, GA 31520**

Telephone No. ► **(912) 268-4442**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐   
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2022** or

► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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