

# 2023

# Accommodations Tax Funds Request

# Application

**Organization Name:** TEDxHiltonHead

**Project/Event Name:** TedxHiltonHead

## Executive Summary

An ATAX Effectiveness Measurement form has been attached to this application.

We started TEDxHilton with an idea. That our Island was a haven of intellectual curiosity with talented people with ideas worth sharing that would make our Island a cultural and intellectual destination, as well as a vacation and beach destination.

We believe that TEDxHiltonHead can be the catalyst for bigger and better cultural attractions. We started with an event in 2017 that was built from the ground up, with no financial resources but our own, yet delivered a well received program with exceptional feedback from an event held in the Poseidon Rooftop Bar.

We have continued to grow our events, and have moved to more spacious venues, including Soundwaves, and, most recently, The Sea Pines Harbour Town Clubhouse, where we hosted more than 200 visitors.

Our last scheduled event was to be even bigger. We have reserved the Arts Center of Coastal Carolina for our event, and expected upwards of 300 to attend. That event, scheduled for March 2020, was cancelled due to Covid.

We believe that TEDxHiltonHead can compliment other cultural programs on our Island, and perhaps be part of an even larger cultural and intellectual event that will attract hundreds, or thousands, from across the country. We envision resurrecting some of the past Hilton Head events, like the former Renaissance, or create a new showcase event, similar to Chautauqua, where we have a month's worth of activities, focused on issues important to the world, delivered by national and global resources,

and by those exceptional, talented people who call Hilton Head their home. This "Hilton Head Island Forum" might be in February or March, where we would attract visitors to our Island where we have capacity to manage crowds during a period when crowds are not usually on the Island.

Dreams, yes, but we have already had conversations about making this a reality. This event could coordinate with TEDxHiltonHead, The World Affairs Council, the Hilton Head Institute, and other cultural organizations to create a new destination for visitors.

The TEDx brand also allows us to deliver the Youth events outlined in this application, and other TEDxAventures, TEDxSalons, and other programs to draw visitors to the Island on a monthly basis.

Thank you for your consideration of TEDxHiltonHead for ATAX grants.

# 2023 Accommodations Tax Funds Request Application

Date Received: 08/29/2022	Time Received: 06:01 PM	By: Online Submittal
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*Applications will not be accepted if submitted after 4 pm on September 2, 2022*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** TEDxHiltonHead

**Project/Event Name:** TedxHiltonHead

Contact Name: Rex and Susan Gale Title: Organizer

Address: 22 Club Course Drive, Hilton Head Island, SC 29928

Email Address: rex.gale@gmail.com Contact Phone: 972-897-6428

Event Date: November 3, 2023 Event Location: Sea Pines Resort

**Total Budget:** \$50,000.00 **Grant Requested:** \$25,000.00

Provide a brief summary on the intended use of the grant and how the money would be used. (100 words or less)

The grant will be used for one purpose: marketing, public relations, and marketing/PR support to drive regional and national attendees to our event.

We have operated very successful events on a shoestring budget. Our survey feedback has been outstanding, which will be covered later in this application.

Increasing our funding substantially for marketing and public relations will allow us to grow our event, expand to larger venues, and increase our

marketing reach, which will attract more visitors to the Island.

Our focus for ATAX funds will be marketing and public relations expenses including:

-Marketing and Public Relations

-Marketing and Public Relations supports

-Social media marketing, including targeted Facebook, Instagram and other social media sources

-Website marketing, updates, and manageme

How does the organization/event either drive tourism to Hilton Head Island or enhance the visitor experience on Hilton Head Island? How is this impact being measured? (100 words or less)

Our event drives tourism by being a unique event not available in many other places.

Our past events have drawn tourists from both throughout the country, as there is a strong need and desire for TEDx events. Our event has drawn tourists from as far as Canada and California.

Our TEDxHiltonHead events focused on "themes" that reflect our unique Island. Our themes reflect the attractiveness of our Island, including promotion of our biodiversity, ecotourism, cultural, and historical heritage. Talks have focused on loggerheads, oyster beds, Gullah heritage, Mitchelville, health and wellness, biodiversity, ecotourism, sustainability, and other Island-focused attractions.

A. Total Number of Physical Tourists Served: Estimated 248  
(approximately 19%, including estimated attendance for our Nov. 4 2022 event)

*A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.*

B. Total Number of Physical Visitors Served: 353 (approximately 27%, including estimated attendance for our Nov. 4 2022 event)

*A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.*

C. Total Number of Physical Residents Served: 705 (approximately 54%, including estimated attendance for our Nov. 4 2022 event)

*A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.*

D. Total Number of Physical Patrons Served (A+B+C=D): 1306 (including estimated attendance for our Nov. 4 2022 event)

How was the Number of Visitors/Tourists Documented? (250 words or less)

We document visitors through our ticket sales. With each ticket sold, we document home addresses, including city and state of residence.

## B. DESCRIPTION OF OPERATIONS:

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1. For state reporting purposes, give a brief description of the organization. (250 words or less)

The mission of TEDxHiltonHead is to bring “ideas worth sharing” to inspire intellectual curiosity, continuous learning, and establish Hilton Head Island as a center for environmental, historical, and intellectual discovery.

TEDxHiltonHead will enhance the availability of arts and culture on Hilton Head Island, furthering the reputation of Hilton Head Island as an arts and cultural destination.

TEDxHiltonHead brings together a welcoming community of people and ideas from every discipline and culture who seek a deeper understanding of the ourselves, our community, the Lowcountry, our

country, and the world around us. The organization believes passionately in the power of ideas to positively impact our lives.

2. Describe in detail how the requested grant funding would be used? (250 words or less)

The ATAX funds would be used for advertising and public relations support to increase attendance and awareness of our event(s).

As a local non-profit, we are at a distinct disadvantage from a fund-raising perspective, as other funding sources for non-profits often support "charities", such as programs including Deep Well, Second Helpings, Backpack Buddies, etc. These funding sources provide assistance to these amazing charities that support our Islanders. The idea of funding "ideas worth spreading" and "intellectual curiosity" often are deemed not as important as cultural events. This makes funding from ATAX even more critical for us, as our programs support the cultural events and the arts that we are trying to highlight to attract more visitors to our Island

The combination of ATAX assistance, along with sponsorship and ticket proceeds, are required to make our events possible.

3. What impact would partial funding have on the activities, if full funding were not received? What would the organization change to account for partial funding? (100 words or less)

If only partial funding is received, we would not be able to attract a large number of visitors to our Island.

For 2022, we expect over 600 attendees.

For 2023, our goal will be even higher...800-1000 attendees. Without the advertising and marketing support, this will not be possible.

Our premiere TEDxHiltonHead event targets an adult audience. Our goal is to make this event so successful, and to sell upwards of 1,000 tickets annually,

4. What is expected economic impact and benefit to the Island's tourism?  
(100 words or less)

Our typical events draw 45% of our attendees from off-Island. We track this through our ticketing, which captures home addresses, including City and State

With your funding we will be able to attract more attendees through advertising.

Our last event had 214 attendees. We hope to increase attendance to 600 in 2022. As we grow we hope to attract 1,000 attendees for our events.

Based on our last event, pre-covid, with 214 attendees, we attracted 96 visitors to the Island.

With similar demographics for future events, an event with 600 attendees will attract 270 visitor per event, an increase of 300%

Digging deeper, of the 45%, our visitor mix is 34% within 50 miles, and 11% outside of 50 miles.

5. In order to comply with the State's Tourism Expenditure Review Committee annual reporting requirements, **please classify your current grant request into the following authorized categories:**

- 1 - Destination Advertising/Promotion 50 %  
*Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.*
- 2 - Tourism-Related Events 50 %  
*Promotion of the arts and cultural events.*

3 - Tourism-Related Facilities

*Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.* 0 %

4 - Tourism-Related Public Services

*The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.* 0 %

5 - Tourist Public Transportation

*Tourist shuttle transportation.* 0 %

6 - Waterfront Erosion/Control/Repair

*Control and repair of waterfront erosion.* 0 %

7 - Operation of Visitor Information Centers

*Operating visitor information centers.* 0 %

**Total: 100 %**

6. If not covered elsewhere in the application, please describe (a) how the organization will collaborate with other organizations to enhance tourism efforts, and (b) provide a venue or service not otherwise available to visitors to the Town of Hilton Head Island. (250 words or less)

A)

TEDxHiltonHead currently collaborates with other organizations to enhance Tourism efforts. We have had conversations with The Town of Hilton Head Director of Cultural Affairs, Jennifer McEwen, to incorporate our event in to the annual Crescendo celebration.

**We are happy to report that TEDxHiltonHead is one of the 5 "Signature Events" for Crescendo 2022.**

B)

We are also interested in developing TEDxAdventures, outdoors experiences that will allow us to further promote the Island and attract



visitors. These TEDxAdventures would include sustainability and biodiversity cruises, oyster and dolphin experiences, shrimping and fishing experiences, turtle tracking experiences, etc. We would coordinate these events with local organizations that attract tourists, including the Outside Foundation, Spartina Marine Education, The Boys and Girls Club, and other organizations that focus on outdoor sustainable activities.

7. Additional comments. (250 words or less)

Everything started with an Idea. Even to Town of Hilton Head.

Here is an idea: Create and/or resurrect what used to be called "Renaissance" on Hilton Head. Or a "Chautauqua of the South."

Imagine four weeks in the Fall or Spring, when visitors levels are low, the ability to attract new visitors to a unique cultural experience that supports our Island. We are creating a new reason to come to Hilton Head when we have excess capacity.

Sharing ideas, instilling intellectual curiosity, and framing Hilton Head as a cultural attraction, promoting intellectual curiosity in our schools, and with our students, will support our community and the resources that Hilton Head has to offer.

**C. FUNDING:**

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1. Please describe how the organization is currently funded. (100 words or less)

Funding is provided through individual donations, sponsorships, and ticket sales.

2. Please also estimate, as a percentage, the source of the organization's total annual funding.

<u>    </u>	Government Sources	<u>35</u>	Private Contributions, Donations and Grants
<u>30</u>	Corporate Support, Sponsors	<u>    </u>	Membership, Dues, Subscriptions
<u>35</u>	Ticket Sales, or Sales and Services	<u>    </u>	Other

3. Has the organization requested other ATAX or any other funding from other public sources or organizations?

Yes      No **X**

If so, please list top 3 sources and amounts.

ATAX \$25,000.00

**D. FINANCIAL INFORMATION:**

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Fiscal Year Disclosure: Start Month: 07/01/20 End Month: 06/30/2021

**Financial Statement Requirements:**

1. The upcoming year's **operating budget** for the organization.

Budget Years Provided:

2023  
2023

2. The previous two years and current year **profit and loss reports** for the organization.

Profit and Loss Years Provided:

Inception to date  
Inception to date

3. The previous two years and current year **balance sheets**.

Balance Sheet Years Provided:

2021

2020

4. The previous two years and current year **IRS Form 990 or 990T**.

IRS Form 990 or 990T Years Provided:

2020

2019

2021

## E. FINANCIAL GUARANTEES AND PROCEDURES:

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1. Provide a copy of the **official minutes** wherein the organization approves the submission of this application.

An official set of minutes have been attached to this application.

2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.

- Follow Town procurement guidelines
- Utilize and follow organization's own procurement guidelines
- Our organization does not have or follow procurement guidelines

## F. MEASURING EFFECTIVENESS:

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If you received 2021 or 2022 HHI ATAX funds

1. List any ATAX award amounts received in 2021 and/or 2022.

2022

\$16,000.00

TEDxHiltonHead 2022

2. How were the ATAX funds used? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. (200 words or less)

All of our funds have been used for the marketing and promotion our event: TEDxHiltonHead 2022

Professional marketing and public relations support has assisted with:

-social media promotion, including Facebook, Instagram, and other social media sources

-website promotion including highlighting speakers and performers who will be sharing the stage at our event

-regional marketing and public relations including the placement of advertising, speaker profiles, and other promotional items highlighting TEDxHiltonHead which will be held on November 4, 2022

It is too early to see if our objectives have been achieved since our event is still a ways off, November 4, 2022. Already we have sold 20% of our tickets, and this is amazing since our event is still 10 weeks away. Ticket sales trend upward, dramatically, as the event becomes closer and people hear about the event and "save the date" on their calendars.

We are on target to hold an event that is almost three times the size of any previous event, very much due to the ATAX funding that was granted to us for use this year. We are very appreciative of the ATAX grant that was awarded to TEDxHiltonHead in 2022.

3. What impact did this have on the success of the organization/event and how did it benefit the community? (200 words or less)

Yet to be determined. Our event date is November 4, 2022

4. How does the organization measure the effectiveness of both the overall activity and of individual programs? (200 words or less)

After our events, we send feedback forms to all attendees. The feedback forms measure the Net Promoter Score (NPS) for our events.

The Net Promoter Score is the world's leading measure of customer loyalty. In essence, will they come back?

An average NPS is +35. Our TEDxHiltonHead NPS scores have averaged +70, considered "world class."

An NPS over 70 means your customers love you and you are generating a lot of [positive word-of-mouth from their referral](#).

More about the NPS survey: The respondent is asked to select a rating on a 0-10 scale, with 0 being the least likely to recommend and 10 being the most. Once the responses come back, you'd segment each respondent into one of three groups, based on their rating: Promoters (9 or 10 rating), Passives (7 or 8 rating), and Detractors (0 through 6 rating).

You can then [calculate your NPS](#) using the following formula:

$$\text{NPS} = \% \text{ of Promoters} - \% \text{ of Detractors} ?$$

An NPS over 70 means your customers love you and you are generating a lot of [positive word-of-mouth from their referral](#).

Signature: Rex Gale

Title/Position: Organizer, TEDxHiltonHead

Mailing Address: 22 Club Course Drive, Hilton Head Island, SC 29928

Email Address: rex.gale@gmail.com

Office Phone Number: 972-897-6428

Home Phone Number: 972-897-6428

**ATAX EFFECTIVENESS MEASUREMENT**

Please refer to the *SAMPLE ATAX Effectiveness Measurement Form* for examples. When completing this form, please expand, contract, or add to the sections as needed (but contain the form to a total of approximately 2 pages). You may choose to use your own format instead of this form, and if doing so, please use the criteria below as a guideline. Regardless of format, **each applicant should choose how they measure degree of success. Applicants need to explain why this is an effective measurement technique that reflects results and how that relates to the objective.**

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
<b>Marketing efforts to increase tourist attendance</b>				
website	Update website	\$ 1,000.00	TBD	Update tools to capture data points to pinpoint future target marketing to draw additional tourists to the Island and our events
"	Website management	\$ 1,000.00	TBD	Active website management provides ongoing promotion, increasing interest in future events and future attendance: Tracking impressions and clicks will indicate the success of our actions.
PR Firm	Articles in local and regional publications	\$ 2,000.00	TBD	Increase promotion of event and additional tourist attraction and interest, We will track the number of magazines engaged and impressions/clicks on the articles to indicate the success of our actions.
"	Promotional videos	\$ 1,000.00	TBD	Increase promotion of event and additional tourist attraction and interest, including the posting of prior TEDxHiltonHead talks and tracking the engagement/clicks. To date we have over 500,000 impressions/views on our talks.
"	Social media advertising	\$ 9,000.00	TBD	Increase promotion of event and additional tourist attraction and interest
"	Print Advertising	\$ 2,000.00	TBD	Increase promotion of event and additional tourist attraction and interest
Total		\$ 16,000.00	\$ -	


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August 25, 2022

# TEDxHiltonHead Board Minutes

Whereas TEDxHiltonHead is a local-organized not-for-profit organization and officially licensed TED event operating under the auspices of the Community Foundation of the Lowcountry, and

Whereas the need for additional funding is required for TEDxHiltonHead to market and promote our events, offer additional programming, and increase the number of visitors that our event is attracting to Hilton Head Island,

We hereby approve the application to the Town of Hilton Head for ATAX funds to support the demonstrated success of our events, and to promote future expanded events to attract more visitors to our Island.

Approved this day, August 25, 2022:

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Rex Gale, Organizer

TEDxHiltonHead

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Debi Lynes, Co-Organizer

TEDxHiltonHead



# TEDxHiltonHead- 2019, Event Date: 11 May, 2019



31 responses (27 promoters, 3 passives, 1 detractor)



8 ..... May 20, 2019 – 7:32 pm  
some of the talks were very good, others not so much. The organization and food were excellent.

10 ..... May 20, 2019 – 7:18 pm

10 ..... May 20, 2019 – 6:28 pm

10 ..... May 20, 2019 – 6:09 pm  
Great event!

10 ..... May 15, 2019 – 12:35 pm  
It was a great experience to hear from local folks about a variety of different topics. The program was well done, the facility worked, the catering was good, and everything ran smoothly!

10

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May 15, 2019 – 10:08 am

Ideas worth sharing, are moving and educational.

10

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May 14, 2019 – 11:28 pm

Great speakers and well run event

10

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May 14, 2019 – 9:11 pm

10

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May 14, 2019 – 2:53 pm

I have already recommended TEDX to friends to watch for next year (or whenever). Most of the speakers were excellent, and all of them were passionate and shared good ideas. I believe it's imperative that as a community, we listen to one another and at least entertain new ideas. It's through communication with one another that we learn, empathize and move forward

10

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May 14, 2019 – 2:03 pm

comfortable, welcoming, encouraging, GREAT speakers. good food, nice convenient location, variety of talks from different kinds of people. -- all around wonderful.

9

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May 14, 2019 – 8:58 am

Tedx was great. The speakers were informative and professional.

10

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May 14, 2019 – 8:39 am

Speaker quality and topic selection.

10

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May 13, 2019 – 10:47 pm

Interesting variety of ideas well presented.

10

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May 13, 2019 – 10:16 pm

I really enjoyed the variety of talks and the professionalism. I also enjoyed the delicious lunch.

10

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May 13, 2019 – 9:58 pm

Rex Gayle was a phenomenal organizer...

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May 13, 2019 – 9:14 pm

10

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May 13, 2019 – 8:49 pm

The speakers were amazing.

9

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May 13, 2019 – 8:35 pm

I loved the TEDx talks that were presented.  
It is not a 10 because I thought there were too many talks about personal reinvention. These were great, but I also wanted to hear talks about, for example, reinventing low income housing, reinventing public transportation, even reinventing golf course maintenance to make it greener.

10

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May 13, 2019 – 7:34 pm

Opportunity to hear local thought leaders and network with audience members similarly inclined.

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May 13, 2019 – 7:20 pm

10

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May 13, 2019 – 7:18 pm

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May 13, 2019 – 6:56 pm

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May 13, 2019 – 6:43 pm

7

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May 13, 2019 – 6:25 pm

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May 13, 2019 – 6:24 pm

10

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May 13, 2019 – 6:20 pm

As a speaker, I was in awe of all the professional folks I came in contact with who helped make this program such a success.

9

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May 13, 2019 – 6:14 pm

10

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May 13, 2019 – 6:10 pm

Interesting, professional, well-organized

7

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May 13, 2019 – 6:09 pm

10

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May 13, 2019 – 6:08 pm

The entire day was really well organized. Each presentation was informative. I heard from many attendees that their expectations were exceeded. That was my opinion as well.

4

.....

May 13, 2019 – 6:07 pm

majority of speakers not relevant to reinvention theme advertised.

**ATAX EFFECTIVENESS MEASUREMENT**

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<b>Marketing efforts to increase tourist attendance</b>				
website	Update website	\$ 2,500.00		Update tools to capture data points to pinpoint future target marketing to draw additional tourists to the Island and our events
"	Website management	\$ 2,500.00		Active website management provides ongoing promotion, increasing interest in future events and future attendance
PR Firm	Articles in local and regional publications	\$ 7,500.00		Increase promotion of event and additional tourist attraction and interest
"	Promotional videos	\$ 2,500.00		Increase promotion of event and additional tourist attraction and interest
"	Social media advertising	\$ 5,000.00		Increase promotion of event and additional tourist attraction and interest
"	Print Advertising	\$ 5,000.00		Increase promotion of event and additional tourist attraction and interest
	Printing	\$ 1,200.00		Event programs
Total		\$ 26,200.00	\$ -	

<b>Programming enhancements</b>				
Events	Present TED Livestream	\$ 3,000.00		Virtual events will promote interest in love events and increase attendance and tourist visits
+	Present TED Women Livestream	\$ 3,000.00		Virtual events will promote interest in love events and increase attendance and tourist visits
	Offer TEDxAdventures, promoting biodiversity and ecotourism on HHI	\$ 7,500.00		Long term goal is to offer TEDxAdventures, outdoor activities that will further attract tourists and tourist dollars to the Island with unique kayak, oyster, shrimp, fishing, nature, and other activities to promote HHI as a biodiversity and ecotourism destination
Total		\$ 13,500.00	\$ -	

<b>Event Presentation</b>				
Venue	TEDxHiltonHead	\$ 10,000.00		Arts Center, Sea Pines Clubhouse, or similar first-class venue to attract tourists and attendees
"				Arts Center, Sea Pines Clubhouse, or similar first-class venue to attract tourists and attendees





# TEDx of the Lowcountry Fund

## Additions

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Dividend & Interest Income	\$2.49
	<b>Total Additions: \$2.49</b>

## Subtractions

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Fund Administrative Fee	\$200.00
Bank & Credit Card fees	\$0.02
	<b>Total Subtractions: \$200.02</b>

## Net Assets

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	<b>Beginning (7/1/2020)</b>	<b>Activity</b>	<b>Ending (6/30/2021)</b>
3000 Net Assets - Available to Spend	\$1,708.81	(\$197.53)	\$1,511.28
<b>Total Net Assets</b>	<b>\$1,708.81</b>	<b>(\$197.53)</b>	<b>\$1,511.28</b>

**Contact** Nicole Charles • 843.681.9100 ncharles@cf-lowcountry.org • www.cf-lowcountry.org  
4 Northridge Drive, Suite A • Post Office Box 23019 • Hilton Head Island, SC 29925-3019

# TEDx of the Lowcountry Fund

## Additions

Contributions - Spendable	\$28,659.75
Event/Registration Revenue	\$13,203.97
Dividend & Interest Income	\$52.03
<b>Total Additions:</b>	<b>\$41,915.75</b>

## Subtractions

Program Expenses	\$38,758.62
Fund Administrative Fee	\$200.00
Fundraising Expense	\$6,328.23
<b>Total Subtractions:</b>	<b>\$45,286.85</b>

## Net Assets

	<b>Beginning (7/1/2019)</b>	<b>Activity</b>	<b>Ending (6/30/2020)</b>
3000 Net Assets - Available to Spend	\$5,079.91	(\$3,371.10)	\$1,708.81
<b>Total Net Assets</b>	<b>\$5,079.91</b>	<b>(\$3,371.10)</b>	<b>\$1,708.81</b>

**Contact** Nicole Charles • 843.681.9100 ncharles@cf-lowcountry.org • www.cf-lowcountry.org  
4 Northridge Drive, Suite A • Post Office Box 23019 • Hilton Head Island, SC 29925-3019

Financial Overview - TEDxHiltonHead		2017 TX	2018 TXW	2019 TX	2019 TXW	2020 TX	2022
Item	Provider	Amount					TBD
Venue	Poseidon		500				
Venue	SoundWaves			1100			
Venue	Arts Center					3914.75	
Catering	Sea Pines Resort (Includes A/V PSAV)				13008		
Catering	SERG Group	\$4,400	4455				
Catering	Roys			3547.05			
Speaker Reception Venue	J. Costello Gallery		200				
Drapes	Meeting Dynamics			293.2			
Insurance	Hull & Company			250		250	
Retainer/2017	Smart Marketing Communications	5000					
Retainer/2019	SMC				6,000		
Retainer/2020	SMC					2000	
Sponsorship Commission (10%)	SMC				825	1100	
Website Development	SMC				937.5	937.5	
Website Updates	SMC					250	
Social Media Advertising/Facebook	SMC				616.05	410.73	
Banner/Large Logo	SMC	189					
Banner/Photo/Frame	Rex/Stickers&Banners		354.2				
Banner/Hanging	Rex/Stickers&Banners		67.05				
Banner/Small Logo	SMC	155					
Lanyards	Rex/Custom Lanyard	135	309.07				
Swag Bag	Rex/4ImprintUSA		279.36				
T-shirts	Rex	682					
Airfare	Rex	325.4					
Circular rug	Rex	105					
Speaker Reimbursement	Fran Capo				250		
Speaker Reimbursement	Loren Brill				232.5		
Speaker Reimbursement	Bahby Banks				250		
Speaker Reimbursement	Ayna Sarre				1629.83		
Speaker Reimbursement	Kweighbaye Kotee				250		
Audio	PSAV				In Catering		
Video	Oceano Blue	750	750	750	750		
Photographer	Beja Barnett				700		
TEDx Stage Letters	WeCutFoam						
Dress Rehearsal Food	Rex/Poseidon		145				
Printing/Hard Ticket Printing	Rex/Sta[les		34.98				
Printing/Flyers	Rex/Staples			33.9			
Draping	Meeting Dynamics			293.2			
Printing/Program	Rex/Coastal Marketing Services		127.75				
Tenting for Outside Venue	Amazing Rentals					809.16	
Eventbrite set-up for Speaker Reception	SMC				150		
Pitch Night Proceeds Split	WAHHI					350	
Pitch Night Expenses	Laurie Laykish Reimbursement					\$899.88	
Government Filing for Non-Profit Status	US Treasury				600		
Team Training	Kennon to TEDxYouth Austin					578.42	
Speaker Gifts	Rex				429.25		
Facebook Boost	Rex	200	96.43				
<b>Total Expenses:</b>		<b>\$11,941</b>	<b>7318.84</b>	<b>6267.35</b>	<b>\$26,628</b>	<b>\$11,500</b>	<b>\$63,656</b>

Income	Sponsor					
Sponsor	Toastmasters	500	1000	1000		
	Lynes on Design		500	500		
	HHILI		500	500		
	Indigo Spa		1000			
	Birdie James		500			
	Coffey Kubec		500			
	RE/MAX Island Realty		500			
	Pomodori		500			
	Schembra Real Estate Group			500	500	
	Advanced Womens Care of the Lowcountry		500			
	Andrew Summers				5000	
	Chef Lynne Michelle				1500	
	Sativa Products				1500	
	Rex Gale					15000
	Pinnacle				500	
Ticket Sales	Eventbrite	9559	6630	5550	11603.97	
T-shirt sales		150			80	
<b>Total Income:</b>		<b>10209</b>	<b>12130</b>	<b>8050</b>	<b>20683.97</b>	<b>15000</b>
						66072.97
<b>Profit/Loss</b>		<b>-1,732</b>	<b>4,811</b>	<b>1782.65</b>	<b>(\$5,944)</b>	<b>\$3,500</b>
						<b>\$2,416.81</b>

In-Kind	Sponsor			
	Pink Magazine	Yes	Yes	Yes
	Hilton Head Home Group		Yes	Yes
	Picture This/Mira Mira Studio		Yes	Yes
	LocalLife		Yes	Yes
	Hilton Head Monthly			Yes
	J Costello Gallery			Yes

SMC Invoices 2019/2020	Invoice	July 16 2019	Sept 27 2019	Oct 1 2019	Oct 31 19	Nov 26 2019	Jan 7 2020	Jan 31 2020	Feb 27 2020	Invoice	Total
Retainer for Services/Project Fee Pt. 1	8067	2000								8067	2000
Retainer for Services/Project Fee Pt. 2	8099		2000							8099	2410
FB Ads/Speaker Submissions/CTAs	8099		135							8104	937.5
Sponsorship Commissions @ 10%: ??????	8099		275							8113	276.64 ?
Website Updates per work order	8104			937.5						8129	2904.41
Social Media Adveretising	8113				226.64						
10% Commission: Schembra	8113				50						
Project Retainer/Project Fee Pt. 3	8129					2000				8155	937.5
FB Ads for November	8129					254.41				8161	729.07
10% Commission: Summers ????	8129					500				8176	3031.66
Set-up of Eventbrite for Speaker Reception	8129					150					
Balance of Website project	8155						937.5				
10% Commission: Chef Lynn/Pinnacle/Billy Wood/Scheml	8161							400			
Social media boosts	8161							79.07			
Web updates/Making Waves	8161							250			
Retainer for Services/Project Fee Pt.4	8176								2000		13226.78
Social Media Ads	8176								331.66		
10% Commission: Hargray/HH Hospital/FACES	8176								700		

Financial Overview - TEDxHiltonHead		2017 TX	2018 TXW	2019 TX	2019 TXW	2020 TX
Item	Provider	Amount				
Venue	Poseidon		500			
Venue	SoundWaves			1100		
Venue	Arts Center					3914.75
Catering	Sea Pines Resort (Includes A/V PSAV)				13008	
Catering	SERG Group	\$4,400	4455			
Catering	Roys			3547.05		
Speaker Reception Venue	J. Costello Gallery		200			
Drapes	Meeting Dynamics			293.2		
Insurance	Hull & Company			250		250
Retainer/2017	Smart Marketing Communications	5000				
Retainer/2019	SMC				6,000	
Retainer/2020	SMC					2000
Sponsorship Commission (10%)	SMC				825	1100
Website Development	SMC				937.5	937.5
Website Updates	SMC					250
Social Media Advertising/Facebook	SMC				616.05	410.73
Banner/Large Logo	SMC	189				
Banner/Photo/Frame	Rex/Stickers&Banners		354.2			
Banner/Hanging	Rex/Stickers&Banners		67.05			
Banner/Small Logo	SMC	155				
Lanyards	Rex/Custom Lanyard	135	309.07			
Swag Bag	Rex/4ImprintUSA		279.36			
T-shirts	Rex	682				
Airfare	Rex	325.4				
Circular rug	Rex	105				
Speaker Reimbursement	Fran Capo				250	
Speaker Reimbursement	Loren Brill				232.5	
Speaker Reimbursement	Bahby Banks				250	
Speaker Reimbursement	Ayna Sarre				1629.83	
Speaker Reimbursement	Kweighbaye Kotee				250	
Audio	PSAV				In Catering	
Video	Oceano Blue	750	750	750	750	
Photographer	Beja Barnett				700	
TEDx Stage Letters	WeCutFoam					
Dress Rehearsal Food	Rex/Poseidon		145			
Printing/Hard Ticket Printing	Rex/Sta[les		34.98			
Printing/Flyers	Rex/Staples			33.9		
Draping	Meeting Dynamics			293.2		
Printing/Program	Rex/Coastal Marketing Services		127.75			
Tenting for Outside Venue	Amazing Rentals					809.16
Eventbrite set-up for Speaker Reception	SMC				150	
Pitch Night Proceeds Split	WAHHI					350
Pitch Night Expenses	Laurie Laykish Reimbursement					\$899.88
Government Filing for Non-Profit Status	US Treasury				600	
Team Training	Kennon to TEDxYouth Austin					578.42
Speaker Gifts	Rex				429.25	
Facebook Boost	Rex	200	96.43			
<b>Total Expenses:</b>		<b>\$11,941</b>	<b>7318.84</b>	<b>6267.35</b>	<b>\$26,628</b>	<b>\$11,500</b>

\$63,656

Income	Sponsor					
Sponsor	Toastmasters	500	1000	1000		
	Lynes on Design		500	500		
	HHILI		500	500		
	Indigo Spa		1000			
	Birdie James		500			
	Coffey Kubec		500			
	RE/MAX Island Realty		500			
	Pomodori		500			
	Schembra Real Estate Group			500	500	
	Advanced Womens Care of the Lowcountry		500			
	Andrew Summers				5000	
	Chef Lynne Michelle				1500	
	Sativa Products				1500	
	Rex Gale					15000
	Pinnacle				500	
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Community Foundation of the Lowcountry Inc. & Supporting Organization

Combined Financial Statements

For the years ended

June 30, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
The Community Foundation of the Lowcountry, Inc. & Supporting Organization  
Hilton Head Island, South Carolina

We have audited the accompanying financial statements of Community Foundation of the Lowcountry, Inc. (a nonprofit organization) & Supporting Organization, which are comprised of the combined statement of financial position as of June 30, 2021 and 2020, and the related combined statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Foundation of the Lowcountry, Inc. & Supporting Organization as of June 30, 2021 and 2020, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Lucas & Associates CPAs, P.C.*

Lucas & Associates CPAs, P.C.

Savannah, Georgia  
October 8, 2021

Community Foundation of the Lowcountry, Inc. & Supporting Organization  
 Combined Statements of Financial Position  
 As of June 30,

	<u>2021</u>	<u>2020</u>
<b>Assets</b>		
Cash and cash equivalents	3,801,537	3,465,628
Pledges and grants receivable, net	177,530	177,530
Assets held - charitable remainder trusts	2,489,137	2,084,283
Investments	78,538,369	61,114,294
Capital Counsel Investments	1,440,399	1,203,453
Property and equipment, net	295,674	326,819
Other assets	31,775	5,289
<b>Total Assets</b>	<u><u>86,774,421</u></u>	<u><u>68,377,296</u></u>
 <b>Liabilities and net assets</b>		
Accounts payable and accrued expenses	71,572	242,588
Grants payable	1,145,863	810,049
Annuities payable	1,416,801	1,438,492
Funds held for others - agency funds	1,179,304	2,847,890
<b>Total Liabilities</b>	<u><u>3,813,540</u></u>	<u><u>5,339,019</u></u>
 Net assets without donor restrictions	82,960,881	63,038,277
Net assets with donor restrictions	0	0
<b>Total Net Assets</b>	<u><u>82,960,881</u></u>	<u><u>63,038,277</u></u>
<b>Total liabilities and net assets</b>	<u><u>86,774,421</u></u>	<u><u>68,377,296</u></u>

Community Foundation of the Lowcountry, Inc. & Supporting Organization  
 Combined Statements of Activities and Change in Net Assets  
 For the Years Ended June 30,

	<u>2021</u>	<u>2020</u>
<b>Income-unrestricted</b>		
Contributions received	8,253,890	6,609,496
Net realized gains/losses	(293,663)	(485,074)
Net unrealized gains/losses	21,949,909	2,082,454
Investment income	1,271,707	1,460,489
Rental income	14,100	16,100
Other	1,128,485	792,974
<b>Total Revenues</b>	<u><u>32,324,428</u></u>	<u><u>10,476,439</u></u>
<b>General and administrative expenses-unrestricted</b>		
Grants paid	7,173,170	7,310,262
Program expenses	919,732	929,353
Salaries and benefits	1,125,010	1,018,835
Professional and administrative fees	1,113,696	1,033,259
Supplies and other	185,172	151,472
Fundraising	81,424	93,314
Changes in value of split interest agreements	87,120	82,915
Changes in funds held for others	1,668,586	903,951
Depreciation	47,914	44,889
<b>Total Expenses</b>	<u><u>12,401,824</u></u>	<u><u>11,568,250</u></u>
Increase (decrease) in unrestricted net assets	<u>19,922,604</u>	<u>(1,091,811)</u>
Increase (decrease) in net assets	19,922,604	(1,091,811)
Net assets beginning of year	63,038,277	64,130,088
Net assets at end of year	<u><u>82,960,881</u></u>	<u><u>63,038,277</u></u>

Community Foundation of the Lowcountry, Inc. & Supporting Organization  
 Combined Statements of Cash Flow  
 For the Years Ended June 30,

	<u>2021</u>	<u>2020</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash received from contributions	\$ 8,253,890	\$ 6,688,787
Cash received for rental income	14,100	16,100
Cash received from interest and dividend income	1,271,707	1,460,489
Cash received from other	1,128,485	794,820
Cash paid for grants	(6,837,356)	(7,573,325)
Cash paid for general, program, and administrative expenses	(3,541,112)	(2,973,680)
Cash paid for fundraising	(81,424)	(93,314)
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	<u>208,290</u>	<u>(1,680,123)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Net purchases and sales of investments	<u>127,619</u>	<u>1,998,645</u>
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>	<u>127,619</u>	<u>1,998,645</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>	<u>0</u>	<u>0</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	335,909	318,522
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR</b>	<u>3,465,628</u>	<u>3,147,106</u>
<b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>	<u>\$ 3,801,537</u>	<u>\$ 3,465,628</u>

Community Foundation of the Lowcountry, Inc. & Supporting Organization  
Notes to the Combined Financial Statements

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

ORGANIZATION AND PRINCIPLES OF ACCOUNTING

The combined financial statements include the accounts of the Community Foundation of the Lowcountry, Inc. (“CFL”) and its Supporting Organization, the Jim and Margaret Krum Foundation, Inc., collectively referred to as the “Foundation”. All balances and transactions between the two entities have been eliminated in combination.

The Hilton Head Island Foundation, LLC (“HHIF”) is a wholly-owned subsidiary of the CFL.

Community Foundation of the Lowcountry, Inc. is a community foundation and is governed by a board of private citizens from its service area. The Board of Directors of Community Foundation of the Lowcountry, Inc. elects the directors and appoints the President/CEO of the Hilton Head Island Foundation, LLC. The purpose of Hilton Head Island Foundation, LLC is to accept gifts of real property on behalf of Community Foundation of the Lowcountry, Inc. and its many funds and its Supporting Organization. The purpose of Community Foundation of the Lowcountry, Inc. is to serve the charitable needs and interests of the residents of four South Carolina counties including Beaufort, Colleton, Hampton and Jasper.

The Jim and Margaret Krum Foundation, Inc. will further the CFL’s exempt purposes by making grants directly to the Foundation and to organizations which are, or could be, supported by the Foundation consistent with its own charitable purposes.

BASIS OF PRESENTATION

The combined financial statements have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

FINANCIAL STATEMENT PREPARATION

The accompanying financial statements are presented in accordance with accounting principles generally accepted in the United States of America (GAAP), as codified by the Financial Accounting Standards Board. In accordance with GAAP, the Foundation reports information regarding its net assets and activities as with donor restrictions or without donor restrictions, depending on the existence and/or nature of any external restrictions. Currently, the Foundation has no restricted assets.

ESTIMATES

The preparation of combined financial statements, in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

See Accountants’ Report

Community Foundation of the Lowcountry, Inc. & Supporting Organization  
Notes to the Combined Financial Statements

INCOME TAXES

The Internal Revenue Service has determined that the Foundation is exempt from income taxes as an organization described in Section 501(c)(3) of the Internal Revenue code and is classified as a public charity under Section 170(b)(1)(A)(vi).

CASH AND CASH EQUIVALENTS

Cash and cash equivalents presented in the statements of financial position and cash flows represent cash on hand and demand deposits at financial institutions with an original maturity of three months or less.

INVESTMENTS

Investments in debt and equity securities are reported at fair market value, except for short-term highly liquid investments that have a remaining maturity at the time they are purchased of one year or less. These investments are carried at amortized cost. Included in investments are cash and cash equivalents on deposit with money managers. The fair value is estimated by external investment managers, as market values are not readily ascertainable. These estimates involve assumptions and estimation methods that are reviewed by management. Actual valuations could differ from those estimates.

Interest, dividends, and gains and losses, both realized and unrealized, on investments are included in the Combined Statements of Activities and Change in Net Assets.

CONTRIBUTIONS

Contributions are recorded at their estimated fair value and are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes.

PLEDGES RECEIVABLE

Unconditional promises to give that are expected to be received within one year are recorded at estimated net realizable value. Unconditional promises to give that are expected to be received in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates for United States government securities having maturities that correspond to the years in which the promises are expected to be received.

Amortization of discounts is included in contribution revenue. Conditional promises to give are not included as support until the conditions are substantially met.

The Foundation uses the allowance method to determine the uncollectible portion of unconditional promises to give. The allowance to uncollectible contributions is based upon management's estimates, including such factors as, overall economic conditions, current and historical loss experience, and recent contribution activity.

See Accountants' Report

Community Foundation of the Lowcountry, Inc. & Supporting Organization  
Notes to the Combined Financial Statements

PROPERTY AND EQUIPMENT

Property and equipment are reported at cost, if purchased, or fair value at the date of donation. Depreciation is computed on a straight-line basis over the estimated useful life of the assets, ranging from three to twenty-five years.

GRANTS PAYABLE

Grants are recorded when specifically authorized by the Board of Directors of the Foundation and when the grant award is communicated to the grantee.

ANNUITIES PAYABLE

The Foundation has received certain unconditional promises to provide the future contributions in the form of deferred giving arrangements, including charitable remainder annuity trusts, charitable remainder unitrusts, and pooled income funds. The various deferred giving agreements stipulate the payment of stated annuity amounts, as well as the requirements for the eventual use of the principal of the donated funds.

FUNDS HELD FOR OTHERS

Funds held for others as agency funds represent component funds established by unaffiliated not-for-profit organizations for their own benefit.

DONATED ASSETS

Donated marketable securities and other noncash donations are recorded as contributions at their estimated fair values at the date of donation.

DONATED SERVICES

No amounts have been reflected in the combined financial statements for donated services. The Foundation pays for most services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the Foundation with specific programs and various committee assignments.

NET ASSETS

The Foundation's net assets and its support and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions using two classifications: unrestricted and temporarily restricted. Most contributions, including those with donor-imposed restrictions, are subject to the variance power established by the Foundation's governing documents. The variance power allows the Board of Directors to modify donor instructions that are incapable of fulfillment or inconsistent with the charitable needs of the community. As a result of the variance power, most contributions are classified as net assets without donor restrictions for financial statement purposes.

Community Foundation of the Lowcountry, Inc. & Supporting Organization  
Notes to the Combined Financial Statements

SPLIT-INTEREST AGREEMENTS

The Foundation administers various charitable remainder trusts and charitable lead trusts. A charitable remainder trust provides for the payment of distributions to designated beneficiaries over the trust's term (usually the designated beneficiary's lifetime). At the end of the trust's term, the remaining assets are available for the Foundation's use. Under the charitable lead trust, the Foundation receives distributions from the trust until the agreement terminates. At that time, the remaining assets of the trust are paid out to the donor or other named beneficiaries.

The fair value of the trusts' assets has been included in the Foundation's Combined Statements of Financial Position and a corresponding liability has been recorded to reflect the present value of required lifetime payments to the named beneficiaries using a discount rate of 2.6% for the years ended June 30, 2021 and 2020. A range of 2%-9% has been used in prior periods.

Also, various donors have established trusts with financial institutions, naming the Foundation as the beneficiary of these charitable remainder trusts. Under the terms of the split-interest agreements, at the time of the donor's death, the trusts terminate and trust assets are distributed to the Foundation. Based on donor life expectancy and the use of a discount rate of 2.6%, the present value of future assets expected to be received by the Foundation is included in the Foundation's Combined Statements of Financial Position. Changes in the value of the assets and amortization of the discount on the estimated present value of future benefits are included in the change in value of charitable remainder trusts in the Combined Statements of Activities and Change in Net Assets.

SPENDING POLICY

The Foundation has adopted a policy whereby it limits the amount of spending that may be utilized for grant purposes from endowments to 4.5% of the average daily balance of investments over the prior twenty quarters. This policy enables the Foundation to preserve and strengthen its investment base for the future.

**NOTE B – CONCENTRATIONS OF CREDIT RISK ARISING FROM CASH DEPOSITS IN EXCESS OF INSURED LIMITS**

The Foundation maintains cash balances at some financial institutions in excess of FDIC insured limits from time to time. Based on the credit rating of these institutions, management believes there is no significant credit risk related to deposits.

**NOTE C – DATE OF MANAGEMENT'S REVIEW**

In preparing the financial statements, the Foundation has evaluated events and transactions for potential recognition or disclosure through October 8, 2021, the date the financial statements were available to be issued.

See Accountants' Report



Community Foundation of the Lowcountry, Inc. & Supporting Organization  
Notes to the Combined Financial Statements

NOTE D – INVESTMENTS

The carrying amounts of investments at June 30th are included in the Foundation's Combined Statements of Financial Position as follows:

	2021	2020
Assets held – charitable remainder trusts	\$ 2,489,137	\$ 2,084,283
Investments	79,978,768	62,317,747
Total	<u>\$ 82,467,905</u>	<u>\$ 64,402,030</u>

Investments at June 30th are classified as follows:

	2021	2020
Marketable Equity Securities	\$ 66,873,891	\$ 49,465,203
Fixed Income	11,165,777	8,719,740
Other	4,428,237	6,217,087
Total	<u>\$ 82,467,905</u>	<u>\$ 64,402,030</u>

Net investment gains (losses) are comprised of the following for the years ending June 30th:

	2021	2020
Net realized gains/(losses)	\$ (293,663)	\$ (485,074)
Net unrealized gains/(losses)	21,949,909	2,082,454
Interest and dividend income	1,271,707	1,460,489
Total	<u>\$ 22,927,953</u>	<u>\$ 3,057,869</u>

NOTE E – FAIR VALUE MEASUREMENT

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Foundation has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- A. Quoted prices for similar assets or liabilities in active markets;
- B. Quoted prices for identical or similar assets or liabilities in inactive markets;
- C. Inputs other than quoted prices that are observable for the asset or liability;
- D. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Community Foundation of the Lowcountry, Inc. & Supporting Organization  
Notes to the Combined Financial Statements

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2020 and 2019.

Mutual Funds: Value at the net asset value (NAV) of shares held by the Foundation at year end. These typically include investments in marketable equity and fixed income securities.

Money Market Funds: Value based on inputs derived from observable market data based on US currency.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Foundation believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth, by level, with the fair value hierarchy, the Foundation’s assets at fair value:

Assets at Fair Value as of June 30, 2021				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 78,039,668	4,428,237	0	82,467,905
Money Market Funds	3,801,537	0	0	3,801,537
Total assets at fair value	\$ 81,841,205	4,428,237	0	86,269,442

Assets at Fair Value as of June 30, 2020				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 58,184,943	\$ 6,217,087	\$ 0	\$ 64,402,030
Money Market Funds	3,465,628	0	0	3,465,628
Total assets at fair value	\$ 61,650,571	\$ 6,217,087	\$ 0	\$ 67,867,658

The Foundation did not have any level 3 assets for the years ended June 30, 2021 and 2020.

Community Foundation of the Lowcountry, Inc. & Supporting Organization  
Notes to the Combined Financial Statements

NOTE F – PLEDGES AND GRANTS RECEIVABLE

The Foundation's pledges and grants receivable consist of the following as of June 30<sup>th</sup>:

	2021		2020
Receivable in less than one year	\$ 0	\$	0
Receivable in one to five years	0		0
Receivable in six or more years	300,000		300,000
Pledges receivable, gross	<u>300,000</u>		<u>300,000</u>
Less: discount	(160,000)		(160,000)
Pledges receivable, net	<u>140,000</u>		<u>140,000</u>
Grants receivable	37,530		37,530
Pledges and Grants receivable, net	<u>\$ 177,530</u>	\$	<u>177,530</u>

NOTE G – FIXED ASSETS

Property and equipment consist of the following at June 30<sup>th</sup>:

	2021		2020
Land	\$ 160,000	\$	160,000
Building	952,304		944,608
Furniture and equipment	129,353		120,280
Total property and equipment	<u>1,241,657</u>		<u>1,224,888</u>
Less: accumulated depreciation	(945,983)		(898,069)
Property and equipment, net	<u>\$ 295,674</u>	\$	<u>326,819</u>

NOTE H – OPERATING LEASES

The Foundation leases office space to various tenants at various terms with a cumulative annual rental revenue of \$14,100 for the year ended June 30, 2021 and \$16,100 for the year ended June 30, 2020.

The Foundation leases various office equipment from three organizations with payments ranging from approximately \$1,383 to \$13,735 annually, expiring at various times through June 2021.

Lease expense for the years ended June 30, 2021 and 2020 amounted to approximately \$17,295 and \$22,746 respectively.

See Accountants' Report

Community Foundation of the Lowcountry, Inc. & Supporting Organization  
Notes to the Combined Financial Statements

NOTE I – EMPLOYEES’ RETIREMENT SAVINGS PLAN

The Foundation sponsors a defined contribution retirement savings plan for all regular, full-time employees who are twenty-one years of age and have completed one year of service. Under the plan, employees may contribute up to 15% of their annual compensation. Participants over the age of 50 are eligible to make additional catch up contributions. The Foundation may also contribute a discretionary amount of the participants’ compensation each year. The Foundation contributed approximately \$23,596 and \$20,463 to the plan during the years ending June 30, 2021 and 2020, respectively.

NOTE J – FUND CLASSIFICATION

The activities and balances of the Foundation are classified for internal purposes into the following groups:

Unrestricted (Discretionary) – The Foundation’s Unrestricted Funds are not designated for a specific charitable beneficiary. These funds are disbursed at the discretion of the Foundation’s Board of Directors in response to requests from nonprofit organizations and based on an assessment of the most pressing needs. Unrestricted funds are also used to pay administrative expenses.

Field-of-Interest – Field-of-Interest Funds have been created to support a specific field-of-interest, such as health or education, or a specific geographic area, such as Jasper County or the Greater Bluffton Community. The funds created by giving circles are also funds of this type.

Donor-Advised – Donor-Advised Funds are created by donors who wish to remain active in their philanthropy and have access to the Foundation’s professional advice and management. Donors may suggest charitable distributions from funds they have established, although the Foundation’s Board of Directors has final authority to approve or deny all such grants. Technically, donor-advised funds are a type of unrestricted fund.

Designated – Designated funds have been established by a donor to provide grants to a specific charitable agency or for a specific charitable purpose. The Board of Directors accepts the donor’s designation as long as the agency or purpose continues to serve the public interest. Scholarship funds and project funds are included in this category.

ADDITIONAL INFORMATION – Most fund types may be established either as endowed or non-endowed funds. Endowed funds are intended to be permanent funds and are subject to the Foundation’s spending policy. Non-endowed funds are intended to be spent down over time, and are 100% spendable. Scholarship funds generally must be endowed funds.

Community Foundation of the Lowcountry, Inc. & Supporting Organization  
Notes to the Combined Financial Statements

At June 30th, the balances of these internally imposed restrictions were:

	2021	2020
Net Assets – spendable	\$ 27,532,207	\$ 21,823,996
Net Assets – accumulated earnings	14,523,996	2,347,996
Net Assets – nonspendable endowment	40,904,678	38,866,285
Total net assets	82,960,881	63,038,277

**NOTE K – INTERNAL FEES CHARGED TO FUNDS**

The Foundation enters into agreements with donors when a fund is established that includes an internal administrative fee. The current fee schedules range from 0.75% to 2.5% of annual average daily balance of the market value of the fund based on the type of fund and services required. Minimum administrative fee is \$200 annually.

**NOTE L – EXPENSES BY BOTH NATURAL AND FUNCTIONAL CLASSIFICATION – FOR THE YEAR ENDED JUNE 30, 2021**

	Programs			Program Subtotals
	Donor Advised Funds	Field of Interest Funds	Other Funds & Programs	
Salaries & benefits	48,071	52,212	116,631	216,914
Grants & scholarships	2,286,853	2,317,205	2,474,723	7,078,781
Program expenses	0	559,511	359,991	919,502
Professional fees	165,102	80,207	2,414,133	2,659,442
Office, supplies & travel	0	0	11,625	11,625
Fundraising/Development	0	81,424	0	81,424
Total Expenses	2,500,027	3,090,558	5,377,104	10,967,689

  

	Supporting Activities			Total Expenses
	Management & General	Fund-Raising	Supporting Subtotal	
Salaries & benefits	718,891	179,545	898,436	1,115,350
Grants & scholarships	5,750	0	5,750	7,084,531
Program expenses	230	0	230	919,732
Professional fees	235,172	132,497	367,669	3,027,112
Office, supplies & travel	118,265	0	118,265	129,890
Fundraising/Development	0	43,785	43,785	125,210
Total Expenses	1,078,308	355,828	1,434,136	12,401,824

See Accountants' Report

Community Foundation of the Lowcountry, Inc. & Supporting Organization  
Notes to the Combined Financial Statements

The allocation to Program for Salaries and Benefits is figured on 100% of the total salaries and benefits for the three Program staff. The remainder is Management and General Expenses. 100% of the Development and Donor Services three staff and 50% of the CEO salaries and benefits are allocated to Fundraising. Finance and Marketing are allocated to the Management and General Expenses. Donor Advised Funds and Field of Interest funds are split from the total as more than 50% or grant making falls into those two fund types.

NOTE M – LIQUIDITY

The majority of the Foundation's assets consist of investments in marketable securities. A material portion of these investments are readily tradeable and therefore very liquid assets. The Foundation has more than six times its typical annual expenditures in investments. Most contributions received by the Foundation, including those with donor-imposed restrictions, are subject to the variance power established by the Foundation's governing documents. Because of this variance power, contributions are classified as net assets without donor restrictions for financial statement purposes and the Foundation's investments are therefore available to meet its liquidity needs.

**990**  
Form  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

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

**C** Name of organization  
 COMMUNITY FOUNDATION OF THE LOWCOUNTRY INC  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 4 NORTHRIDGE DRIVE SUITE A  
 City or town, state or province, country, and ZIP or foreign postal code  
 HILTON HEAD ISLAND, SC 29925

**D** Employer identification number  
 57-0756987  
**E** Telephone number  
 (843) 681-9100  
**G** Gross receipts \$ 9,405,316

**F** Name and address of principal officer:  
 4 NORTHRIDGE DRIVE SUITE A  
 HILTON HEAD ISLAND, SC 29925

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.CF-LOWCOUNTRY.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1994

**M** State of legal domicile: SC

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES, AND NEEDS.

**2** Check this box  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>	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	19
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	19
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	250
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	

	Revenue	
	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	6,421,183	6,609,496
<b>9</b> Program service revenue (Part VIII, line 2g)	812,878	792,975
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,571,396	1,986,745
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,095	16,100
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,821,552	9,405,316
Expenses		
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,822,132	6,999,002
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,028,238	1,075,660
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶497,548		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,014,974	2,145,679
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,865,344	10,220,341
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-43,792	-815,025
Net Assets or Fund Balances		
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	60,097,585	58,079,226
<b>21</b> Total liabilities (Part X, line 26)	6,294,375	5,091,041
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	53,803,210	52,988,185

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: 2020-11-16  
 NICOLE CHARLES Vice President  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00022914
Firm's name ▶ Lucas & Associates CPAs PC			Firm's EIN ▶ 46-2977721	
Firm's address ▶ PO Box 15699 Savannah, GA 31416			Phone no. (912) 777-6936	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES, AND NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 8,952,459 including grants of \$ 6,999,002 ) (Revenue \$ )
COMMUNITY FOUNDATION OF THE LOWCOUNTRY MADE MANY GRANTS TO NONPROFIT ORGANIZATIONS; THE MAJORITY OF THESE ORGANIZATIONS SERVE TO ENHANCE THE QUALITY OF LIFE FOR CITIZENS IN THE SOUTH CAROLINA LOWCOUNTRY. COMMUNITY FOUNDATION OF THE LOWCOUNTRY PROVIDES COMMUNITY LEADERSHIP THROUGH PROVIDING INFORMATION, ORGANIZATION DEVELOPMENT, NETWORKING, AND CONVENINGS IN SUPPORT OF THE NONPROFIT SECTOR IN ITS REGION.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
COMMUNITY FOUNDATION OF THE LOWCOUNTRY'S FUND ADMINISTRATIVE FEES AND OFFICE EXPENSES ARE USED TO MAINTAIN CURRENT FUNDS AND FURTHER THE PROCESS OF EVALUATING AND AWARDED GRANT MONEY TO DESERVING CHARITIES.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
THE FOUNDATION'S ADDITIONAL PROGRAM EXPENSES AID THE FOUNDATION IN ALIGNING THEIR FUNCTIONS WITH THE MISSION.

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

4e Total program service expenses ▶ 8,952,459



**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

<p><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 . . . . .</p>	<p><b>2a</b> <span style="float: right;">19</span></p>			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<p><b>2b</b></p>	<p>Yes</p>		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<p><b>3a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<p><b>3b</b></p>			
<p><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)?</p>	<p><b>4a</b></p>		<p>No</p>	
<p><b>b</b> <del>Yes</del> Enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>	<p><b>4b</b></p>			
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<p><b>5a</b></p>		<p>No</p>	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p><b>5b</b></p>		<p>No</p>	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<p><b>5c</b></p>			
<p><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? . . . . .</p>	<p><b>6a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<p><b>6b</b></p>			
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>				
<p><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? . . . . .</p>	<p><b>7a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<p><b>7b</b></p>			
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<p><b>7c</b></p>		<p>No</p>	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b> <span style="float: right;">0</span></p>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p><b>7e</b></p>		<p>No</p>	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p><b>7f</b></p>		<p>No</p>	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<p><b>7g</b></p>		<p>No</p>	
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<p><b>7h</b></p>		<p>No</p>	
<p><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?</p>	<p><b>8</b></p>		<p>No</p>	
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>	<p><b>9a</b></p>		<p>No</p>	
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p><b>9b</b></p>		<p>No</p>	
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<p><b>9b</b></p>		<p>No</p>	
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .</p>	<p><b>10b</b></p>			
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>			
<p><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.) . . . . .</p>	<p><b>11b</b></p>			
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p><b>12b</b></p>			
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>				
<p><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.</p>	<p><b>13a</b></p>			
<p><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 . . . . .</p>	<p><b>13b</b></p>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<p><b>14a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<p><b>14b</b></p>			
<p><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?</p>	<p><b>15</b></p>		<p>No</p>	
<p><b>16</b> If the organization is a U.S. person, is the organization subject to the section 4968 excise tax on net investment income? . . . . . <i>See instructions for the Form 990, Schedule N.</i></p>	<p><b>16</b></p>		<p>No</p>	
<p>If "Yes," complete Form 4720, Schedule O.</p>				

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Christopher Kerrigan ..... President & CEO	40.00 ..... 0.00			X				211,387	0	0
(2) Sheila Mahony ..... Director	2.00 ..... 0.00	X		X				0	0	0
(3) DAVID WETMORE ..... Treasurer	2.00 ..... 0.00	X		X				0	0	0
(4) SANDY BENSON ..... Director	2.00 ..... 0.00	X						0	0	0
(5) James Allhusen ..... Chairman	2.00 ..... 0.00	X		X				0	0	0
(6) ALLEN WARD ..... 2nd Vice Chair	2.00 ..... 0.00	X						0	0	0
(7) Al Panu ..... Director	2.00 ..... 0.00	X						0	0	0
(8) Geoff Block ..... Director	2.00 ..... 0.00	X						0	0	0
(9) Yvonne Curl ..... Director	2.00 ..... 0.00	X						0	0	0
(10) CHERYL MCKAY COMES ..... Director	2.00 ..... 0.00	X						0	0	0
(11) Doug Fletcher ..... Director	2.00 ..... 0.00	X						0	0	0
(12) SHIRLEY PETERSON ..... Director	2.00 ..... 0.00	X						0	0	0
(13) Paul Moeri ..... Director	2.00 ..... 0.00	X						0	0	0
(14) John Levy ..... Director	2.00 ..... 0.00	X						0	0	0
(15) JERILYN FARREN ..... 1st Vice Chair	2.00 ..... 0.00	X		X				0	0	0
(16) DAVID ROSENBLUM ..... Director	2.00 ..... 0.00	X						0	0	0
(17) MICHAEL MARKS ..... Director	2.00 ..... 0.00	X						0	0	0



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,609,496		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	671,268		
<b>h Total.</b> Add lines 1a-1f . . . . .		6,609,496			

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
	Business Code					
<b>2a</b> ADMINISTRATIVE FEE INCOME	522299		792,975	792,975		
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			792,975			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,252,857	1,252,857			
	<b>4</b> Income from investment of tax-exempt bond proceeds		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	(i) Real	16,100				
		(ii) Personal					
		<b>6b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)	<b>6c</b>	16,100				
	<b>d</b> Net rental income or (loss) . . . . .			16,100	16,100		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	733,888				
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)	<b>7c</b>	733,888				
	<b>d</b> Net gain or (loss) . . . . .			733,888	733,888		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
		<b>b</b> Less: direct expenses	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .			0			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
		<b>b</b> Less: direct expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
<b>b</b> Less: cost of goods sold		<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue		Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See instructions . . . . .			9,405,316	2,795,820			



**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,999,002	6,999,002		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	391,502	70,612	180,772	140,118
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	526,110	94,888	242,927	188,295
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,464	3,691	9,449	7,324
<b>9</b> Other employee benefits	72,673	13,107	33,556	26,010
<b>10</b> Payroll taxes	64,911	11,707	29,972	23,232
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	0			
<b>b</b> Legal	16,689		16,689	
<b>c</b> Accounting	21,100		21,100	
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,432		6,523	7,909
<b>12</b> Advertising and promotion	94,184	94,184		
<b>13</b> Office expenses	46,961		46,961	
<b>14</b> Information technology	58,476		58,476	
<b>15</b> Royalties	0			
<b>16</b> Occupancy	4,694		4,694	
<b>17</b> Travel	3,213	3,213		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	16,450		16,450	
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	44,889		44,889	
<b>23</b> Insurance	26,781		26,781	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM EXPENSES	860,528	860,528		
<b>b</b> FUND ADMIN FEE	691,061	691,061		
<b>c</b> FUNDRAISING	91,383			91,383
<b>d</b> CHG IN SPLIT INTEREST VALUE	82,915	82,915		
<b>e</b> All other expenses	71,923	27,551	31,095	13,277
<b>25</b> Total functional expenses. Add lines 1 through 24e	10,220,341	8,952,459	770,334	497,548
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				



Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16) and Liabilities (17-26). Includes sub-sections for Net Assets or Fund Balances (27-33) and a checkbox for FASB ASC 958 compliance.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,405,316
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,220,341
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-815,025
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	53,803,210
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))	<b>10</b>	52,988,185

**Part XII Financial Statements and Reporting**

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

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

**Additional Data**

[Return to Form](#)

**Software ID:** 19009920

**Software Version:** 2019v5.0

**Form 990, Special Condition Description:**

**Special Condition Description**

**SCHEDULE A**  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

**Employer identification number**  
57-0756987

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

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

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

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

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,738,558	3,928,096	4,013,799	5,727,166	6,822,132	25,229,751
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						0
<b>4 Total.</b> Add lines 1 through 3	4,738,558	3,928,096	4,013,799	5,727,166	6,822,132	25,229,751
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						25,229,751

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	4,738,558	3,928,096	4,013,799	5,727,166	6,822,132	25,229,751
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,338,558	1,118,500	1,810,729	1,617,453	1,252,857	7,138,097
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .						0
<b>11 Total support.</b> Add lines 7 through 10						32,367,848

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

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

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	77.950 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	76.150 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 Total.</b> 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 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<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)? If "Yes," answer line 10b below.		
<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).		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

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

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



**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)

- |   |          |  |  |
|---|----------|--|--|
| <b>1</b> Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> 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) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |  |           |  |  |
|--|-----------|--|--|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |  |  |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |  |  |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |  |  |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |  |  |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |           |  |  |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>  |  |  |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | <b>4</b>  |  |  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |  |  |
| <b>6</b> Multiply line 5 by .035   | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |  |  |

**Section C - Distributable Amount**

Current Year

- |  |          |  |  |
|--|----------|--|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |  |  |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |  |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |  |  |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |  |  |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |  |

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

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

(continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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

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

### Facts And Circumstances Test

Return Reference	Explanation

## **Additional Data**

**Return to Form**

**Software ID:** 19009920

**Software Version:** 2019v5.0

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2019

Name of the organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY INC

Employer identification number 57-0756987

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [ ] 501(c)( ) (enter number) organization [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [ ] 527 political organization [ ] 501(c)(3) exempt private foundation [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation [ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

Employer identification number  
57-0756987

**Part I**  
**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
 COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
 INC

**Employer identification number**  
 57-0756987

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization  
COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

Employer identification number

57-0756987

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	



# Additional Data

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**Software ID:** 19009920

**Software Version:** 2019v5.0

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

**Employer identification number**  
57-0756987

**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
<b>1</b> Total number at end of year . . . . .	78	
<b>2</b> Aggregate value of contributions to (during year)	1,613,230	
<b>3</b> Aggregate value of grants from (during year)	2,400,047	
<b>4</b> Aggregate value at end of year . . . . .	8,207,848	

**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).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

**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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .		160,000		160,000
<b>b</b> Buildings . . . . .		944,608	796,014	148,594
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		3,392	3,392	
<b>e</b> Other . . . . .		120,280	102,055	18,225
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				326,819

**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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,286,381

**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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**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.

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

**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.

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

**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.

Return Reference	Explanation

## Additional Data

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**Software ID:** 19009920

**Software Version:** 2019v5.0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047 2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service COMMUNITY FOUNDATION OF THE LOWCOUNTRY Employer identification number 57-0756987

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes

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.

Table with 8 columns: (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. Rows 1-102.



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference

Explanation



## Additional Data

[Return to Form](#)

**Software ID:** 19009920

**Software Version:** 2019v5.0

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY INC

Employer identification number 57-0756987

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.
First-class or charter travel
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
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 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 in 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)?

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.



**Part III Supplemental Information**

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

Return Reference	Explanation
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**Additional Data**

[Return to Form](#)

**Software ID:** 19009920

**Software Version:** 2019v5.0

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

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **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 the latest information.**

Name of the organization  
COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

**Employer identification number**  
57-0756987

**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 . . . . .		26	671,268	Avg High/Low
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 IV, 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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No

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

30a		No
-----	--	----

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

31		No
----	--	----

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

32a		No
-----	--	----

b If "Yes," describe in Part II.

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

--	--	--

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

Return Reference	Explanation
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## Additional Data

[Return to Form](#)

**Software ID:** 19009920

**Software Version:** 2019v5.0



2019

Open to Public Inspection

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

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

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization  
COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

Employer identification number

57-0756987

Return Reference	Explanation
Form 990, Part III, Line 4d: Other Program Services Description	OTHER PROGRAM SERVICES 4: COMMUNITY FOUNDATION OF THE LOWCOUNTRY PAID SALARIES TO MAINTAIN THE FUNCTIONS OF THE FOUNDATION AS STATED IN THE MISSION STATEMENT.
Form 990, Part VI, Line 11b: Form 990 Review Process	THE ANNUAL FORM 990 IS PREPARED BY THE FOUNDATION'S INDEPENDENT AUDITORS. AFTER THE COMPLETED FORM 990 IS REVIEWED BY THE FOUNDATION'S VP FOR FINANCE/ADMINISTRATION AND PRESIDENT/CEO, AN ELECTRONIC COPY OF THE FORM IS THEN PROVIDED TO ALL FOUNDATION DIRECTORS WITH A 5 DAY COMMENT PERIOD BEFORE THE FORM IS FILED WITH THE IRS.
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	INCREASES FOR THE CEO ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS UPON RECEIVING PERFORMANCE COMMENTARY BY THE BOARD OF DIRECTORS AND BEING PRESENTED WITH STUDIES SHOWING COMPARABLE WAGE DATA FROM THE COUNCIL ON FOUNDATIONS AND FORM 990 OF COMPARABLE LOCAL NONPROFITS. APPROVAL OF OTHER KEY EMPLOYEE WAGES FOLLOWS A SIMILAR REVIEW OF COMPARABLES, BUT IS MADE BY THE CEO.
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	BOARD MAKES AUDIT AND ANNUAL REPORT AVAILABLE ON ITS OWN WEBSITE. BOTH ARE AVAILABLE UPON REQUEST AS WELL. FORM 990 IS ALSO AVAILABLE UPON REQUEST.

## Additional Data

[Return to Form](#)

**Software ID:** 19009920

**Software Version:** 2019v5.0

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

**Employer identification number**

57-0756987

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)THE JIM AND MARGARET KRUM FOUNDATION INC 4 NORTHRIDGE DRIVE SUITE A  HILTON HEAD ISLAND, SC 29925 27-1777206		SC	501(C)(3)		N/A		No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
  
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
Identification of Related Tax-Exempt Organizations	The Jim and Margaret Krum Foundation is operated by the same administrative staff as Community Foundation of the Lowcountry and is included in the same consolidated audited financial statements, although they file separate Form 990's and have separate Boards of Directors. A majority of the Jim and Margaret Krum Foundation's Board of Directors is appointed by Community Foundation of the Lowcountry's directors.

Schedule R (Form 990) 2019

**Additional Data**[Return to Form](#)**Software ID:** 19009920**Software Version:** 2019v5.0

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

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

**C** Name of organization  
COMMUNITY FOUNDATION OF THE LOWCOUNTRY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
4 NORTHRIDGE DRIVE SUITE A

City or town, state or province, country, and ZIP or foreign postal code  
HILTON HEAD ISLAND, SC 29925

**D** Employer identification number  
57-0756987

**E** Telephone number  
(843) 681-9100

**F** Name and address of principal officer  
4 NORTHRIDGE DRIVE SUITE A  
HILTON HEAD ISLAND, SC 29925

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

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW CF-LOWCOUNTRY ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1994

**M** State of legal domicile SC

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES, AND NEEDS

**2** Check this box  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)	16
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	16
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	14
<b>6</b> Total number of volunteers (estimate if necessary)	250
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	5,738,688	6,421,183
<b>9</b> Program service revenue (Part VIII, line 2g)	810,238	812,878
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,261,771	2,571,396
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,650	16,095
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,823,347	9,821,552
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,789,493	6,822,132
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	948,796	1,028,238
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 533,113		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,347,848	2,014,974
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,086,137	9,865,344
<b>19</b> Revenue less expenses Subtract line 18 from line 12	3,737,210	-43,792
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	60,192,701	60,097,585
<b>21</b> Total liabilities (Part X, line 26)	6,345,699	6,294,375
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	53,847,002	53,803,210

## Part II Signature Block

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

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2019-11-15

NICOLE CHARLES Vice President  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Lucas & Associates CPAs PC  
Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Check  if self-employed PTIN: P00022914  
Firm's EIN ▶ 46-2977721  
Firm's address ▶ PO Box 15699 Savannah, GA 31416 Phone no (912) 777-6936



**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES, AND NEEDS

**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 \$ 7,454,492 including grants of \$ 6,822,132 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 851,593 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 239,378 including grants of \$ ) (Revenue \$ )  
See Additional Data

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

**4e Total program service expenses** ▶ 8,545,463

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, reporting, and financial statements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p><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 . . . . .</p>	<b>2a</b>	14		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>			<b>3b</b>	No
<p><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)? . . . . .</p>			<b>4a</b>	No
<p><b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>	No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>	No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>	
<p><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? . . . . .</p>			<b>6a</b>	No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<p><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? . . . . .</p>			<b>7a</b>	No
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>	
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>	No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>	0		
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>	No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>	No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>	No
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>	No
<p><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? . . . . .</p>			<b>8</b>	No
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>	No
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>	No
<b>10 Section 501(c)(7) organizations.</b> Enter				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>			
<p><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 ) . . . . .</p>	<b>11b</b>			
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>			<b>12a</b>	No
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<p><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</p>			<b>13a</b>	No
<p><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 . . . . .</p>	<b>13b</b>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O . . . . .</i></p>			<b>14b</b>	
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>	No
<p><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 . . . . .</p>			<b>16</b>	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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

Table with 2 columns: Question, Answer. Row 17: List the States with which a copy of this Form 990 is required to be filed. Answer: AK, AL, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV. Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O). Row 19: Describe in 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. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records. Answer: Nicole Charles, 4 NORTHRIDGE DRIVE SUITE A, HILTON HEAD ISLAND, SC 29925 (843) 681-9100.

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sheila Mahony Director	2 00 ..... 0 00	X		X				0	0	0
(2) DAVID WETMORE Treasurer	2 00 ..... 0 00	X		X				0	0	0
(3) SANDY BENSON Director	2 00 ..... 0 00	X						0	0	0
(4) James Allhusen Chairman	2 00 ..... 0 00	X		X				0	0	0
(5) ALLEN WARD 2nd Vice Chair	2 00 ..... 0 00	X						0	0	0
(6) Al Panu Director	2 00 ..... 0 00	X						0	0	0
(7) Geoff Block Director	2 00 ..... 0 00	X						0	0	0
(8) Yvonne Curl Director	2 00 ..... 0 00	X						0	0	0
(9) CHERYL MCKAY COMES Director	2 00 ..... 0 00	X						0	0	0
(10) Doug Fletcher Director	2 00 ..... 0 00	X						0	0	0
(11) SHIRLEY PETERSON Director	2 00 ..... 0 00	X						0	0	0
(12) Jeanette Jones Director	0 00 ..... 0 00	X						0	0	0
(13) John Levy Director	0 00 ..... 0 00	X						0	0	0
(14) JERILYN FARREN 1st Vice Chair	2 00 ..... 0 00	X		X				0	0	0
(15) DAVID ROSENBLUM Director	2 00 ..... 0 00	X						0	0	0
(16) MICHAEL MARKS Director	2 00 ..... 0 00	X						0	0	0
(17) JACKIE ROSSWURM Director	2 00 ..... 0 00	X						0	0	0



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	6,421,183		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .		547,577		
<b>h Total.</b> Add lines 1a-1f . . . . .		6,421,183			

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> ADMINISTRATIVE FEE INCOME . . . . .		522299	812,878	812,878	
<b>b</b> . . . . .						
<b>c</b> . . . . .						
<b>d</b> . . . . .						
<b>e</b> . . . . .						
<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			812,878			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,617,453	1,617,453		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			0			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		16,095					
		<b>b</b> Less rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .	16,095				
	<b>d</b> Net rental income or (loss) . . . . .			16,095	16,095		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		953,943					
		<b>b</b> Less cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .	953,943				
	<b>d</b> Net gain or (loss) . . . . .			953,943	953,943		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue . . . . .	Business Code						
<b>11a</b> . . . . .							
<b>b</b> . . . . .							
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See Instructions . . . . .			9,821,552	3,400,369			



**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,822,132	6,822,132		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	280,050	55,985	122,401	101,664
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	585,536	117,056	255,918	212,562
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	28,092	5,616	12,278	10,198
<b>9</b> Other employee benefits.	71,930	14,380	31,438	26,112
<b>10</b> Payroll taxes.	62,630	12,521	27,373	22,736
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	3,221		3,221	
<b>c</b> Accounting.	20,500		20,500	
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	22,604		9,690	12,914
<b>12</b> Advertising and promotion.	93,443	93,443		
<b>13</b> Office expenses.	56,029		56,029	
<b>14</b> Information technology.	75,547		75,547	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	35,075	1,173	33,902	
<b>17</b> Travel.	5,967	3,599	2,368	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	25,876		25,876	
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	41,600		41,600	
<b>23</b> Insurance.	24,920		24,920	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FUND ADMIN FEE	680,219	680,219		
<b>b</b> PROGRAM EXPENSES	584,549	577,249	7,300	
<b>c</b> FUNDRAISING	160,737	13,810		146,927
<b>d</b> CHG IN SPLIT INTEREST VALUE	87,312	87,312		
<b>e</b> All other expenses	97,375	60,968	36,407	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	9,865,344	8,545,463	786,768	533,113
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,291,775	<b>1</b>	3,147,107	
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	0	
	<b>3</b> Pledges and grants receivable, net . . . . .	229,927	<b>3</b>	256,821	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	0	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	0	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	0	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	0	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	0	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,223,609			
	<b>b</b> Less accumulated depreciation	856,572	402,868	<b>10c</b>	367,037
	<b>11</b> Investments—publicly traded securities . . . . .	55,110,859	<b>11</b>	54,165,186	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	0	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	0	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,157,272	<b>15</b>	2,161,434	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	60,192,701	<b>16</b>	60,097,585		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	121,689	<b>17</b>	81,383	
	<b>18</b> Grants payable . . . . .	819,368	<b>18</b>	880,612	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .	5,404,642	<b>25</b>	5,332,380	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,345,699	<b>26</b>	6,294,375	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	53,847,002	<b>27</b>	53,803,210	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>		
	<b>29</b> Permanently restricted net assets		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
<b>33</b> Total net assets or fund balances . . . . .	53,847,002	<b>33</b>	53,803,210		
<b>34</b> Total liabilities and net assets/fund balances . . . . .	60,192,701	<b>34</b>	60,097,585		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,821,552
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,865,344
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-43,792
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	53,847,002
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	53,803,210

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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 in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:** 18007218

**Software Version:** 2018v3.1

**EIN:** 57-0756987

**Name:** COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

Form 990 (2018)

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### Form 990, Part III, Line 4a:

COMMUNITY FOUNDATION OF THE LOWCOUNTRY MADE MANY GRANTS TO NONPROFIT ORGANIZATIONS, THE MAJORITY OF THESE ORGANIZATIONS SERVE TO ENHANCE THE QUALITY OF LIFE FOR CITIZENS IN THE SOUTH CAROLINA LOWCOUNTRY COMMUNITY FOUNDATION OF THE LOWCOUNTRY PROVIDES COMMUNITY LEADERSHIP THROUGH PROVIDING INFORMATION, ORGANIZATION DEVELOPMENT, NETWORKING, AND CONVENINGS IN SUPPORT OF THE NONPROFIT SECTOR IN ITS REGION

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**Form 990, Part III, Line 4b:**

COMMUNITY FOUNDATION OF THE LOWCOUNTRY PAID SALARIES TO MAINTAIN THE FUNCTIONS OF THE FOUNDATION AS STATED IN THE MISSION STATEMENT

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**Form 990, Part III, Line 4c:**

COMMUNITY FOUNDATION OF THE LOWCOUNTRY'S FUND ADMINISTRATIVE FEES AND OFFICE EXPENSES ARE USED TO MAINTAIN CURRENT FUNDS AND FURTHER THE PROCESS OF EVALUATING AND AWARDING GRANT MONEY TO DESERVING CHARITIES

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

**Public Charity Status and Public Support**

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

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

**Employer identification number**

57-0756987

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,773,109	4,738,558	3,928,096	4,013,799	5,727,166	21,180,728
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	2,773,109	4,738,558	3,928,096	4,013,799	5,727,166	21,180,728
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						21,180,728

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b>	Amounts from line 4	2,773,109	4,738,558	3,928,096	4,013,799	5,727,166	21,180,728
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	747,655	1,338,558	1,118,500	1,810,729	1,617,453	6,632,895
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						27,813,623
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

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

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

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	76.150 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	77.020 %

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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>	<b>Total.</b> 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>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 in 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>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<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)? If "Yes," answer line 10b below.		
<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.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

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

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

- 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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:** 18007218

**Software Version:** 2018v3.1

**EIN:** 57-0756987

**Name:** COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

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

**Facts And Circumstances Test**

**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 the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

**Employer identification number**  
57-0756987

**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
<b>1</b> Total number at end of year	75	
<b>2</b> Aggregate value of contributions to (during year)	1,243,157	
<b>3</b> Aggregate value of grants from (during year)	2,749,023	
<b>4</b> Aggregate value at end of year	9,047,304	

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

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

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

- 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 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
<b>1a</b> Land . . . . .		160,000		160,000
<b>b</b> Buildings . . . . .		944,608	758,839	185,769
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		3,392	3,392	
<b>e</b> Other . . . . .		115,609	94,341	21,268
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				367,037



**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITIES PAYABLE	1,578,939
FUNDS HELD FOR OTHERS-AGENCY FUNDS	3,753,441
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 5,332,380

**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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

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

**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

Return Reference	Explanation	
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**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY INC

Employer identification number 57-0756987

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 54
3 Enter total number of other organizations listed in the line 1 table . . . . . 53

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of noncash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

**Additional Data**

**Software ID:** 18007218  
**Software Version:** 2018v3.1  
**EIN:** 57-0756987  
**Name:** COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABLE - Disab Fd of Beauft Cty 100 Clear Water Way Beaufort, SC 29906	30-0223168		8,500	0			
Agawam Council 6 Fundy Road Suite 100 Falmouth, ME 04105	22-2577250		50,000	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
American Red Cross 2424 A City Hall Lane North Charlesto, SC 29406	53-0196605		9,600	0			
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817		70,475	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Avon Old Farms School 500 Old Farms Road Avon, CT 06001	06-0655480		330,000	0			
Beaufort County Animal Shelte 4 Northridge Drive Hilton Head Isl, SC 29910	57-0756987		86,048	0			



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEAUFORT COUNTY SCHOOL DISTRICT 1300 KING STREET BEAUFORT, SC 29901	57-6000367		40,897	0			
Beaufort Jasper Long-Term Rec 120 Shanklin Road Beaufort, SC 29906	57-0405847		20,000	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Beaufort Memorial Hospital Fo Post Office Box 2233 Beaufort, SC 29901	57-0792360		5,711	0			
Bluffton Community Center Fou PO Box 142 Bluffton, SC 29910	57-1128767		67,000	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLUFFTON JASPER COUNTY VOLUNT PO BOX 2653 BLUFFTON, SC 29910	32-0298086		162,920	0			
BLUFFTON SELF HELP INC POST OFFICE BOX 2420 BLUFFTON, SC 29910	57-0862658		43,359	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Bluffton Utd Methodist Church P O Box 368 Bluffton, SC 29910	57-0763260		30,000	0			
Boys & Girls Club of HHI PO Box 22267 Hilton Head, SC 29925	57-0811876		14,750	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUBS OF LOWCOUNTRY PO Box 1908 BEAUFORT, SC 29910	57-0811876		51,800	0			
BOYS & GIRLS OF LC-JASPER CTY 913 Grays Hwy RIDGELAND, SC 29936	57-0811876		5,500	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Campbell Chapel AME Church 23 Boundary Street Bluffton, SC 29910	82-3632224		12,000	0			
CHILD ABUSE PREVENTION ASSOC PO BOX 531 BEAUFORT, SC 29901	57-0722206		33,000	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COASTAL DISCOVERY MUSEUM PO BOX 23497 HILTON HEAD ISL, SC 29925	57-0801415		88,000	0			
Council of Michigan Foundatio One South Harbor Avenue Grand Haven, MI 49417	38-6263347		7,050	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CROSSROADS COMM SUPPT SERVS PO BOX 3525 BLUFFTON, SC 29910	27-0536683		18,400	0			
DANA FARBER CANCER INSTITUTE 10 BOOKLINE PLACE WEST 6TH F BROOKLINE, MA 02445	04-2263040		7,500	0			



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Dragon Boat Beaufort P O Box 213 Beaufort, SC 29902	57-0756987		39,003	0			
Evangelical Free Church of Am 235 William Hilton Parkway Hilton Head, SC 29938	41-0721672		20,000	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY PROMISE OF BEAUFORT CNTY 164 BLUFFTON ROAD HILTON HEAD ISLAND, SC 29910	20-5647589		30,500	0			
First Presbyterian - HHI 540 William Hilton Parkway Hilton Head, SC 29928	57-0470141		30,050	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOUND FOR EDUC EXCELLENCE PO BOX 22474 HILTON HEAD ISL, SC 29925	61-1691233		19,000	0			
Foundation for MetroWest Inc 3 Eliot Street Natick, MA 01760	04-3266789		10,000	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Frds of Sav Coastal Wildlife PO Box 16841 Savannah, GA 31416	26-2009310		7,750	0			
Greater Faith International M 325 W Carolina Avenue Varnville, SC 29944	20-3364956		6,000	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HELP OF BEAUFORT PO BOX 472 BEAUFORT, SC 29901	57-0721545		5,650	0			
Helping Hand Center 1263 Cohen Road Pineland, SC 29934	80-0751064		14,500	0			

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

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Heritage Classic Foundation Post Office Box 3244 Hilton Head Isl, SC 29928	57-0835114		95,250	0			
Heritage Library Foundation PO Box 5950 Hilton Head, SC 29938	58-2332014		97,956	0			

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

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HEROES ON HORSEBACK PO BOX 3678 BLUFFTON, SC 29910	57-1099345		6,300	0			
HHI DEEP WELL PROJECT POST OFFICE BOX 5543 HILTON HEAD ISLAND, SC 29938	57-0566098		45,794	0			

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

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HHI Friends of the Library PO BOX 21268 HILTON HEAD ISL, SC 29925	23-7208194		89,000	0			
HHI RECREATION ASSOCIATION PO BOX 22593 HILTON HEAD ISLAND, SC 29925	57-0827128		230,626	0			



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

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HILTON HEAD HUMANE ASSC 8 SPANISH WELLS ROAD HHI, SC 29925	57-0630156		9,201	0			
Hilton Head Island Concours d PO Box 21733 Hilton Head Isl, SC 29926	02-0547759		28,360	0			

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

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HILTON HEAD PUBLIC SERVICE DISTRICT POST OFFICE BOX 21264 HILTON HEAD ISLAND, SC 29925	57-0680099		439,759	0			
HILTON HEAD REEF FOUNDATION INC POST OFFICE BOX 5542 HILTON HEAD ISLAND, SC 22938	57-0948801		22,256	0			

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Hilton Head Regional Habitat Box 2747 Bluffton, SC 29910	57-0916245		10,500	0			
HILTON HEAD SYMPHONY ORCHESTRA POST OFFICE BOX 5757 HILTON HEAD ISLAND, SC 29938	57-0761297		28,505	0			

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

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Holocaust Education Film Foun 3271 Hunters Rest Drive Hilton Head Isl, SC 29414	57-0756987		5,500	0			
Hopeful Horizons P O Box 1775 Bluffton, SC 29910	57-1063332		164,445	0			

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HOSPICE CARE OF THE LOWCOUNTRY 119 PALMETTO WAY BLUFFTON, SC 29910	57-0774530		35,813	0			
Hunger Coalition of the Lowco Post Office Box 22738 Hilton Head Isl, SC 29925	27-3106509		11,500	0			

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J M Smith Foundation 101 W St John Street Spartanburg, SC 29306	57-1046595		6,500	0			
JASPER CTY COUNCIL ON AGING PO BOX 641 RIDGELAND, SC 29936	57-0564656		6,500	0			

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JEWS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464		850,000	0			
Junior Champions Foundation 20 Towne Drive Suite 170 Bluffton, SC 29910	45-4649556		80,000	0			

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LANDMARK COLLEGE 1 RIVER ROAD SOUTH PUTNEY, VT 05346	22-2586208		275,000	0			
Lon Solomon Ministries 8116 Arlington Boulevard 30 Falls Church, VA 22042	82-3476770		100,000	0			



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LOWCOUNTRY AUTISM FOUNDATION 60 MAIN STREET STE H HILTON HEAD ISL, SC 29926	26-0805420		10,000	0			
LOWCOUNTRY LEGAL VOLUNTEERS POST OFFICE BOX 2496 BLUFFTON, SC 29910	56-2202319		9,700	0			

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Mayo Clinic 200 First Street SW Rochester, MN 55905	41-6011702		11,000	0			
Mayo Clinic 4500 San Pablo Road Jacksonville, FL 32224	59-3337028		80,000	0			

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MEALS ON WHEELS BLUFFTON-HILTON HEAD IN POST OFFICE BOX 23691 HILTON HEAD ISLAND, SC 29925	57-0691109		9,250	0			
Media Research Center 1900 Campus Commons Drive600 Reston, VA 20191	54-1429009		20,000	0			

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Med-I-Assist PO Box 3164 Bluffton, SC 29910	32-0212924		18,600	0			
MEMORY MATTERS PO BOX 22330 HILTON HEAD ISL, SC 29925	58-2291775		152,952	0			

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MITCHELVILLE PRESERVATION PRO PO BOX 21758 HILTON HEAD ISL, SC 29928	27-2308109		95,500	0			
NATL ALLIANCE-MNTL ILL 117 WLM HILTON PKWY- SUITE K HILTON HEAD ISL, SC 29926	57-0920882		10,500	0			

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Neighborhood Outreach Connect 4 Dunmore Court Building A Hilton Head Isl, SC 29925	54-2083947		29,600	0			
Northern Piedmont Comm Found PO Box 182 Warrenton, VA 20188	31-1742955		28,000	0			

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Northland Church 530 Dog Track Road Longwood, FL 32750	59-1494618		5,350	0			
NTIONAL FNCTION CANCER RESEAR 4600 EAST WEST HIGHWAY BETHESDA, MD 20814	04-2531031		10,000	0			

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Peninsula School of Art Inc 3900 County Road Fish Creek, WI 54212	39-1730561		5,250	0			
Penn Center Inc Post Office Box 126 Saint Helena Is, SC 29920	57-0324930		10,000	0			



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Pockets Full of Sunshine 162 Lake Linden Drive Bluffton, SC 29910	47-1283875		7,000	0			
Polaris Tech Charter School P O Box 121 Ridgeland, SC 29936	81-5150351		216,641	0			

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PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922		34,600	0			
PREGNANCY CENTER AND CLINIC 1 CARDINAL RD SUITE 12 HILTON HEAD ISL, SC 29926	57-0923523		12,741	0			

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Presbyterian Church USA Post Office Box 643700 Pittsburgh, PA 15264	13-3462549		6,500	0			
PROGRAM FOR EXCEPTIONAL PPL 39 Sheridan Park Circle 2 Bluffton, SC 29910	57-1036680		40,694	0			

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Real Champions Inc 33 Office Park Road A Box 19 Hilton Head Isl, SC 29928	81-3956956		8,878	0			
RONALD MCDONALD HOUSE CHARITI 4710 WATERS AVENUE SAVANNAH, GA 31404	58-1630107		7,000	0			

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SANDALWOOD COMM FOOD PANTRY PO BOX 5061 HILTON HEAD ISL, SC 29938	27-2766571		17,000	0			
Savannah Country Day School 8 Stillwood Drive Savannah, GA 31419	58-0655290		333,000	0			

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SC COASTAL CONSERVATION LEAGUE PO BOX 1765 CHARLESTON, SC 29402	57-0887278		30,000	0			
SC GOVS SCHOOL FOR THE ARTS 15 UNIVERSITY STREET GREENVILLE, SC 29601	57-0794878		14,950	0			

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SECOND HELPINGS INC PO Box 23621 HILTON HEAD ISLAND, SC 29925	57-0938469		76,382	0			
Special Olympics SC PO Box 4641 Hilton Head, SC 29938	57-0680248		11,000	0			

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Spoleto Festival USA 14 George Street Charleston, SC 29401	57-0660848		10,000	0			
Spring Island Trust 174 Callawassie Drive Okatie, SC 29909	57-0905093		8,000	0			



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SUCCESS ACADEMY CHARTER SCHOOL 95 PINE STREET FLR 6 NEW YORK, NY 10005	20-5298861		100,000	0			
Teach for America 315 W 36th Street New York City, NY 10018	13-3541913		14,550	0			

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TECH COLLEGE OF LOWCOUNTRY FD 921 RIBAUT ROAD BEAUFORT, SC 29901	57-0767384		25,072	0			
The Bascom Corporation 323 Franklin Road Highlands, NC 28741	56-2093546		7,500	0			

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The Childrens Center 8 Natures Way Hilton Head, SC 29926	57-0485356		17,552	0			
THE LITERACY CENTER PO BOX 3725 BLUFFTON, SC 29910	57-0727884		34,200	0			

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THE OUTSIDE FOUNDATION 50 SHELTER COVE LANE STE H HILTON HEAD ISL, SC 29928	46-4305638		36,720	0			
The Salvation Army Post Office Box 105 Beaufort, SC 29903	58-0660607		10,801	0			

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THE SANDBOX CHILDRENS MUSEUM 18A POPE AVENUE HHI, SC 29928	21-0301794		5,500	0			
Town of Hilton Head Island One Town Center Court Hilton Head Isl, SC 29928	57-0752325		10,000	0			

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Trustees of Boston University 595 Commonwealth Avenue Sui Boston, MA 02215	04-2103547		10,000	0			
Trustees of Columbia University 516 W 168th Street Floor 3 New York, NY 10032	13-5598093		5,500	0			

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Turtle Trackers 10 Cannon Row Hilton Head Isl, SC 29928	81-3411423		7,000	0			
UNITED WAY OF THE LOWCOUNTRY INC POST OFFICE BOX 202 BEAUFORT, SC 29901	57-0405847		8,050	0			

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

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University of Wisconsin Found 1848 University Avenue Madison, WI 53726	39-0743975		7,250	0			
USC Beaufort One University Blvd Bluffton, SC 29909	57-6001153		5,240	0			



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USC EDUCATIONAL FOUNDATION 1027 BARNWELL ST COLUMBIA, SC 29208	57-6017985		9,000	0			
UW Sports Ministry 49 Pennington Drive A Bluffton, SC 29910	84-1369489		10,000	0			

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VOLUNTEERS IN MEDICINE CLINIC 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926	57-0959206		113,405	0			
WILLIAM WOODS UNIVERSITY ONE UNIVERSITY AVENUE FULTON, MO 65251	43-0654876		25,000	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
World Affairs Council of HHI P O Box 22523 Hilton Head, SC 29925	57-0942426		17,463	0			

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**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.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

Employer identification number  
57-0756987

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)		
<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 (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in 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.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	No								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p>	<b>5a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	No								
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p>	<b>6a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	No								
<p><b>8</b> 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.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>	No								



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**Part III**   **Supplemental Information**

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **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 the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

Employer identification number  
57-0756987

**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
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .		19	547,577	Avg High/Low
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

**Part II****Supplemental Information.**

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

Return Reference

Explanation



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

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

Employer identification number

57-0756987

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 COMMUNITY FOUNDATION OF THE LOWCOUNTRY PAID SALARIES TO MAINTAIN THE FUNCTIONS OF THE FOUNDATION AS STATED IN THE MISSION STATEMENT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Form 990 Review Process	THE ANNUAL FORM 990 IS PREPARED BY THE FOUNDATION'S INDEPENDENT AUDITORS AFTER THE COMPLETED FORM 990 IS REVIEWED BY THE FOUNDATION'S VP FOR FINANCE/ADMINISTRATION AND PRESIDENT/CEO, AN ELECTRONIC COPY OF THE FORM IS THEN PROVIDED TO ALL FOUNDATION DIRECTORS WITH A 5 DAY COMMENT PERIOD BEFORE THE FORM IS FILED WITH THE IRS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	INCREASES FOR THE CEO ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS UP ON RECEIVING PERFORMANCE COMMENTARY BY THE BOARD OF DIRECTORS AND BEING PRESENTED WITH STUDIES SHOWING COMPARABLE WAGE DATA FROM THE COUNCIL ON FOUNDATIONS AND FORM 990 OF COMPARABLE LOCAL NONPROFITS APPROVAL OF OTHER KEY EMPLOYEE WAGES FOLLOWS A SIMILAR REVIEW OF COMPARABLES, BUT IS MADE BY THE CEO

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	BOARD MAKES AUDIT AND ANNUAL REPORT AVAILABLE ON ITS OWN WEBSITE BOTH ARE AVAILABLE UPON REQUEST AS WELL FORM 990 IS ALSO AVAILABLE UPON REQUEST

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF THE LOWCOUNTRY  
INC

**Employer identification number**

57-0756987

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE JIM AND MARGARET KRUM FOUNDATION INC 4 NORTHRIDGE DRIVE SUITE A  HILTON HEAD ISLAND, SC 29925 27-1777206		SC	501(C)(3)		N/A		No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved





**Part VII**      **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

<b>Return Reference</b>	<b>Explanation</b>
Identification of Related Tax-Exempt Organizations	The Jim and Margaret Krum Foundation is operated by the same administrative staff as Community Foundation of the Lowcountry and is included in the same consolidated audited financial statements, although they file separate Form 990's and have separate Boards of Directors. A majority of the Jim and Margaret Krum Foundation's Board of Directors is appointed by Community Foundation of the Lowcountry's directors.

SHADE FROM 2025

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **NOV 20 2019**

TEDXHILTONHEAD INC  
2 OTTER ROAD  
HILTON HEAD, SC 29928

Employer Identification Number:  
84-2999629  
DLN:  
29053305330029  
Contact Person:  
GEORGE J BOWLING ID# 17236  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
September 11, 2019  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

TEDXHILTONHEAD INC

Sincerely,

*Stephen A. Martin*

Director, Exempt Organizations  
Rulings and Agreements