

**2024**

# **Accommodations Tax Funds Request Application**

**Organization Name:** Hilton Head MLK Committee for Justice

**Project/Event Name:** ATAX Grant

## **Executive Summary**

# 2024 Accommodations Tax Funds Request Application

Date Received: 09/01/2023

Time Received: 12:36 PM

By: Online Submittal

*Applications will not be accepted if submitted after 4 pm on September 1, 2023*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Hilton Head MLK Committee for Justice

**Project/Event Name:** ATAX Grant

Contact Name: Galen Miller Title: Chairman of the Board

Address: PO Box 21114, Hilton Head, SC 29925

Email Address:

galenmiller68@gmail.com

Contact Phone: 843-290-2984

Event Date: January 6-27 2024

Event Location: Hilton Head Island (High School, Christ Lutheran Church, USCB campus, Boys and Girls Club)

**Total Budget:** \$23,960.00

**Grant Requested:** \$5,000.00

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

We intend to use the funds for marketing to attract both locals and tourists to the MLK Month of Events. We will also use the grant monies to partially fund our kick-off cultural event, a play by the Gullah Kinfolk. Our MLK Month of Events includes a parade and luncheon program, an MLK legacy event for youth at the Boys and Girls Club, an ecumenical service, a Shabbat Service, Gullah Cemetery clean-up, the Gullah Kinfolks historical play, and our Dine and Dance fundraising event.

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 Children's Fun Day event in partnership with the Boys and Girls club brings together children and their families from both Hilton Head and Bluffton. The Gullah Kinfolks are very well-known all over the lowcountry and will attract new visitors to Hilton Head. We plan to market this event in Savannah and Charleston, which will attract overnight visitors that will stay in hotels. All of our events are open to the public and enhance the tourist experience for visitors looking for

options to celebrate the legacy of Dr. MLK Jr. We measure by collecting attendees's zip codes.

A. Total Number of Physical Tourists Served: 31

*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: 74

*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: 217

*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): 322

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

We collected zip codes on a sign-in sheet. Unfortunately last year we only collected zip codes at the Children's Day event. We estimate we served approximately 2,000 people across all of our events. We will collect this data for all events in 2024.

## B. DESCRIPTION OF OPERATIONS:

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

The Hilton Head MLK Committee for Justice strengthens the community by promoting The Reverend Dr. Martin Luther King's legacy of love, equality, peace, and civil rights. We celebrate diversity and embrace the ideals of inclusion and equity. Through nonviolent direct action, we strive for social justice and positive change with emphasis on civic action, education, and community events and service.

The Hilton Head MLK Committee for Justice was formed in the mid 1980's with the same goal of promoting and memorializing Dr. King's legacy. Our main purpose back then was organizing and executing the MLK Jr. Day parade each January. Over the next two decades this grew to include the Ecumenical All-Faith Service the preceding Thursday and a program after the parade with various speakers, including local students and Gullah leaders. In the 2010's our event calendar grew to include a special Shabbat Service and a community luncheon on Monday following the parade and program. In 2023, we added youth-focused events like Career Day for local high school students and a Children's Day partnership with the Boys and Girls Club. In 2024, we are adding a cultural enrichment event, a play focused on African American and Gullah history by the Gullah Kinfolks. We plan to incorporate these new events into the MLK Month of Events for 2024 and beyond.

We are a fund housed within the Community Foundation of Lowcountry and therefore share their 501c3 status and use their IRS tax forms as our financial documents.

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

We will use \$2500 to partially fund our Gullah Kinfolks event. The Gullah Kinfolks are creating a custom play for our organization detailing African American and Gullah history from arrival in America and slavery through Dr. Martin Luther King Jr.'s visit to Beaufort County during the Civil Rights Era. This a unique event for Hilton Head because the Gullah Kinfolks typically perform in the Sea Islands of Beaufort. This performance costs \$5500. The venue is being graciously provided to us by Christ Lutheran church for \$100. We will also purchase concessions for \$500 to sell at the event to enhance the attendee experience. So, our total event cost is \$6100.

We will use the other \$2500 to market our events. In the past most of our marketing efforts were focused in the areas our volunteers live, Bluffton and Hilton Head. This year with the Gullah Kinfolks event in particular, we are planning to expand our marketing efforts into Port Royal, City of Beaufort, Savannah, and Charleston. We will use \$1500 to place radio ads for the local 103.1 station and two local stations in Savannah and Charleston. We will use \$500 to boost posts on our Facebook page to targeted audiences in the aforementioned locations. We will use \$500 to support print marketing efforts in local publications, such as the Island Packet and Beaufort Gazette.

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)*

We will still host all of our events. In the past we have been fully funded by soliciting donations from both individuals and businesses. The major difference is that without funding we will have less opportunity to focus on marketing our events. We are a completely volunteer based organization and our volunteers' time will need to be focused on soliciting donations and sponsorships instead of marketing events and attracting visitors.

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

Two of our many events during our MLK Month of Events will have the most economic benefit to the Island's tourism, the Gullah Kinfolks play and Dine and Dance. We expect that both our Gullah Kinfolks play and Dine and Dance will bring visitors and tourists to the island for an evening event. Many of these visitors and tourists will stay in hotels after the



event. We are only providing light refreshments for the Gullah Kinfolks, so we expect attendees will “make a night of it” and dine at local restaurants before or after the event.

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 <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>	50 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	50 %
3 - Tourism-Related Facilities <i>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.</i>	0 %
4 - Tourism-Related Public Services <i>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.</i>	0 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	0 %
<b>Total:</b>	<b>100 %</b>

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.** We currently collaborate and cross-promote our events with Heritage Library, Mitchellville Freedom Park, the Gullah Heritage Corridor, and the Gullah Museum. We will initiate collaborations with the Town of Hilton Office of Cultural Affairs and the Hilton Head/Bluffton Chamber of Commerce.
- B.** We leverage our spending by advertising in as many free outlets as possible. Especially in the literature and physical locations of our collaborators.
- C.** We are the most comprehensive provider of Dr. Martin Luther King Jr. focused events on Hilton Head. We host the only parade in his honor. We are also the only organization hosting a Gullah Kinfolks event on the island.

7. Additional comments. (250 words or less)

**C. FUNDING:**

---

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

Our organization is currently funded by ticket sales and donations from individuals and businesses, including local business sponsorship of events. We have also received donations from the Community Foundation of the Lowcountry. This is our first year soliciting grants from local organizations, such as the Bargain Box and the Hargray Foundation. We are a fund managed by the Community Foundation of the Lowcountry.

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

<u>      </u> Government Sources	<u>60</u> Private Contributions, Donations and Grants
<u>      </u> Corporate Support, Sponsors	<u>      </u> Membership, Dues, Subscriptions
<u>40</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.

**D. FINANCIAL INFORMATION:**

---

Fiscal Year Disclosure: Start Month: **July** End Month: **June**

**Financial Statement Requirements:**

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

Budget Provided: **Yes**

2. The previous two fiscal years and current year-to-date **profit and loss reports** for the

organization.

Current fiscal year Profit Loss Report Provided: **Yes**

Previous fiscal year Profit Loss Reports Provided:

2021- Previous FY 1

2020- Previous FY 2

3. The previous two fiscal years and current year-to-date **balance sheets**.

Current fiscal year Balance Sheet Provided: **Yes**

Previous fiscal year Balance Sheets Provided:

2021 - Previous FY 1

2020 - Previous FY 2

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

Current year IRS Form 990 or 990T Provided: **Yes**

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2020 - Previous FY 2

#### E. FINANCIAL GUARANTEES AND PROCEDURES:

---

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:

---

If you received 2022 or 2023 HHI ATAX funds

1. List any ATAX award amounts received in 2022 and/or 2023.

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)*

We did not receive funds in 2022 or 2023

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

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

## G. EXECUTIVE SUMMARY

---

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below. *(1300 words or less)*

Signature: Galen Miller

Title/Position: Chairman of the Board

Mailing Address: PO Box 21114, Hilton Head, SC 29925

Email Address: galenmiller68@gmail.com

Office Phone Number: 843-290-2984

Home Phone Number: 843-290-2984

	2023		2024
<b>Dine and Dance@USC-B</b>			
Security	\$1,225.00		\$1,225.00
DJ	\$400.00		\$600.00
Band	\$1,500.00		\$0.00
Backdrop	\$535.00		\$535.00
Decorations	\$1,000.00		\$1,000.00
Catering	\$6,321.00		\$7,000.00
	\$10,981.00		\$10,360.00
	2023		2024
<b>Career Day</b>			
Printing (flyers)			
	2023		2024
<b>Ecumenical service-Thursday</b>			
Collection-	\$221.00		??
(1/2 donated to host)			
<b>Friday-Talent celebration</b>			
Talent celebration			
<b>Saturday</b>			
Breakfast			
Sam's (Marc)	\$80.22		
	2023		2024
<b>Monday's Program</b>			
Printing	\$71.72		\$350.00
Plaque	\$153.52		\$160.00
HHI plaques x3			

Youth gift cards	\$50.00		
Choir director	\$100.00		\$100.00
	\$375.24		\$610.00
	2023		2024
<b>Monday's Lunch</b>			
Melly Mel's	\$3,000.00		\$4,000.00
Drinks	\$200.00		\$200.00
cleanup donation			\$50.00
Sponsor poster	\$40.74		\$50.00
Extra food	\$331.72		\$0.00
	\$3,572.46		\$4,300.00
	2023		2024
<b>Children's Day</b>			
Food/drink	\$730.04		\$1,400.00
gifts	\$743.98		\$1,000.00
materials/supplies	\$678.17		\$1,000.00
music	\$225.00		\$350.00
bouncy house	\$284.62		\$350.00
Gifts cards	\$190.00		\$200.00
	\$2,851.81		\$4,300.00
		% of total	<b>\$17,860.73</b>
D&D		61	
Career		0	
Ecumenical		0	
Shabbat		0	
Breakfast		0.4	
Monday program		2.1	
Monday lunch		20	
Children's Day		16	
		99.5	

\*\*This budget was prepared before the addition of the Gullah Kinfolk event

# **Community Foundation of the Lowcountry Inc. & Supporting Organization**

## **Combined Financial Statements**

**Year Ended June 30, 2022**



# Table of Contents

<b>Independent Auditor's Report</b> .....	1
<b>Combined Financial Statements:</b>	
Combined Statement of Financial Position .....	3
Combined Statement of Activities and Change in Net Assets .....	4
Combined Statement of Cash Flows .....	5
Notes to the Combined Financial Statements .....	6

## Independent Auditor's Report

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

### ***Opinion***

We have audited the combined financial statements of The Community Foundation of the Lowcountry, Inc. & Supporting Organization (the "Foundation"), which comprise the combined statement of financial position as of June 30, 2022, and the related combined statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the combined financial statements.

In our opinion, the accompanying combined financial statements present fairly, in all material respects, the financial position of the Foundation as of June 30, 2022, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Combined Financial Statements section of our report. We are required to be independent of the Foundation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Prior Period Financial Statements***

The combined financial statements of the Foundation, before they were restated for the matter discussed in Note 10, were audited by other auditors, and their report thereon, dated October 8, 2021, expressed an unmodified opinion. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Combined Financial Statements***

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

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern for one year after the date that the combined financial statements are available to be issued.

# FORVIS

## ***Auditor's Responsibilities for the Audit of the Combined Financial Statements***

Our objectives are to obtain reasonable assurance about whether the combined financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance, and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the combined financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the combined financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Foundation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

**FORVIS,LLP**

**Greenville, SC  
November 21, 2022**

**Community Foundation of the Lowcountry, Inc. & Supporting Organization**  
**Combined Statement of Financial Position**  
**June 30, 2022**

---

**ASSETS**

Cash and cash equivalents	\$	2,837,567
Pledges receivable, net		140,000
Assets held - charitable remainder trusts		2,045,994
Investments		80,857,150
Property and equipment, net		249,055
Other assets		43,213
Total assets	\$	<u>86,172,979</u>

**LIABILITIES AND NET ASSETS**

Accounts payable and accrued expenses	\$	145,102
Grants payable		132,450
Annuities obligation		1,675,645
Due to other organizations - agency funds		3,074,504
Total liabilities		<u>5,027,701</u>

Net assets:

Net assets without restrictions		81,005,278
Net assets with restrictions		140,000
Total net assets		<u>81,145,278</u>
Total liabilities and net assets	\$	<u>86,172,979</u>

**Community Foundation of the Lowcountry, Inc. & Supporting Organization**  
**Combined Statement of Activities and Change in Net Assets**  
**For the Year Ended June 30, 2022**

**Revenues, gains (losses) and other support:**

Contributions received	\$ 24,174,493
Loss on investments, net	(13,131,335)
Rental income	16,266
Change in value of split-interest agreements	(349,865)
Other	430,255
Total revenues, gains (losses) and other support	<u>11,139,814</u>

**Expenses:**

Grants paid	8,313,448
Program expenses	1,179,141
Salaries and benefits	1,104,007
Professional and administrative fees	475,640
Supplies and other	380,335
Fundraising and development	59,353
Depreciation	46,619
Total expenses	<u>11,558,543</u>

Change in net assets (418,729)

Net assets, beginning of year, as restated 81,564,007

Net assets at end of year \$ 81,145,278

**Community Foundation of the Lowcountry, Inc. & Supporting Organization**  
**Combined Statement of Cash Flows**  
**For the Year Ended June 30, 2022**

---

Cash flows provided by operating activities:	
Change in net assets	\$ (418,729)
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	46,619
Loss on investments	15,631,978
Change in value of split-interest agreements	349,865
Net change in operating assets and liabilities:	
Pledges receivable, net	37,530
Other assets	(11,438)
Accounts payable and accrued expenses	73,530
Grants payable	69,950
Due to other organizations - agency funds	(585,037)
Net cash provided by operating activities	<u>15,194,268</u>
Cash flows from investing activities:	
Change in assets held - charitable remainder trust	93,278
Proceeds from sale of investments	3,567,909
Purchases of investments	(20,078,269)
Net cash used by investing activities	<u>(16,417,082)</u>
Cash flows from financing activities:	
Changes in annuity obligations	<u>258,844</u>
Net cash provided by financing activities	<u>258,844</u>
Decrease in cash and cash equivalents	(963,970)
Cash and cash equivalents, beginning of year	<u>3,801,537</u>
Cash and cash equivalents, end of year	<u><u>\$ 2,837,567</u></u>

## **Notes to the Combined Financial Statements**

### **1. Summary of Significant Accounting Policies and Nature of Organization**

This summary of significant accounting policies of the Community Foundation of the Lowcountry, Inc. (“CFL”) and its Supporting Organization, the Jim and Margaret Krum Foundation, Inc. (collectively, the “Foundation”) is presented to assist in the understanding of the combined financial statements. The combined financial statements and notes are representations of the Foundation’s management, who are responsible for their integrity and objectivity. These accounting policies conform with the generally accepted accounting principles in the United States of America (“GAAP”) and have been consistently applied in the preparation of the combined financial statements.

#### ***Organization and nature of activities***

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

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

#### ***Basis of Presentation***

The accompanying combined financial statements have been prepared on the accrual basis of accounting in accordance with GAAP.

#### ***Combined Financial Statement Preparation***

In accordance with generally accepted accounting principles, net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions.

#### ***Use of estimates***

The preparation of combined financial statements in conformity with GAAP 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.

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

---

***Concentrations of credit and market risk***

Financial instruments that potentially expose the Foundation to concentrations of credit and market risk consist primarily of cash and investments. Cash equivalents are maintained at high-quality financial institutions. The Foundation has not experienced any losses on its cash equivalents. Management monitors the risk of exposure to loss through monitoring the performance of the financial institutions through publicly available rating agencies.

Management believes that the Foundation's investments do not represent significant concentrations of market risk because the Foundation's investment portfolio is adequately diversified among issuers and management believes that the Foundation has the ability to hold its investment portfolio during periods of temporary market declines.

***Income Taxes***

The Foundation has been recognized by the Internal Revenue Service as a charitable organization as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes pursuant to Section 509(a)(2) of the Internal Revenue Code. Accordingly, no provision for income taxes is included in the accompanying combined financial statements. The Foundation has determined that it does not have any material unrecognized tax benefits or obligations as of June 30, 2022.

***Cash and Cash Equivalents***

The Foundation considers highly liquid investments without restrictions with an initial maturity of three months or less to be cash equivalents. The Foundation's deposits in each bank are insured by the Federal Deposit Insurance Corporation ("FDIC"). It is management's opinion that the Foundation is not exposed to any significant credit risk related to cash.

***Pledges Receivable***

Contributions are recognized when the donor makes a promise to give that, in substance, is unconditional. Contributions that are restricted by the donor are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. Unconditional promises to give (pledges) are stated net of an allowance for doubtful accounts. Pledges are periodically evaluated for collectability based on management's assessment of the collectability of each pledge. Unconditional promises to give due in subsequent years are reported at the present value of their net realizable value, using discounted rates applicable to the years in which the promises are to be received.

***Assets held – charitable remainder trusts***

The Foundation administers various charitable 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.

The trusts are valued at the fair value of the underlying investments. The obligation to make payments to the trust beneficiaries is reported as obligations under annuities obligation. Annually, the obligation is adjusted for changes in the value of the trust assets. The discount rate used to determine the present value is consistent with the rate of return from the trusts. Changes in the value are included on the combined statement of activities as increases and decreases to change in value of trust agreements.



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

---

***Investments***

Investments consist of various mutual funds, equity investments, fixed income investments, alternative investments and other assets and are reported at fair market value.

***Property and equipment***

Property and equipment acquisitions are recorded at cost. Fixed assets are depreciated using the straight-line method over estimated useful lives, ranging from three to twenty-five years.

***Annuity obligations***

Annuity obligations represent amounts due to donors under trust agreements. Discount rates and actuarial assumptions vary by type of agreement.

***Funds held for others – agency funds***

Funds held for others – agency funds represent amounts owed to other organizations related to assets held by the Foundation in a purely custodial capacity. These other organizations specify the Foundation to distribute funds as requested. As these assets are being held for the benefit of a third party, and cannot be used to address activities or obligations of the Foundation, revenues and expenses are not recorded on the combined statement of activities and are included in due to other organizations – agency funds.

***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: without donor restrictions and with donor restrictions. 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.

***Contributions and recognition of donor restrictions***

Contributions received are recorded as without donor restriction or with donor restriction depending on the existence and/or nature of any donor restrictions, including consideration around variance power.

Net assets with donor restrictions are those which are restricted as to time or purpose of use, and include donor restricted endowments. When donor restrictions expire, that is, when a stipulated time restriction ends or a purpose restriction is fulfilled, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported on the combined statement of activities as net assets released from restrictions. However, if the restriction expires during the same accounting period in which the gift was received, the contribution is reported as an increase in net assets without donor restrictions.

Net assets without donor restrictions are funds over which the Board of Directors has discretionary control and are available for grant making and other purposes. These include board-designated purposes and endowments.

***Donated Assets***

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

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

---

## **2. Investments**

Investments are comprised of the following as of June 30, 2022:

Mutual funds and equities	\$ 36,779,952
Alternative investments	32,091,114
Fixed income	11,981,084
Other assets	<u>5,000</u>
	<u>\$ 80,857,150</u>

Investment income (loss) is comprised of the following for the year ended June 30, 2022:

Realized losses, net	\$ (1,000)
Unrealized losses, net	(15,630,978)
Dividends and interest, net of fees	<u>2,500,643</u>
	<u>\$ (13,131,335)</u>

## **3. Fair Value of Financial Instruments**

The following methods and assumptions were used to estimate the fair value of each classification within the combined financial statements:

- Investments – The fair value of debt and equity security investments are estimated based on quoted market prices when available. For other investments for which there are no quoted market prices, a reasonable estimate of fair value was made based upon readily available information. Alternative investments are valued at fair market value or net asset value, as determined by the managers of the investments as reported to them by the general partner of the underlying funds or partnerships.
- Assets held – charitable remainder trust – The fair value of assets held in trust are estimated based on quoted market prices when available.
- Annuity obligations – These liabilities are carried at actuarially determined present value, which approximate fair value.

When quoted market prices are not available, fair values are based on estimates using present value or other valuation techniques. Those techniques are significantly affected by the assumptions used, including the discount rate and estimates of future cash flows. In that regard, the derived fair value estimates cannot be substantiated by comparison to independent markets and, in many cases could not be realized in immediate settlement of the instrument.

Fair value as defined under generally accepted accounting principles is an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Generally accepted accounting principles establish a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1: Observable inputs such as quoted prices in active markets.
- Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of 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. There were no changes during the year ended June 30, 2022 to the Foundation's valuation techniques used to measure asset and liability fair values on a recurring basis.

The methods used 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 methods used 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.

<u>Description</u>	<u>Fair Value Measurements at June 30, 2022 Using</u>		
	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Financial assets:			
Investments	\$ 48,766,036	\$ 48,766,036	\$ -
Assets held – charitable remainder trusts	<u>2,045,994</u>	<u>-</u>	<u>2,045,994</u>
	<u>50,812,030</u>	<u>\$ 48,766,036</u>	<u>\$ 2,045,994</u>
Investments at NAV (a)	<u>32,091,114</u>		
Total investments at fair value	<u>\$ 82,903,144</u>		
Financial liabilities:			
Annuities obligation	<u>\$ 1,675,645</u>	<u>\$ -</u>	<u>\$ 1,675,645</u>

(a) In accordance with Topic 820, certain investments that were measured at net asset value (“NAV”) per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented on the combined statements of financial position.

There were no transfers between levels for the year ended June 30, 2022.

Changes in Level 3 fair value measurements for assets held in trust and annuities using significant unobservable inputs were as follows:

Ending balance – June 30, 2021	\$ 1,072,336
Change in assets held in trust and annuities	(701,987)
Ending balance – June 30, 2022	<u>\$ 370,349</u>

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

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of June 30, 2022:

	<u>Fair Value at June 30, 2022</u>	<u>Unfunded Commitments</u>	<u>Redemption Restrictions</u>	<u>Redemption Notice Period</u>
FEG Select Core	\$ 5,414,580	None	None	5 days
FEG Select Plus	5,473,367	None	None	5 days
FEG Select International Equity	2,927,988	None	None	5 days
FEG Select Strut US	3,356,999	None	Monthly	5 days
FEG Select Domestic II	2,377,862	None	Quarterly	30 days
FEG Select Domestic I	2,113,689	None	Monthly	60 days
FEG International Equity Series I	2,974,789	None	Monthly	30 days
FEG Emerging Markets Series II	1,410,158	None	Monthly	30 days
FEG Absolute Access Fund	32,925	None	None	None
FEG Private Opportunities Fund IV	4,017,474	\$10,980,000	(b)	(b)
FEG Private Opportunities Fund III	1,991,283	\$125,000	(b)	(b)
	<u>\$ 32,091,114</u>			

(b) The fund manager determines the amount, timing and form of all distributions.

#### 4. Pledges Receivable

The Foundation's pledges receivable consist of the following as of June 30:

Receivable in less than one year	\$ -
Receivable in one to five years	-
Receivable in six or more years	300,000
Pledges receivable, gross	<u>300,000</u>
Less: discount	<u>(160,000)</u>
Pledges receivable, net	<u>\$ 140,000</u>

#### 5. Property and Equipment

Land	\$ 160,000
Building	952,303
Furniture and equipment	<u>129,353</u>
Total property and equipment	1,241,656
Less accumulated depreciation	<u>(992,601)</u>
Property and equipment, net	<u>\$ 249,055</u>

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

---

**6. Without Donor Restricted Net Assets**

The Foundation's net assets without donor restrictions are classified as follows:

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.

Designated – Designated funds, subject to variance power, 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.

The balances of these internally imposed restrictions are as follows:

	<u>Endowed</u>	<u>Non-endowed</u>	<u>Total</u>
Net Assets – Spendable	\$ 4,375,093	\$ 19,920,079	\$ 24,295,172
Net Assets – accumulated earnings	523,612	-	523,612
Net Assets – nonspendable	<u>56,186,494</u>	-	<u>56,186,494</u>
	<u>\$ 61,085,199</u>	<u>\$ 19,920,079</u>	<u>\$ 81,005,278</u>

**7. Endowment Funds**

The Foundation's endowment consists of funds established for purposes of funds designated by the Board to function as endowments. There were no donor-restricted endowment funds at June 30, 2022 as a result of the contributions received subject to variance power.

***Interpretation of Relevant Law***

The Board of the Foundation has interpreted the Uniform Prudent Management of Institutional Funds Act of 2006 (the "Act") adopted in South Carolina in 2008 as requiring the preservation of the fair value of the original gift as of the gift date. As a result of this interpretation, the Foundation's board-designated endowment includes (a) the original value of gifts donated, (b) the original value of subsequent gifts to be held in perpetuity, and (c) accumulations to the gifts held in perpetuity made in accordance with the direction of the applicable designation at the time the accumulation is added to the fund.

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

In accordance with the Act, the Foundation considers the following factors in making a determination to appropriate or accumulate board-designated endowment funds:

- The duration and preservation of the fund
- The purposes of the Foundation and the endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Foundation
- The investment policy of the Foundation

Endowment net assets consist of the following at June 30, 2022:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Board designated endowment funds	\$ 61,085,199	\$ -	\$ 61,085,199

Changes in endowment net assets for the year ended June 30, 2022 is as follows:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Endowment net assets, June 30, 2021	\$ 59,406,136	\$ -	\$ 59,406,136
Contributions received	17,083,731	-	17,083,731
Other revenue	80,357	-	80,357
Loss on investments, net	(10,861,318)	-	(10,861,318)
Appropriation of endowment assets for expenditures	(4,623,707)	-	(4,626,707)
Endowment net assets, June 30, 2022	<u>\$ 61,085,199</u>	<u>\$ -</u>	<u>\$ 61,085,199</u>

***Return Objectives and Risk Parameters***

The Foundation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs while seeking to maintain the purchasing power of the endowment assets. Under this policy, as approved by the Board, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of various benchmarks while assuming a moderate level of investment risk.

***Strategies Employed for Achieving Objectives***

To satisfy its long-term rate-of-return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Foundation targets a diversified asset allocation that places emphasis on its long-term objectives within prudent risk constraints. The Foundation's asset allocation may vary from the target ratio depending on the Foundation's evaluation of overall market conditions.

***Spending Policy and How the Investment Objectives Relate to 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.

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

**8. Functional Allocation of Expenses**

The method used to allocate costs to program and support functions, which primarily affects salaries and related expenses, is based upon employee time spent on programs versus support services. Other expenses are classified based upon the assessment by management of relevant programs supported by the expenses incurred or supporting functions benefited.

Expenses presented on a functional basis for the year ended June 30, 2022 are as follows:

	<b>Programs</b>			<b>Program Subtotals</b>
	<b>Donor Advised Funds</b>	<b>Field of Interest Funds</b>	<b>Other Funds &amp; Programs</b>	
Grants paid	\$ 2,164,658	\$ 3,855,477	\$ 2,281,186	\$ 8,301,321
Program expenses	2,500	715,294	461,347	1,179,141
Salaries and benefits	59,391	66,218	204,028	329,637
Professional and administrative fees	23,379	39,491	128,141	191,011
Supplies and other	-	2,335	339,998	342,333
Fundraising and development	-	59,353	-	59,353
Depreciation	-	-	-	-
	<u>\$ 2,249,928</u>	<u>\$ 4,738,168</u>	<u>\$ 3,414,700</u>	<u>\$ 10,402,796</u>

	<b>Supporting Activities</b>			<b>Total Expenses</b>
	<b>Management &amp; General</b>	<b>Fundraising</b>	<b>Supporting Subtotal</b>	
Grants paid	\$ 12,127	\$ -	\$ 12,127	\$ 8,313,448
Program expenses	-	-	-	1,179,141
Salaries and benefits	559,804	214,566	774,370	1,104,007
Professional and administrative fees	166,117	118,512	284,629	475,640
Supplies and other	38,002	-	38,002	380,335
Fundraising and development	-	-	-	59,353
Depreciation	46,619	-	46,619	46,619
	<u>\$ 822,669</u>	<u>\$ 333,078</u>	<u>\$ 1,155,747</u>	<u>\$ 11,558,543</u>

Community Foundation of the Lowcountry Inc. & Supporting Organization

Combined Financial Statements

For the years ended

June 30, 2021 and 2020



## TABLE OF CONTENTS

	<u>PAGE</u>
Independent Auditors' Report	1
Combined Statements of Financial Position	2
Combined Statements of Activities and Change in Net Assets	3
Combined Statements of Cash Flows	4
Notes to Financial Statements	5-14

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	300,000		300,000
Less: discount	(160,000)		(160,000)
Pledges receivable, net	140,000		140,000
Grants receivable	37,530		37,530
Pledges and Grants receivable, net	\$ 177,530	\$	177,530

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	1,241,657		1,224,888
Less: accumulated depreciation	(945,983)		(898,069)
Property and equipment, net	\$ 295,674	\$	326,819

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.

See Accountants’ Report

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	<u>82,960,881</u>	<u>63,038,277</u>

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	<u>2,500,027</u>	<u>3,090,558</u>	<u>5,377,104</u>	<u>10,967,689</u>

	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	<u>1,078,308</u>	<u>355,828</u>	<u>1,434,136</u>	<u>12,401,824</u>

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.

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

---

**9. Liquidity**

The Foundation's management structures its financial assets to be available as its general expenditures, liabilities and other obligations come due. 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 combined financial statement purposes and the Foundation's investments are therefore available to meet its liquidity needs.

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the combined statement of financial position date, comprise the following as of June 30, 2022:

Cash and cash equivalents	\$ 2,837,567
Investments	80,857,150
Less:	
Due to other organizations	<u>(3,074,504)</u>
	<u>\$ 80,620,213</u>

**10. 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 \$32,375 to the plan during the year ending June 30, 2022.

**11. Restatement**

During 2022, management determined that the income and expenses associated with amount due to other organizations were recorded incorrectly. This resulted in the due to other organizations liability being understated and net assets being overstated by approximately \$2,480,000. Additionally, management determined that grants payable were recorded incorrectly and resulted in an overstatement of grant payable liability and understatement of net assets by approximately \$1,100,000. Accordingly, an adjustment has been made to beginning net assets as of July 1, 2021 to correct this error. The cumulative effect of the correction decreases beginning net assets as of July 1, 2021 by approximately \$1,380,000.

**12. Subsequent Events**

Subsequent events have been evaluated through November 21, 2022 which is the date the combined financial statements were available to be issued.



Community Foundation of the Lowcountry Inc. & Supporting Organization

Combined Financial Statements

For the years ended

June 30, 2020 and 2019

## TABLE OF CONTENTS

	<u>PAGE</u>
Independent Auditors' Report	1
Combined Statements of Financial Position	2
Combined Statements of Activities and Change in Net Assets	3
Combined Statements of Cash Flows	4
Notes to Financial Statements	5-14

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, 2020 and 2019, 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, 2020 and 2019, 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 21, 2020

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

	<u>2020</u>	<u>2019</u>
<b>Assets</b>		
Cash and cash equivalents	3,465,628	3,147,106
Pledges and grants receivable, net	177,530	256,821
Assets held - charitable remainder trusts	2,084,283	2,154,299
Investments	61,114,294	63,159,201
Capital Counsel Investments	1,203,453	1,527,330
Property and equipment, net	326,819	367,037
Other assets	5,289	7,135
<b>Total Assets</b>	<u><u>68,377,296</u></u>	<u><u>70,618,929</u></u>
 <b>Liabilities and net assets</b>		
Accounts payable and accrued expenses	242,588	83,349
Grants payable	810,049	1,073,112
Annuities payable	1,438,492	1,578,939
Funds held for others - agency funds	2,847,890	3,753,441
<b>Total Liabilities</b>	<u><u>5,339,019</u></u>	<u><u>6,488,841</u></u>
 Net assets without donor restrictions	63,038,277	64,130,088
Net assets with donor restrictions	0	0
<b>Total Net Assets</b>	<u><u>63,038,277</u></u>	<u><u>64,130,088</u></u>
<b>Total liabilities and net assets</b>	<u><u>68,377,296</u></u>	<u><u>70,618,929</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>2020</u>	<u>2019</u>
<b>Income-unrestricted</b>		
Contributions received	6,609,496	6,421,183
Net realized gains/losses	(485,074)	(745,706)
Net unrealized gains/losses	2,082,454	1,794,788
Investment income	1,460,489	2,001,649
Rental income	16,100	16,095
Other	792,974	812,878
<b>Total Revenues</b>	<u><u>10,476,439</u></u>	<u><u>10,300,887</u></u>
<b>General and administrative expenses-unrestricted</b>		
Grants paid	7,310,262	7,170,132
Program expenses	929,353	598,100
Salaries and benefits	1,018,835	1,028,240
Professional and administrative fees	1,033,259	1,107,793
Supplies and other	151,472	225,154
Fundraising	93,314	162,205
Changes in value of split interest agreements	82,915	87,812
Changes in funds held for others	903,951	(33,306)
Depreciation	44,889	41,600
<b>Total Expenses</b>	<u><u>11,568,250</u></u>	<u><u>10,387,730</u></u>
Increase (decrease) in unrestricted net assets	<u>(1,091,811)</u>	<u>(86,843)</u>
Increase (decrease) in net assets	(1,091,811)	(86,843)
Net assets beginning of year	64,130,088	64,216,931
Net assets at end of year	<u><u>63,038,277</u></u>	<u><u>64,130,088</u></u>

See Accountants' Report and Notes to Financial Statements

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

	<u>2020</u>	<u>2019</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash received from contributions	\$ 6,688,787	\$ 6,394,289
Cash received for rental income	16,100	16,095
Cash received from interest and dividend income	1,460,489	2,001,649
Cash received from other	794,820	812,878
Cash paid for grants	(7,573,325)	(7,134,138)
Cash paid for general, program, and administrative expenses	(2,973,680)	(3,003,189)
Cash paid for fundraising	(93,314)	(162,205)
	<u>(1,680,123)</u>	<u>(1,074,621)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Net purchases and sales of investments	<u>1,998,645</u>	<u>1,929,951</u>
	<u>1,998,645</u>	<u>1,929,951</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
	<u>0</u>	<u>0</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	318,522	855,330
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR</b>	<u>3,147,106</u>	<u>2,291,776</u>
<b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>	<u>\$ 3,465,628</u>	<u>\$ 3,147,106</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, 2020 and 2019. 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 21, 2020, the date the financial statements were available to be issued.

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:

	2020	2019
Assets held – charitable remainder trusts	\$ 2,084,283	\$ 2,154,299
Investments	62,317,747	64,686,531
Total	<u>\$ 64,402,030</u>	<u>\$ 66,840,830</u>

Investments at June 30th are classified as follows:

	2020	2019
Marketable Equity Securities	\$ 49,465,203	\$ 49,707,200
Fixed Income	8,719,740	9,049,942
Other	6,217,087	8,083,688
Total	<u>\$ 64,402,030</u>	<u>\$ 66,840,830</u>

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

	2020	2019
Net realized gains/(losses)	\$ (485,074)	\$ (745,706)
Net unrealized gains/(losses)	2,082,454	1,794,788
Interest and dividend income	1,460,489	2,001,649
Total	<u>\$ 3,057,869</u>	<u>\$ 3,050,731</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.

See Accountants' Report

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, 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

Assets at Fair Value as of June 30, 2019				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 58,757,142	\$ 8,083,688	\$ 0	\$ 66,840,830
Money Market Funds	3,147,106	0	0	3,147,106
Total assets at fair value	\$ 61,904,248	\$ 8,083,688	\$ 0	\$ 69,987,936

The Foundation did not have any level 3 assets for the years ended June 30, 2020 and 2019.

See Accountants' Report

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>:

	2020		2019
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	140,000		140,000
Grants receivable	37,530		116,821
Pledges and Grants receivable, net	<u>\$ 177,530</u>	\$	<u>256,821</u>

NOTE G – FIXED ASSETS

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

	2020		2019
Land	\$ 160,000	\$	160,000
Building	944,608		944,608
Furniture and equipment	120,280		115,609
Total property and equipment	<u>1,224,888</u>		<u>1,220,217</u>
Less: accumulated depreciation	(898,069)		(853,180)
Property and equipment, net	<u>\$ 326,819</u>	\$	<u>367,037</u>

NOTE H – OPERATING LEASES

The Foundation leases office space to various tenants at various terms with a cumulative annual rental revenue of \$16,100 for the year ended June 30, 2020 and \$16,095 for the year ended June 30, 2019.

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 2020.

Lease expense for the years ended June 30, 2020 and 2019 amounted to approximately \$22,746 and \$22,247 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 \$20,463 and \$28,092 to the plan during the years ending June 30, 2020 and 2019, 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:

	2020	2019
Net Assets – spendable	\$ 21,698,996	\$ 21,934,774
Net Assets – accumulated earnings	2,347,996	3,977,588
Net Assets – nonspendable endowment	38,866,285	38,217,726
Total net assets	62,913,277	64,130,088

**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, 2020**

	Programs			
	Donor Advised Funds	Field of Interest Funds	Other Funds & Programs	Program Subtotals
Salaries & Benefits	0	2,867	191,139	194,005
Grants	2,462,047	2,154,866	3,132,073	7,748,987
Supplies and travel	0	0	2,828	2,828
Professional fees	148,377	1,210,077	852,310	2,210,764
Office and Occupancy	0	0	21,233	21,233
Fundraising/Development	0	89,056	2,327	91,383
Total Expenses	2,610,424	3,456,866	4,201,909	10,269,200

	Supporting Activities			
	Management & General	Fund- Raising	Supporting Subtotal	Total Expenses
Salaries & Benefits	496,676	384,979	881,654	1,075,660
Grants	5,250	0	5,250	7,754,237
Supplies and travel	21,620	0	21,620	24,447
Professional fees	207,248	0	207,248	2,418,012
Office and Occupancy	154,670	0	154,670	175,902
Fundraising/Development	1,900	26,709	28,609	119,993
Total Expenses	887,363	411,688	1,299,051	11,568,250

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.



Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**


<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC</b>		<b>D</b> Employer identification number <b>57-0756987</b>
	Doing business as		<b>E</b> Telephone number <b>(843) 681-9100</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>27,820,863.</b>
	<b>4 NORTHRIDGE DRIVE, STE A</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>HILTON HEAD ISLAND, SC 29925</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>NICOLE CHARLES</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.CF-LOWCOUNTRY.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1994</b>
<b>M</b> State of legal domicile: <b>SC</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES,</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>15</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>140</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>8,253,890.</b>	<b>24,174,493.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,128,485.</b>	<b>1,373,220.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>18,100,787.</b>	<b>2,246,267.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>14,100.</b>	<b>-33,470.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>27,497,262.</b>	<b>27,760,510.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>6,806,920.</b>	<b>7,939,448.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,115,345.</b>	<b>1,104,008.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>231,514.</b>	<b>2,329,337.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>10,251,602.</b>	<b>12,116,291.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>17,245,660.</b>	<b>15,644,219.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>73,666,667.</b>	<b>75,355,203.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,432,822.</b>	<b>4,628,234.</b>
		<b>70,233,845.</b>	<b>70,726,969.</b>

**Part II Signature Block**

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

<b>Sign Here</b>		<b>5/12/23</b>
	Signature of officer	Date
<b>Paid Preparer Use Only</b>	<b>NICOLE CHARLES, VICE PRESIDENT FOR FINANCE &amp; ADMIN</b>	
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY BIBBY</b>	Preparer's signature <b>AMY BIBBY</b>
	Date <b>05/12/23</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00445891</b>
<b>Paid Preparer Use Only</b>	Firm's name <b>FORVIS, LLP</b>	Firm's EIN <b>44-0160260</b>
	Firm's address <b>500 RIDGEFIELD COURT ASHEVILLE, NC 28806</b>	Phone no. <b>(828) 254-2254</b>

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**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 \$ 10,687,982. including grants of \$ 7,939,448. ) (Revenue \$ 1,399,103. )  
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 on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **10,687,982.**

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

57-0756987 Page 3

**Part IV Checklist of Required Schedules**

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

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

57-0756987 Page 4

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

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

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

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		32
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

Form 990 (2021)

57-0756987

Page 5

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

**Section A. Governing Body and Management**

	1a	1b	18	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year			18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent			18		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
<b>6</b> Did the organization have members or stockholders?			6		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
<b>a</b> The governing body?			8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			8b	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 843.681.9100**  
**4 NORTHRIDGE DRIVE, STE A, HILTON HEAD ISLAND, SC 29925**

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

Form 990 (2021)

57-0756987 Page 7

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT WIERMAN PRESIDENT & CEO	40.00			X				272,334.	0.	7,121.
(2) NICOLE CHARLES VP FOR FINANCE & ADMIN	40.00			X				92,073.	0.	4,604.
(3) JACKIE ROSSWURM CHAIR	2.00	X	X					0.	0.	0.
(4) SHEILA MAHONY VICE CHAIR	2.00	X	X					0.	0.	0.
(5) PAUL MOERI TREASURER	2.00	X	X					0.	0.	0.
(6) LINDA FIORE SECRETARY	2.00	X	X					0.	0.	0.
(7) SANDY BENSON BOARD MEMBER	2.00	X						0.	0.	0.
(8) GEOFF BLOCK BOARD MEMBER	2.00	X						0.	0.	0.
(9) YVONNE CURL BOARD MEMBER	2.00	X						0.	0.	0.
(10) ARNO DIMMLING BOARD MEMBER	2.00	X						0.	0.	0.
(11) DOUG FLETCHER BOARD MEMBER	2.00	X						0.	0.	0.
(12) JOHN LEVY BOARD MEMBER	2.00	X						0.	0.	0.
(13) MICHAEL MARKS BOARD MEMBER	2.00	X						0.	0.	0.
(14) AL PANU BOARD MEMBER	2.00	X						0.	0.	0.
(15) SHIRLEY PETERSON BOARD MEMBER	2.00	X						0.	0.	0.
(16) DAVID ROSENBLUM BOARD MEMBER	2.00	X						0.	0.	0.
(17) ALLEN WARD BOARD MEMBER	2.00	X						0.	0.	0.

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

57-0756987 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAFINA WARD BOARD MEMBER	2.00	X						0.	0.	0.
(19) DOUG WETMORE BOARD MEMBER	2.00	X						0.	0.	0.
(20) MICHELLE WYCOFF BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								364,407.	0.	11,725.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								364,407.	0.	11,725.

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

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

**Section B. Independent Contractors**

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

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

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



COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

Form 990 (2021)

57-0756987 Page 9

**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>	1 a Federated campaigns	1a					
	b Membership dues	1b	92,402.				
	c Fundraising events	1c	13,213.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,068,878.				
	g Noncash contributions included in lines 1a-1f	1g \$					
	<b>h Total. Add lines 1a-1f</b>		<b>24,174,493.</b>				
	<b>Program Service Revenue</b>	2 a ADMINISTRATIVE FEE INCOME	Business Code	522299	1,007,220.	1,007,220.	
b HHIF ADMIN FEE INCOME		Business Code	522299	280,000.	280,000.		
c ADMIN FUND INCOME		Business Code	522299	86,000.	86,000.		
d							
e							
f All other program service revenue							
<b>g Total. Add lines 2a-2f</b>			<b>1,373,220.</b>				
<b>Other Revenue</b>		3 Investment income (including dividends, interest, and other similar amounts)		2,247,267.			2247267.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	16,266.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	16,266.				
	d Net rental income or (loss)		16,266.	16,266.			
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,000.				
	c Gain or (loss)	7c	-1,000.				
d Net gain or (loss)		-1,000.			-1,000.		
8 a Gross income from fundraising events (not including \$ 13,213. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
b Less: direct expenses	8b	59,353.					
c Net income or (loss) from fundraising events		-59,353.			-59,353.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	11 a MISCELLANEOUS	Business Code	900099	9,617.	9,617.		
	b						
	c						
	d All other revenue						
	<b>e Total. Add lines 11a-11d</b>		<b>9,617.</b>				
<b>12 Total revenue. See instructions</b>		<b>27,760,510.</b>	<b>1,399,103.</b>	<b>0.</b>	<b>2186914.</b>		

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

57-0756987 Page 10

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,295,489.	7,295,489.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	643,959.	643,959.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	364,408.	108,285.	147,838.	108,285.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	533,772.	106,754.	346,952.	80,066.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	138,448.	33,147.	76,268.	29,033.
10 Payroll taxes	67,380.	16,132.	37,118.	14,130.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,410.		8,410.	
c Accounting	30,956.		30,956.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	148,012.		148,012.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	350,223.	350,223.		
12 Advertising and promotion	83,381.	83,381.		
13 Office expenses	184,348.		184,348.	
14 Information technology	21,129.		21,129.	
15 Royalties				
16 Occupancy	8,357.		8,357.	
17 Travel	5,452.	5,452.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,586.		7,586.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,619.		46,619.	
23 Insurance	31,168.		31,168.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSES</b>	1,173,072.	1,173,072.		
b <b>FUND ADMINISTRATIVE FEE</b>	841,143.	841,143.		
c <b>ADMIN SPENDABLE TO OPER</b>	86,000.		86,000.	
d <b>MAINTENANCE</b>	18,453.	18,453.		
e All other expenses	28,526.	12,492.	16,034.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	12,116,291.	10,687,982.	1,196,795.	231,514.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

57-0756987 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	3,801,536.	1	2,837,567.	
	<b>2</b> Savings and temporary cash investments		2		
	<b>3</b> Pledges and grants receivable, net	177,530.	3	140,000.	
	<b>4</b> Accounts receivable, net		4		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	<b>7</b> Notes and loans receivable, net			7	
	<b>8</b> Inventories for sale or use			8	
	<b>9</b> Prepaid expenses and deferred charges			9	37,924.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,241,656.			
	<b>b</b> Less: accumulated depreciation	992,601.	295,673.	10c	249,055.
	<b>11</b> Investments - publicly traded securities	66,871,015.	11	72,085,368.	
	<b>12</b> Investments - other securities. See Part IV, line 11		12		
	<b>13</b> Investments - program-related. See Part IV, line 11		13		
	<b>14</b> Intangible assets		14		
	<b>15</b> Other assets. See Part IV, line 11	2,520,913.	15	5,289.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	73,666,667.	16	75,355,203.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	69,605.	17	139,541.	
	<b>18</b> Grants payable	767,113.	18	132,450.	
	<b>19</b> Deferred revenue		19		
	<b>20</b> Tax-exempt bond liabilities		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,596,104.	25	4,356,243.	
	<b>26 Total liabilities.</b> Add lines 17 through 25	3,432,822.	26	4,628,234.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions	70,233,845.	27	70,586,969.	
	<b>28</b> Net assets with donor restrictions		28	140,000.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds		29		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		31		
	<b>32 Total net assets or fund balances</b>	70,233,845.	32	70,726,969.	
<b>33 Total liabilities and net assets/fund balances</b>	73,666,667.	33	75,355,203.		

Form 990 (2021)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

57-0756987 Page 12

**Part XI Reconciliation of Net Assets**

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	27,760,510.
2 Total expenses (must equal Part IX, column (A), line 25)	2	12,116,291.
3 Revenue less expenses. Subtract line 2 from line 1	3	15,644,219.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,233,845.
5 Net unrealized gains (losses) on investments	5	-13,404,356.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	-1,396,874.
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-349,865.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	70,726,969.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

**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

**2021**

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

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

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

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule A (Form 990) 2021

57-0756987 Page 2

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4013799.	5727166.	6822132.	6999002.	24174493.	47736592.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4013799.	5727166.	6822132.	6999002.	24174493.	47736592.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13181727.
6 Public support. Subtract line 5 from line 4.						34554865.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4013799.	5727166.	6822132.	6999002.	24174493.	47736592.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1810729.	1617453.	1252857.	1056899.	2247267.	7985205.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					9,617.	9,617.
11 Total support. Add lines 7 through 10						55731414.
12 Gross receipts from related activities, etc. (see instructions)					12	1,389,446.

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

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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	62.00 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	80.40 %
16a 33 1/3% support test - 2021. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2021

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests - 2021.** 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 - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

Schedule A (Form 990) 2021

57-0756987 Page 6

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

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

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

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

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

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

Schedule A (Form 990) 2021

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule A (Form 990) 2021

57-0756987 Page 7

**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>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



Schedule B

(Form 990)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

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 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC</b>	Employer identification number <b>57-0756987</b>
--	---

**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
1		\$ <u>1,074,612.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>14,296,355.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>567,127.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>COMMUNITY FOUNDATION OF THE LOWCOUNTRY,                  INC</b>	Employer identification number <b>57-0756987</b>
---	---

**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 info. once.) ▶ \$ \_\_\_\_\_  
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



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year (107), Aggregate value of contributions to (during year) (2,389,681), Aggregate value of grants from (during year) (2,167,158), Aggregate value at end of year (10,081,581), and questions about donor advisement.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for preservation types and a table for tracking easements held at the end of the tax year.

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.

Form with questions (1a, 1b, 2) regarding collections of art and historical treasures, including fields for revenue and assets.

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

Schedule D (Form 990) 2021

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Schedule D (Form 990) 2021

57-0756987 Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		160,000.		160,000.
b Buildings		952,303.	870,364.	81,939.
c Leasehold improvements				
d Equipment		37,851.	30,775.	7,076.
e Other		91,502.	91,462.	40.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				249,055.

Schedule D (Form 990) 2021

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule D (Form 990) 2021

57-0756987 Page 3

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	1,675,645.
(3) FUNDS HELD FOR OTHERS - AGENCY	
(4) FUNDS	3,074,504.
(5) DUE TO CFL	3,594.
(6) GRANTS PAYABLE - KRUM	-397,500.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,356,243.

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

Schedule D (Form 990) 2021

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

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

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

<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 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<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 4a and 4b		<b>4c</b>
<b>5</b>	Total revenue. Add lines 3 and 4c. (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 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<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 4a and 4b		<b>4c</b>
<b>5</b>	Total expenses. Add lines 3 and 4c. (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.

**PART X, LINE 2:**

THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A CHARITABLE ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2022.



**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule G (Form 990) 2021

57-0756987 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	13,213.		13,213.
	2	Less: Contributions	13,213.		13,213.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	59,353.		59,353.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			59,353.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-59,353.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

Schedule G (Form 990) 2021

57-0756987 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer     Employee     Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047  
**2021**  
Open to Public  
Inspection

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?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A CALL TO ACTION 21 BOUNDARY STREET BLUFFTON, SC 29910	47-3057571	501(C)(3)	7,070.	0.			A CALL TO ACTION
AGAPE FAMILY LIFE CENTER, INC. 5855 SOUTH OKATIE HIGHWAY HARDEEVILLE, SC 29927	57-1106874	501(C)(3)	10,000.	0.			OPPORTUNITY GRANT 2022: FINANCIAL WELLNESS
AGAWAM COUNCIL 6 FUNDY ROAD, SUITE 100 PALMOUTH, ME 04105	22-2577250	501(C)(3)	50,000.	0.			CAPITAL FUND DRIVE
ALL ABOUT CATS 4 MAGAZINE PLACE HILTON HEAD ISLAND, SC 29928	38-3909521	501(C)(3)	15,174.	0.			GENERAL SUPPORT
ALL SAINTS EPISCOPAL CHURCH 3001 MEETING STREET HILTON HEAD ISLAND, SC 29926	57-0764909	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
ALLIANCE DEFENDING FREEDOM 15100 N. 90TH STREET SCOTTSDALE, AZ 85260	54-1660459	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: **169.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **SEE PART IV FOR COLUMN (H) DESCRIPTIONS** Schedule I (Form 990) 2021

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule I (Form 990)

57-0756987

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS DISEASE RESEARCH CENTER MAYO CLINIC - 200 FIRST ST SW - ROCHESTER, MN 55905	41-6011702	501(C)(3)	10,000.	0.			ALZHEIMER'S RESEARCH
AMERICAN RED CROSS LOWCOUNTRY SC 2424 A CITY HALL LANE NORTH CHARLESTON, SC 29406	53-0196605	501(C)(3)	7,800.	0.			RED CROSS BIOMEDICAL SERVICES: SAVING LIVES IN BEAUFORT COUNTY
ANTIOCH EDUCATIONAL CENTER POST OFFICE BOX 1930 RIDGELAND, SC 29936	76-0818789	501(C)(3)	15,200.	0.			GENERAL OPERATING SUPPORT
ARRHYTHMIA ALLIANCE 19 EXECUTIVE PARK, PO BOX 5507 HILTON HEAD ISLAND, SC 29938	20-4806188	501(C)(3)	10,000.	0.			#HILTONHEADHEARTSMATTER
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	223,925.	0.			DONOR ADVISOR DISBURSEMENT
AUSTIN ACHIEVE PUBLIC SCHOOLS INC. 7424 EAST HIGHWAY 290 AUSTIN, TX 78723	27-3700807	501(C)(3)	100,000.	0.			PUBLIC CHARTER SCHOOL SUPPORT
AVON OLD FARMS SCHOOL 500 OLD FARMS ROAD AVON, CT 06001	06-0655480	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
BEAUFORT COUNTY SCHOOL DISTRICT POST OFFICE DRAWER 309 BEAUFORT, SC 29901	57-6000367	501(C)(3)	71,628.	0.			ROBERT SMALLS INTERNATIONAL ACADEMY AND SHANKLIN ELEMENTARY
BEAUFORT MEMORIAL HOSPITAL ENDOWMENT FOUNDATION - P.O. BOX 2233 - BEAUFORT, SC 29901	57-0792360	501(C)(3)	12,000.	0.			CHARITABLE ALLOCATION FROM PAR 3 EVENT PROCEEDS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLAQUITY PO BOX 3132 BLUFFTON, SC 29910	88-0662577	501(C)(3)	7,070.	0.			BLAQUITY - BLACK EQUITY UNIVERSITY PROGRAM
BLUFFTON COMMUNITY SOUP KITCHEN 21 BOUNDARY ST, POST OFFICE BOX 993 BLUFFTON, SC 29910	82-3282038	501(C)(3)	84,500.	0.			ENDING FOOD INSECURITY "EFI"
BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - 29 PLANTATION PARK DR. BLDG.600, PO BOX #2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	80,000.	0.			BLUFFTON JASPER VIM - MEDICAL TESTING FOR UNDERSERVED
BLUFFTON MLK OBSERVANCE COMMITTEE P.O. BOX 1158 BLUFFTON, SC 29910	85-4095993	501(C)(3)	54,570.	0.			BLUFFTON MLK OBSERVANCE COMMITTEE GRANT
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	103,825.	0.			BLUFFTON SELF HELP IN SUPPORT OF THE EDUCATION AND RESOURCE CENTER
BOSTON UNIVERSITY BOSTON U. GIFT PROCESSING C/O JP MORGAN CHASE, POST OFFICE BOX 22605 - NEW Y	04-2103547	501(C)(3)	20,000.	0.			TO THE RUSS AND ANDREA GULLOTTI SCHOLARSHIP FUND
BOYS & GIRLS CLUB OF HILTON HEAD ISLAND - 151 GUMTREE ROAD, P.O. BOX 22267 - HILTON HEAD ISLAND, SC 29926	57-0811876	501(C)(3)	217,851.	0.			GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF THE LOWCOUNTRY BLUFFTON UNIT - 100 H.E. MCCracken CIRCLE, P.O. BOX 1908 - BLUFFTON, SC 29910	57-0811876	501(C)(3)	152,500.	0.			SUPPORT FOR 5 KIDS TO RETURN TO CLUB
BOYS AND GIRLS CLUBS OF THE LOWCOUNTRY - 10 PINCKNEY COLONY ROAD, SUITE 103 - BLUFFTON, SC 29909	57-0811876	501(C)(3)	15,000.	0.			FY22 LEGACY FUND DISTRIBUTION

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKE'S HAVEN ANIMAL RESCUE 25 BUCK ISLAND BLUFFTON, SC 29910	27-1778863	501(C)(3)	5,109.	0.			GENERAL SUPPORT IN MEMORY OF GABBY
CENTRAL OAK GROVE BAPTIST CHURCH 161 MATHEWS DRIVE, POST OFFICE BOX 21702 - HILTON HEAD ISLAND, SC 29925	57-0805691	501(C)(3)	9,900.	0.			COG HILTON HEAD ISLAND (HHI) FOOD DISTRIBUTION PILOT PROGRAM
CHILD ABUSE PREVENTION ASSOCIATION PO BOX 531 BEAUFORT, SC 29901	57-0722206	501(C)(3)	24,000.	0.			CHILD ABUSE PREVENTION ASSOC
CHURCH OF THE CROSS 110 CALHOUN STREET, POST OFFICE BOX BLUFFTON, SC 29910	57-0684046	501(C)(3)	20,000.	0.			THE CHURCH OF THE CROSS FOOD BANK
COASTAL DISCOVERY MUSEUM POST OFFICE BOX 23497 HILTON HEAD ISLAND, SC 29925	57-0801415	501(C)(3)	155,000.	0.			TEACHING DIVERSE NARRATIVES - HISTORY EDUCATOR
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037	41-1239275	501(C)(3)	5,750.	0.			2021 MEMBERSHIP
CROSSROADS COMMUNITY SERVICES BACKPACK BUDDIES OF BLUFFTON - PO BOX 3525 - BLUFFTON, SC 29910	27-0536683	501(C)(3)	39,625.	0.			BACKPACK BUDDIES OF GREATER BLUFFTON AND HARDEEVILLE
CURE ALZHEIMER'S FUND 34 WASHINGTON STREET, SUITE 310 WELLESLEY HILLS, MA 02481	52-2396428	501(C)(3)	132,000.	0.			JOEL BLANCHARD PH.D - MOLECULAR AND CELLULAR MECHANISMS AND BIOMARKERS OF APOE4
DANA FARBER CANCER INSTITUTE POST OFFICE BOX 849168 BOSTON, MA 02284	04-2263040	501(C)(3)	8,000.	0.			CANCER RESEARCH

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAUFUSKIE ISLAND HISTORICAL FOUNDATION - 44 OLD HAIG POINT ROAD - DAUFUSKIE ISLAND, SC 29915	31-1752504	501(C)(3)	10,000.	0.			OPPORTUNITY GRANT 2022: BROTHERS AND SISTERS OYSTER HALL RESTORATION
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	10,000.	0.			SUPPORT EFFORTS IN UKRAINE
DUKE CANCER INSTITUTE 300 W. MORGAN STREET DURHAM, NC 27701	56-0532129	501(C)(3)	10,000.	0.			DR. PETER ALLEN RESEARCH
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON RD., D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	55,600.	0.			A SAFE NIGHT'S SLEEP
FIRST PRESBYTERIAN CHURCH OF HILTON HEAD ISLAND - 540 WILLIAM HILTON PKWY - HILTON HEAD ISLAND, SC 29928	57-0470141	501(C)(3)	28,000.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH OF METUCHEN - POST OFFICE BOX 385 METUCHEN, NJ 08840	22-1667601	501(C)(3)	8,000.	0.			OPERATING BUDGET
FIRST PRESBYTERIAN DAY SCHOOL 540 WILLIAM HILTON PARKWAY HILTON HEAD ISLAND, SC 29928	57-0777216	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR EDUCATIONAL EXCELLENCE - POST OFFICE BOX 22474 - HILTON HEAD ISLAND, SC 29925	61-1691233	501(C)(3)	8,000.	0.			MARKETING EXPENSES 2021

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR METROWEST, INC. 3 ELIOT STREET NATICK, MA 01760	04-3266789	501(C)(3)	6,000.	0.			GREATEST NEED
FRIENDS OF CAROLINE HOSPICE 1110 13TH STREET PORT ROYAL, SC 29935	57-0725866	501(C)(3)	215,000.	0.			TO SUPPORT THEIR CAPITAL CAMPAIGN FOR CAROLINE'S COTTAGE
FRIENDS OF HH LIBRARY 9 GANNET STREET HILTON HEAD ISLAND, SC 29926	23-7208194	501(C)(3)	40,592.	0.			DONOR ADVISOR DISBURSEMENT
GOOD NEIGHBOR FREE MEDICAL CLINIC OF BEAUFORT - 974 RIBAUT ROAD - BEAUFORT, SC 29902	26-0335357	501(C)(3)	25,000.	0.			PRIMARY FAMILY CARE
GOOD SHEPHERD LUTERAN CHURCH 106 MAY STREET WALTERBORO, SC 29488	57-0419907	501(C)(3)	7,441.	0.			FOOD PANTRY
GULLAH MUSEUM OF HILTON HEAD ISLAND - 3 FARMERS CLUB ROAD - HILTON HEAD ISLAND, SC 29926	42-1603322	501(C)(3)	10,000.	0.			SUMMER GULLAH MUSEUM ENRICHMENT CAMP
HELP OF BEAUFORT P. O. BOX 472 BEAUFORT, SC 29901	57-0721545	501(C)(3)	30,000.	0.			OPPORTUNITY GRANT 2022: PRODUCE GARDEN FOR NEW FACILITY
HELPING HAND CENTER, INC. 1263 COHEN ROAD PINELAND, SC 29934	80-0751064	501(C)(3)	17,500.	0.			OPPORTUNITY GRANT 2022: HOME SAFETY/ HANDICAP ACCESSIBLE BATHROOMS
HERITAGE CLASSIC FOUNDATION POST OFFICE BOX 3244 HILTON HEAD ISLAND, SC 29928	57-0835114	501(C)(3)	28,500.	0.			CHAMPIONS FORE CHARITY: HILTON HEAD DEEP WELL PROJECT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Schedule I (Form 990)

57-0756987

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEROES OF THE LOWCOUNTRY PO BOX 3712 BLUFFTON, SC 29910	36-4725321	501(C)(3)	7,500.	0.			HEROES OF THE LOWCOUNTRY EQUINE THERAPY FOR DISABLED VETERANS, GOLD STAR FAMILIES, AND EMERGENCY RESPONDERS
HEROES ON HORSEBACK P.O. BOX 3678 BLUFFTON, SC 29910	57-1099345	501(C)(3)	20,000.	0.			
HILTON HEAD CHRISTIAN ACADEMY 3088 BLUFFTON PARKWAY BLUFFTON, SC 29910	57-0757671	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HILTON HEAD FOUNDATION TO SUPPORT YOUTH SPORTS, INC. DBA FIRST TEE THE LOWCOUNT - P.O. BOX 23334 - HILTON HEAD ISLAND, SC 29925	46-5117877	501(C)(3)	10,000.	0.			GENERAL OPERATING COSTS
HILTON HEAD ISLAND COMMUNITY CHURCH - PO BOX 4962 - HILTON HEAD ISLAND, SC 29938	45-2786644	501(C)(3)	49,380.	0.			GENERAL OPERATING SUPPORT
HILTON HEAD ISLAND DEEP WELL PROJECT FUND - C/O COMMUNITY FOUNDATION OF THE LOWCOUNTRY, POST OFFICE BOX 23019 - HILTON HEAD	57-0756987	501(C)(3)	15,592.	0.			ENDOWED SPENDABLE DISTRIBUTION
HILTON HEAD ISLAND RECREATION ASSOCIATION - PO BOX 22593 - HILTON HEAD ISLAND, SC 29925	57-0827128	501(C)(3)	18,750.	0.			DAVID M. CARMINE CHILDREN'S SCHOLARSHIP FUND-CHILDCARE
HILTON HEAD PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925	57-0680099	GOV	256,665.	0.			3 HOUSEHOLD CONNECTIONS INV 2705, 2706, 2709
HILTON HEAD REGIONAL HABITAT FOR HUMANITY - PO BOX 2747, 90 MAIN ST, STE C, HILTON HEAD - BLUFFTON, SC 29910	57-0916245	501(C)(3)	85,000.	0.			HABITAT FOR HUMANITY REPAIR PROGRAM

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILTON HEAD SYMPHONY ORCHESTRA, INC. - POST OFFICE DRAWER 5757 - HILTON HEAD ISLAND, SC 29938	57-0761297	501(C)(3)	71,647.	0.			100% FOR THE HILTON HEAD SYMPHONY ORCHESTRA FOR ANNUAL SUPPORT
HOPEFUL HORIZONS P.O. BOX 1775, 1212 CHARLES STREET BEAUFORT, SC 29901	57-1063332	501(C)(3)	76,725.	0.			HOPEFUL HORIZONS 2022 GRANT
HOSPICE CARE OF THE LOWCOUNTRY 7 PLANTATION PARK DR. UNIT 4, PO BOX BLUFFTON, SC 29910	57-0774530	501(C)(3)	342,330.	0.			DONOR ADVISOR DISBURSEMENT
HUNGER COALITION OF THE LOWCOUNTRY POST OFFICE BOX 22738 HILTON HEAD ISLAND, SC 29925	27-3106509	501(C)(3)	34,450.	0.			BACKPACK BUDDIES NEIGHBORHOOD OUTREACH FRESH PRODUCE PROJECT
J M SMITH FOUNDATION 101 WEST ST. JOHN STREET, SPARTAN CENTRE, SUITE 305 - SPARTANBURG, SC 23906	57-1046595	501(C)(3)	7,000.	0.			MATCH GIFT PROGRAM—PAULA HARPER BETHEA
JASPER COUNTY COUNCIL ON AGING POST OFFICE BOX 641 RIDGELAND, SC 29936	57-0564656	501(C)(3)	10,000.	0.			2021 HARGRAY CARING COINS GRANT
JASPER COUNTY SCHOOL DISTRICT 10942 NORTH JACOB SMART BOULEVARD, POST OFFICE BOX 848 - RIDGELAND, SC 29936	57-6000367	GOVT	10,000.	0.			OPPORTUNITY GRANT 2022: FROM DUAL ENROLLMENT TO EARLY COLLEGE PROGRAM
JEMS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464	501(C)(3)	30,000.	0.			UKRAINE RELIEF
JILL'S HOUSE 9011 LEESBURG PIKE VIENNA, VA 22182	37-1465256	501(C)(3)	250,000.	0.			CAPITAL FUND DRIVE

Schedule I (Form 990)



COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

57-0756987 Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR JAZZ FOUNDATION 1000 WILLIAM HILTON PARKWAY, SUITE C-1 - HILTON HEAD ISLAND, SC 29926	27-1347606	501(C)(3)	75,000.	0.			SCHOOL GRANTS FOR MUSIC PROGRAMS
LOVE HOUSE LEARNING ACADEMY POST OFFICE BOX 4132 BEAUFORT, SC 29903	82-5305685	501(C)(3)	10,150.	0.			LOVE HOUSE LEARNING - SPECIAL PROJECT SUMMER READING PROGRAM
LOW COUNTRY PRESBYTERIAN CHURCH 10 SIMMONSVILLE ROAD BLUFFTON, SC 29910	47-5401452	501(C)(3)	10,000.	0.			AUDIO VISUAL SYSTEM PROJECT - ENVELOPE 47
LOWCOUNTRY AUTISM FOUNDATION P.O. BOX 31874 CHARLESTON, SC 29417	26-0805420	501(C)(3)	17,000.	0.			LAP AID (AUTISM IDENTIFICATION) PROGRAM
LOWCOUNTRY COMMUNITY CHURCH 801 BUCKWALTER PARKWAY BLUFFTON, SC 29910	57-0999533	501(C)(3)	20,000.	0.			DOLLY PARTON IMAGINATION LIBRARY
LOWCOUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	81,111.	0.			EXPANDING AND SUSTAINING OUR SERVICE FOOTPRINT
MAY RIVER MONTESSORI 60 CALHOUN STREET, POST OFFICE BOX BLUFFTON, SC 29910	57-0853132	501(C)(3)	12,500.	0.			LAJUNTA WHITE STOVALL FUND ANNUAL DISTRIBUTION
MEALS ON WHEELS BLUFFTON HILTON HEAD INC - P.O. BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	65,000.	0.			MEAL PROGRAM
MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DRIVE, SUITE 60 RESTON, VA 20191	54-1429009	501(C)(3)	25,000.	0.			ANNUAL FUND

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,**

Schedule I (Form 990)

INC

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MED-I-ASSIST, INC. P.O. BOX 3164 BLUFFTON, SC 29910	32-0212924	501(C)(3)	27,500.	0.			MED-I-ASSIST, INC. 2022 GRANT
MEMORY MATTERS P.O. BOX 22330, 117 WILLIAM HILTON PARKWAY - HILTON HEAD ISLAND, SC 29925	58-2291775	501(C)(3)	73,480.	0.			MEMORY MATTERS 2022 GRANT
MENTAL HEALTH AMERICA OF BEAUFORT JASPER COUNTIES MHABJ - POST OFFICE BOX 1925 - BLUFFTON, SC 29910	57-0670742	501(C)(3)	69,126.	0.			MENTAL HEALTH AMERICA-BEAUFORT/JASPER DESIGNATED FOR THE LILLIAN PARKER WALLACE ENDOWMENT FUND IN CELEBRATION OF THE 50TH
MEREDITH COLLEGE 3800 HILLSBOROUGH STREET RALEIGH, NC 27607	56-0530242	501(C)(3)	15,000.	0.			MSU - IN SUPPORT OF MEN'S GOLF PROGRAM
MICHIGAN STATE UNIVERSITY 535 CHESTNUT ROAD, ROOM 300 EAST LANSING, MI 48824	38-6005984	501(C)(3)	12,000.	0.			GRIOT'S CORNER AND THE HO'WELL DO YOU KNOW HILTON HEAD HISTORY HIKE ASSISTING SEVERELY INJURED ACTIVE DUTY AND VETERAN MARINES AND NAVY PERSONNEL AND THEIR
MITCHELLEVILLE PRESERVATION PROJECT. INC. - POST OFFICE BOX 21758 - HILTON HEAD ISLAND, SC 29925	27-2308109	501(C)(3)	40,000.	0.			TALBIRD CEMETERY FUND
MOSS CREEK MARINES 91 SAW TIMBER DRIVE HILTON HEAD ISLAND, SC 29926	27-0722721	501(C)(3)	35,000.	0.			MSU - IN SUPPORT OF MEN'S GOLF PROGRAM
MOUNT CALVARY MISSIONARY BAPTIST CHURCH - POST OFFICE BOX 23194 - HILTON HEAD ISLAND, SC 29925	36-4911346	501(C)(3)	20,000.	0.			
MSU SPARTAN FUND 550 S. HARRISON ROAD EAST LANSING, MI 48823	38-6005984	501(C)(3)	12,000.	0.			

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

57-0756987

Page 1

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTIPLYING GOOD 228 BILL DOMINICK ROAD NEWBERRY, SC 29108	59-0959336	501(C)(3)	15,000.	0.			STUDENTS IN ACTION PROGRAM
NAMI LOWCOUNTRY P. O. BOX 24128 HILTON HEAD ISLAND, SC 29925	57-0920882	501(C)(3)	12,000.	0.			NAMI LOWCOUNTRY ORGANIZATIONAL REBOOT FOR OUTREACH
NATIONAL FOUNDATION FOR CANCER RESEARCH - 5515 SECURITY LANE, SUITE 1105 - ROCKVILLE, MD 20852	04-2531031	501(C)(3)	12,000.	0.			DONOR ADVISOR DISBURSEMENT
NATIVE ISLAND BUSINESS & COMMUNITY AFFAIRS ASSOCIATION, INC. - POST OFFICE BOX 23452 - HILTON HEAD ISLAND, SC 29925	57-1019358	501(C)(3)	100,000.	0.			NIBCAA COVID-19 RENTAL ASSISTANCE GRANT
NEIGHBORHOOD OUTREACH CONNECTION 4 DUNMORE CT, PO BOX 23558 HILTON HEAD ISLAND, SC 29926	54-2083947	501(C)(3)	30,000.	0.			SUSTAINING AFTER SCHOOL AND SUMMER LEARNING PROGRAMS AT NOC'S LEARNING CENTER AT ST
NOAHS ARK RESCUE 4084 SPRING ISLAND OKATIE, SC 29909	26-2553174	501(C)(3)	7,056.	0.			NOAH'S ARK - MAE PEARL
OPERATION PATRIOTS FOB 198 OKATIE VILLAGE DRIVE, SUITE 103 OKATIE, SC 29909	85-0894599	501(C)(3)	12,500.	0.			OPERATION PATRIOTS FORWARD OPERATING BASE 2022 GRANT
OSPREY VILLAGE, INC. PO BOX 3155, 2600 MAIN ST., UNIT 10 BLUFFTON, SC 29910	26-2967726	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
POCKETS FULL OF SUNSHINE P.O. BOX 1474 BLUFFTON, SC 29910	47-1283875	501(C)(3)	10,000.	0.			NO RAY LEFT BEHIND - AN ADDITIONAL DAY OF POCKETS PROGRAMMING TO ELIMINATE OUR CURRENT WAITING LIST

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLARIS TECH CHARTER SCHOOL 1508 GRAYS HWY RIDGELAND, SC 29936	81-5150351	501(C)(3)	44,086.	0.			POLARIS TECH CHARTER SCHOOL
PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922	501(C)(3)	80,000.	0.			PORT ROYAL SOUND FOUNDATION IMPLEMENTATION OF MASTER PLAN
PREGNANCY CENTER AND CLINIC OF THE LOW COUNTRY INC - 1 CARDINAL RD SUITE 1&2 - HILTON HEAD ISLAND, SC 29926	57-0923523	501(C)(3)	7,500.	0.			PRENATAL MEDICAL CARE FOR UNINSURED AND UNDERSERVED WOMEN RESIDING IN BEAUFORT COUNTY
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE SUITE 2 BLUFFTON, SC 29910	57-1036680	501(C)(3)	107,600.	0.			SUPPORT SOCIAL ENGAGEMENT THROUGH RECREATION AND LEISURE ACTIVITIES
REAL CHAMPIONS, INC. 7596 WEST MAIN STREET, SUITE D RIDGELAND, SC 29936	81-3956956	501(C)(3)	8,000.	0.			ADVOCATE MENTORSHIP - CLOSING THE POVERTY GAP IN SC BY ESTABLISHING ADVOCATE MENTOR
RESCUE PAWS INTERNATIONAL, INC. 80 PADDLE BOAT LANE UNIT 723 HILTON HEAD ISLAND, SC 29928	88-1837956	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SAMARITAN MINISTRIES INTERNATIONAL POST OFFICE BOX 3618 PEORIA, IL 61615	37-1295601	501(C)(3)	24,000.	0.			GENERAL OPERATING SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	20,000.	0.			UKRAINE RELIEF
SANDALWOOD COMMUNITY FOOD PANTRY POST OFFICE BOX 5061 HILTON HEAD ISLAND, SC 29938	27-2766571	501(C)(3)	111,000.	0.			2021 HARGRAY CARING COINS GRANT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

57-0756987

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDBOX A HILTON HEAD AREA CHILDREN'S MUSEUM INC - 18 POPE AVE, STE A - HILTON HEAD ISLAND, SC 29928	20-0301794	501(C)(3)	15,000.	0.			THE SANDBOX SCHOLARSHIP PROGRAM
SEA TURTLE PATROL HILTON HEAD ISLAND - POST OFFICE BOX 23434 - HILTON HEAD ISLAND, SC 29925	82-3642853	501(C)(3)	11,500.	0.			OPPORTUNITY GRANT 2022: FEASIBILITY STUDY FOR THE ESTABLISHMENT OF AN ENVIRONMENTAL CO-OP
SEARCH THE SCRIPTURES POST OFFICE BOX 600 SEABROOK, SC 29940	57-1071646	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SECOND HELPINGS 4 NORTHRIDGE DRIVE, SUITE C POST OFFICE BOX 23621 - HILTON HEAD ISLAND, SC 2	57-0938469	501(C)(3)	115,000.	0.			1. HEALTHY FOOD INITIATIVE 2. K-12 PROJECT 3. TRUCK OPERATIONS
SHELTERS TO SHUTTERS 1921 GALLOWS ROAD SUITE 700 VIENNA, VA 22182	47-1004312	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA BATTLEGROUND PRESERVATION TRUST, INC. - POST OFFICE BOX 80668 - CHARLESTON, SC 29416	57-1004102	501(C)(3)	8,000.	0.			SC BATTLEGROUND PRESERVATION RESEARCH STUDY
SOUTH COASTAL FELLOWSHIP OF CHRISTIAN ATHLETES - POST OFFICE BOX 5192 - HILTON HEAD ISLAND, SC 29938	44-0610626	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
SPECIAL OLYMPICS SOUTH CAROLINA AREA 8 - PO BOX 4641 - HILTON HEAD, SC 29938	57-0680248	501(C)(3)	7,500.	0.			SPECIAL OLYMPICS AREA 8 BOWLING
SPRING ISLAND TRUST 174 CALLAWASSIE DRIVE OKATIE, SC 29909	57-0905093	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

Schedule I (Form 990) **57-0756987** Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HILAN BOULEVARD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	5,907.	0.			537 MILES AT \$11.00 FOR EACH MILE
SVDP HOLY FAMILY CONFERENCE 24 POPE AVENUE HILTON HEAD ISLAND, SC 29928	43-1964461	501(C)(3)	20,000.	0.			FINANCIAL ASSISTANCE COVID
TECHNICAL COLLEGE OF THE LOWCOUNTRY FOUNDATION - 921 RIBAUT ROAD POST OFFICE BOX 1288 - BEAUFORT, SC 29901	57-0767384	501(C)(3)	19,484.	0.			FY22 LEGACY FUND DISTRIBUTION
THE CHILDREN'S CENTER INC. 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	182,400.	0.			GENERAL SUPPORT
THE FIRST TEE OF THE LOWCOUNTRY P.O. BOX 23334 HILTON HEAD ISLAND, SC 29925	46-5117877	501(C)(3)	11,500.	0.			GENERAL SUPPORT
THE HILTON HEAD ISLAND DEEP WELL PROJECT - POST OFFICE BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	250,300.	0.			GENERAL PURPOSE
THE LITERACY CENTER P.O. BOX 3725 BLUFFTON, SC 29910	57-0727884	501(C)(3)	12,000.	0.			THE LITERACY CENTER 2022 GRANT
THE OUTSIDE FOUNDATION 50 SHELTER COVE LANE SUITE H HILTON HEAD ISLAND, SC 29928	46-4305638	501(C)(3)	15,420.	0.			OUTSIDE FOUNDATION OPERATING SUPPORT
TOWN OF HILTON HEAD ISLAND ONE TOWN CENTER COURT HILTON HEAD ISLAND, SC 29928	57-0752325	GOVT	6,000.	0.			PUBLIC SAFETY ADDRESS POSTING PROJECT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Schedule I (Form 990) 57-0756987 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE LOWCOUNTRY POST OFFICE BOX 7281 BEAUFORT, SC 29901	57-0405847	501(C)(3)	20,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA BEAUFORT - ROOM 136, HARGRAY BUILDING 1 UNIVERSITY BOULEVARD - BLUFFTON, SC 29909	57-6001153	501(C)(3)	136,503.	0.			SPRING 2022 SCHOLARSHIP AWARDS
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX 78807 PO BOX 78807 MILWAUKEE, WI 53278	39-0743975	501(C)(3)	130,000.	0.			FUND #132380056, 4W COLLABORATIVE DIRECTORSHIP FUND
USC EDUCATIONAL FOUNDATION 1027 BARNWELL STREET COLUMBIA, SC 29208	57-6017985	501(C)(3)	10,000.	0.			OPPORTUNITY GRANT FY22: USC SALKEHATCHIE STUDENT FOOD PANTRY
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	453,259.	0.			VOLUNTEERS IN MEDICINE - SUPPORT OF WELLNESS PROGRAMS
WADDELL MARICULTURE CENTER FUND WADDELL MARICULTURE CENTER 211 SAWMILL CREEK ROAD - BLUFFTON, SC 29910	57-0756987	501(C)(3)	10,000.	0.			FACILITY SUPPORT FOR THE PRODUCTION OF MARINE FINFISH AT THE WADDELL MARICULTURE CENTER
WEXFORD PLANTATION HOMEOWNERS ASSOCIATION, INC. - PO BOX 4100 - HILTON HEAD ISLAND, SC 29938	57-0843850	501(C)(3)	17,650.	0.			EVT007 2021 WEICHERT TOURNAMENT
WILLIAM WOODS UNIVERSITY ONE UNIVERSITY AVENUE FULTON, MO 65251	43-0654876	501(C)(3)	25,000.	0.			ANNUAL FUND
WOMEN'S RIGHTS AND EMPOWERMENT NETWORK - 1201 MAIN STREET SUITE 320 - COLUMBIA, SC 29201	81-0775184	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD AFFAIRS COUNCIL OF HILTON HEAD - POST OFFICE BOX 22523 - HILTON HEAD ISLAND, SC 29925	57-0942426	501(C)(3)	20,559.	0.			SPEAKERS SERIES - MR. MENON
WORLD VISION INTERNATIONAL P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	10,000.	0.			UKRAINE RELIEF

Schedule I (Form 990)



**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

57-0756987

Page 2

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	1.44	643,959.	0.		

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

**PART I, LINE 2:**

THE ORGANIZATION DISTRIBUTES FUNDS ACCORDING TO ITS POLICIES. IN THE EVENT THAT THE ORGANIZATION BECOMES AWARE OF ANY MISUSE OF FUNDS, THE ORGANIZATION DOES NOT PROVIDE FUTURE FUNDING TO THAT ENTITY.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: MEREDITH COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR THE LILLIAN PARKER

WALLACE ENDOWMENT FUND IN CELEBRATION OF THE 50TH REUNION OF THE CLASS

**Part IV** Supplemental Information

OF 1971

NAME OF ORGANIZATION OR GOVERNMENT: MOSS CREEK MARINES

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTING SEVERELY INJURED ACTIVE  
DUTY AND VETERAN MARINES AND NAVY PERSONNEL AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD OUTREACH CONNECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUSTAINING AFTER SCHOOL AND SUMMER  
LEARNING PROGRAMS AT NOC'S LEARNING CENTER AT ST LUKE'S CHURCH, HHI

NAME OF ORGANIZATION OR GOVERNMENT: REAL CHAMPIONS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCATE MENTORSHIP - CLOSING THE  
POVERTY GAP IN SC BY ESTABLISHING ADVOCATE MENTOR RELATIONSHIPS STARTING  
IN KINDERGARTEN AND CONTINUING THROUGH HIGH SCHOOL GRADUATION

Multiple horizontal lines for additional supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- |  |   |
|--|---|
| <input checked="" 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 type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |          |          |
|--|-----------|----------|----------|
| <b>a</b> Receive a severance payment or change-of-control payment?                           | <b>4a</b> |          | <b>X</b> |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? | <b>4b</b> | <b>X</b> |          |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement?    | <b>4c</b> |          | <b>X</b> |

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |                                    |           |  |          |
|------------------------------------|-----------|--|----------|
| <b>a</b> The organization?         | <b>5a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? | <b>5b</b> |  | <b>X</b> |

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:

- |                                    |           |  |          |
|------------------------------------|-----------|--|----------|
| <b>a</b> The organization?         | <b>6a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? | <b>6b</b> |  | <b>X</b> |

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

<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	<b>8</b>		<b>X</b>
--	----------	--	----------

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

	<b>9</b>		
--	----------	--	--

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

Schedule J (Form 990) 2021





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **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	X	30	1,064,350	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 V, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) 2021

**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

Employer identification number  
57-0756987

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

AND NEEDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

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

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, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO REVIEW CONFLICTS ANNUALLY AND SIGN AN  
AFFIDAVIT DISCLOSING POTENTIAL CONFLICTS. IF POTENTIAL CONFLICTS ARISE, THE  
FOUNDATION UTILIZES ITS POLICY SO THAT THE CONFLICTED MEMBER IS NOT  
INVOLVED IN THE DETERMINATION PROCESS.

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

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

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

Schedule O (Form 990) 2021

132211 11-11-21



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

Employer identification number  
**57-0756987**

OF COMPARABLES, BUT IS MADE BY THE CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, 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

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

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST -349,865.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.





**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

**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)

**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.

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				





Community Foundation of the Lowcountry Inc. & Supporting Organization

Combined Financial Statements

For the years ended

June 30, 2021 and 2020

## TABLE OF CONTENTS

	<u>PAGE</u>
Independent Auditors' Report	1
Combined Statements of Financial Position	2
Combined Statements of Activities and Change in Net Assets	3
Combined Statements of Cash Flows	4
Notes to Financial Statements	5-14



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)
NET CASH FLOWS FROM OPERATING ACTIVITIES	<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>
NET CASH FLOWS FROM INVESTING ACTIVITIES	<u>127,619</u>	<u>1,998,645</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
NET CASH FLOWS FROM FINANCING ACTIVITIES	<u>0</u>	<u>0</u>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	335,909	318,522
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	<u>3,465,628</u>	<u>3,147,106</u>
CASH AND CASH EQUIVALENTS AT END OF YEAR	<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.

See Accountants’ Report

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	<u>82,960,881</u>	<u>63,038,277</u>

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	<u>2,500,027</u>	<u>3,090,558</u>	<u>5,377,104</u>	<u>10,967,689</u>

	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	<u>1,078,308</u>	<u>355,828</u>	<u>1,434,136</u>	<u>12,401,824</u>

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.

Community Foundation of the Lowcountry Inc. & Supporting Organization

Combined Financial Statements

For the years ended

June 30, 2020 and 2019

## TABLE OF CONTENTS

	<u>PAGE</u>
Independent Auditors' Report	1
Combined Statements of Financial Position	2
Combined Statements of Activities and Change in Net Assets	3
Combined Statements of Cash Flows	4
Notes to Financial Statements	5-14



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, 2020 and 2019, 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, 2020 and 2019, 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 21, 2020

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

	<u>2020</u>	<u>2019</u>
<b>Assets</b>		
Cash and cash equivalents	3,465,628	3,147,106
Pledges and grants receivable, net	177,530	256,821
Assets held - charitable remainder trusts	2,084,283	2,154,299
Investments	61,114,294	63,159,201
Capital Counsel Investments	1,203,453	1,527,330
Property and equipment, net	326,819	367,037
Other assets	5,289	7,135
<b>Total Assets</b>	<u><u>68,377,296</u></u>	<u><u>70,618,929</u></u>
 <b>Liabilities and net assets</b>		
Accounts payable and accrued expenses	242,588	83,349
Grants payable	810,049	1,073,112
Annuities payable	1,438,492	1,578,939
Funds held for others - agency funds	2,847,890	3,753,441
<b>Total Liabilities</b>	<u><u>5,339,019</u></u>	<u><u>6,488,841</u></u>
 Net assets without donor restrictions	63,038,277	64,130,088
Net assets with donor restrictions	0	0
<b>Total Net Assets</b>	<u><u>63,038,277</u></u>	<u><u>64,130,088</u></u>
<b>Total liabilities and net assets</b>	<u><u>68,377,296</u></u>	<u><u>70,618,929</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>2020</u>	<u>2019</u>
<b>Income-unrestricted</b>		
Contributions received	6,609,496	6,421,183
Net realized gains/losses	(485,074)	(745,706)
Net unrealized gains/losses	2,082,454	1,794,788
Investment income	1,460,489	2,001,649
Rental income	16,100	16,095
Other	792,974	812,878
<b>Total Revenues</b>	<u><u>10,476,439</u></u>	<u><u>10,300,887</u></u>
<b>General and administrative expenses-unrestricted</b>		
Grants paid	7,310,262	7,170,132
Program expenses	929,353	598,100
Salaries and benefits	1,018,835	1,028,240
Professional and administrative fees	1,033,259	1,107,793
Supplies and other	151,472	225,154
Fundraising	93,314	162,205
Changes in value of split interest agreements	82,915	87,812
Changes in funds held for others	903,951	(33,306)
Depreciation	44,889	41,600
<b>Total Expenses</b>	<u><u>11,568,250</u></u>	<u><u>10,387,730</u></u>
Increase (decrease) in unrestricted net assets	<u>(1,091,811)</u>	<u>(86,843)</u>
Increase (decrease) in net assets	(1,091,811)	(86,843)
Net assets beginning of year	64,130,088	64,216,931
Net assets at end of year	<u><u>63,038,277</u></u>	<u><u>64,130,088</u></u>

See Accountants' Report and Notes to Financial Statements

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

	<u>2020</u>	<u>2019</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash received from contributions	\$ 6,688,787	\$ 6,394,289
Cash received for rental income	16,100	16,095
Cash received from interest and dividend income	1,460,489	2,001,649
Cash received from other	794,820	812,878
Cash paid for grants	(7,573,325)	(7,134,138)
Cash paid for general, program, and administrative expenses	(2,973,680)	(3,003,189)
Cash paid for fundraising	(93,314)	(162,205)
	<u>(1,680,123)</u>	<u>(1,074,621)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Net purchases and sales of investments	<u>1,998,645</u>	<u>1,929,951</u>
	<u>1,998,645</u>	<u>1,929,951</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
	<u>0</u>	<u>0</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	318,522	855,330
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR</b>	<u>3,147,106</u>	<u>2,291,776</u>
<b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>	<u>\$ 3,465,628</u>	<u>\$ 3,147,106</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, 2020 and 2019. 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 21, 2020, the date the financial statements were available to be issued.



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:

	2020	2019
Assets held – charitable remainder trusts	\$ 2,084,283	\$ 2,154,299
Investments	62,317,747	64,686,531
Total	<u>\$ 64,402,030</u>	<u>\$ 66,840,830</u>

Investments at June 30th are classified as follows:

	2020	2019
Marketable Equity Securities	\$ 49,465,203	\$ 49,707,200
Fixed Income	8,719,740	9,049,942
Other	6,217,087	8,083,688
Total	<u>\$ 64,402,030</u>	<u>\$ 66,840,830</u>

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

	2020	2019
Net realized gains/(losses)	\$ (485,074)	\$ (745,706)
Net unrealized gains/(losses)	2,082,454	1,794,788
Interest and dividend income	1,460,489	2,001,649
Total	<u>\$ 3,057,869</u>	<u>\$ 3,050,731</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.

See Accountants' Report

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, 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

Assets at Fair Value as of June 30, 2019				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 58,757,142	\$ 8,083,688	\$ 0	\$ 66,840,830
Money Market Funds	3,147,106	0	0	3,147,106
Total assets at fair value	\$ 61,904,248	\$ 8,083,688	\$ 0	\$ 69,987,936

The Foundation did not have any level 3 assets for the years ended June 30, 2020 and 2019.

See Accountants' Report

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>:

	2020	2019
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	116,821
Pledges and Grants receivable, net	<u>\$ 177,530</u>	<u>\$ 256,821</u>

NOTE G – FIXED ASSETS

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

	2020	2019
Land	\$ 160,000	\$ 160,000
Building	944,608	944,608
Furniture and equipment	<u>120,280</u>	<u>115,609</u>
Total property and equipment	1,224,888	1,220,217
Less: accumulated depreciation	(898,069)	(853,180)
Property and equipment, net	<u>\$ 326,819</u>	<u>\$ 367,037</u>

NOTE H – OPERATING LEASES

The Foundation leases office space to various tenants at various terms with a cumulative annual rental revenue of \$16,100 for the year ended June 30, 2020 and \$16,095 for the year ended June 30, 2019.

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 2020.

Lease expense for the years ended June 30, 2020 and 2019 amounted to approximately \$22,746 and \$22,247 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 \$20,463 and \$28,092 to the plan during the years ending June 30, 2020 and 2019, 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.

See Accountants’ Report

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:

	2020	2019
Net Assets – spendable	\$ 21,698,996	\$ 21,934,774
Net Assets – accumulated earnings	2,347,996	3,977,588
Net Assets – nonspendable endowment	38,866,285	38,217,726
Total net assets	62,913,277	64,130,088

**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, 2020**

	Programs			
	Donor Advised Funds	Field of Interest Funds	Other Funds & Programs	
Salaries & Benefits	0	2,867	191,139	194,005
Grants	2,462,047	2,154,866	3,132,073	7,748,987
Supplies and travel	0	0	2,828	2,828
Professional fees	148,377	1,210,077	852,310	2,210,764
Office and Occupancy	0	0	21,233	21,233
Fundraising/Development	0	89,056	2,327	91,383
Total Expenses	2,610,424	3,456,866	4,201,909	10,269,200
	Supporting Activities			
	Management & General	Fund- Raising	Supporting Subtotal	Total Expenses
Salaries & Benefits	496,676	384,979	881,654	1,075,660
Grants	5,250	0	5,250	7,754,237
Supplies and travel	21,620	0	21,620	24,447
Professional fees	207,248	0	207,248	2,418,012
Office and Occupancy	154,670	0	154,670	175,902
Fundraising/Development	1,900	26,709	28,609	119,993
Total Expenses	887,363	411,688	1,299,051	11,568,250

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% of 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.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Open to Public Inspection


Department of the Treasury  
Internal Revenue Service

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

**A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC</b>	<b>D</b> Employer identification number <b>57-0756987</b>
	Doing business as	<b>E</b> Telephone number <b>(843) 681-9100</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4 NORTHRIDGE DRIVE, STE A</b>	<b>G</b> Gross receipts \$ <b>27,820,863.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>HILTON HEAD ISLAND, SC 29925</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>NICOLE CHARLES</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.CF-LOWCOUNTRY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1994</b> <b>M</b> State of legal domicile: <b>SC</b>

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES,</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	140
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,253,890.	24,174,493.
	9 Program service revenue (Part VIII, line 2g)	1,128,485.	1,373,220.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,100,787.	2,246,267.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,100.	-33,470.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,497,262.	27,760,510.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,806,920.	7,939,448.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,115,345.	1,104,008.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	231,514.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,329,337.	3,072,835.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,251,602.	12,116,291.	
19 Revenue less expenses. Subtract line 18 from line 12	17,245,660.	15,644,219.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 73,666,667.	End of Year 75,355,203.
	21 Total liabilities (Part X, line 26)	3,432,822.	4,628,234.
	22 Net assets or fund balances. Subtract line 21 from line 20	70,233,845.	70,726,969.

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here		Date <b>5/12/23</b>	
	Signature of officer <b>NICOLE CHARLES, VICE PRESIDENT FOR FINANCE &amp; ADMIN</b> Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name <b>AMY BIBBY</b>	Preparer's signature <b>AMY BIBBY</b>	Date <b>05/12/23</b>
	Firm's name <b>FORVIS, LLP</b>	Firm's EIN <b>44-0160260</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00445891</b>
	Firm's address <b>500 RIDGEFIELD COURT ASHEVILLE, NC 28806</b>	Phone no. <b>(828) 254-2254</b>	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**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 \$ 10,687,982. including grants of \$ 7,939,448. ) (Revenue \$ 1,399,103. )  
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 on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **10,687,982.**



**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

57-0756987 Page 3

**Part IV Checklist of Required Schedules**

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

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

57-0756987 Page 4

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

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

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

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		32
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float:right">2a</span> <span style="float:right">15</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders <span style="float:right">11a</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
b	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 <span style="float:right">13b</span>		
c	Enter the amount of reserves on hand <span style="float:right">13c</span>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

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

**Section A. Governing Body and Management**

	1a	1b	18	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year			18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent			18		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
<b>6</b> Did the organization have members or stockholders?			6		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
<b>a</b> The governing body?			8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			8b	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 843.681.9100**  
**4 NORTHRIDGE DRIVE, STE A, HILTON HEAD ISLAND, SC 29925**

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

57-0756987 Page 7

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT WIERMAN PRESIDENT & CEO	40.00			X				272,334.	0.	7,121.
(2) NICOLE CHARLES VP FOR FINANCE & ADMIN	40.00			X				92,073.	0.	4,604.
(3) JACKIE ROSSWURM CHAIR	2.00	X	X					0.	0.	0.
(4) SHEILA MAHONY VICE CHAIR	2.00	X	X					0.	0.	0.
(5) PAUL MOERI TREASURER	2.00	X	X					0.	0.	0.
(6) LINDA FIORE SECRETARY	2.00	X	X					0.	0.	0.
(7) SANDY BENSON BOARD MEMBER	2.00	X						0.	0.	0.
(8) GEOFF BLOCK BOARD MEMBER	2.00	X						0.	0.	0.
(9) YVONNE CURL BOARD MEMBER	2.00	X						0.	0.	0.
(10) ARNO DIMMLING BOARD MEMBER	2.00	X						0.	0.	0.
(11) DOUG FLETCHER BOARD MEMBER	2.00	X						0.	0.	0.
(12) JOHN LEVY BOARD MEMBER	2.00	X						0.	0.	0.
(13) MICHAEL MARKS BOARD MEMBER	2.00	X						0.	0.	0.
(14) AL PANU BOARD MEMBER	2.00	X						0.	0.	0.
(15) SHIRLEY PETERSON BOARD MEMBER	2.00	X						0.	0.	0.
(16) DAVID ROSENBLUM BOARD MEMBER	2.00	X						0.	0.	0.
(17) ALLEN WARD BOARD MEMBER	2.00	X						0.	0.	0.

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

57-0756987 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAFINA WARD BOARD MEMBER	2.00	X						0.	0.	0.
(19) DOUG WETMORE BOARD MEMBER	2.00	X						0.	0.	0.
(20) MICHELLE WYCOFF BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								364,407.	0.	11,725.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								364,407.	0.	11,725.

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

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

**Section B. Independent Contractors**

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

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

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

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

Form 990 (2021)

57-0756987 Page 9

**Part VIII** Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	92,402.			
	c	Fundraising events	1c	13,213.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	24,068,878.			
	g	Noncash contributions included in lines 1a-1f	1g \$				
	h	<b>Total.</b> Add lines 1a-1f		24,174,493.			
Program Service Revenue	2 a	ADMINISTRATIVE FEE INCOME	Business Code	522299	1,007,220.	1,007,220.	
	b	HHIF ADMIN FEE INCOME	522299	280,000.	280,000.		
	c	ADMIN FUND INCOME	522299	86,000.	86,000.		
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		1,373,220.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,247,267.		2247267.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
			6a	16,266.			
			6b	0.			
	c	Rental income or (loss)	6c	16,266.			
	d	Net rental income or (loss)		16,266.	16,266.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7a				
			7b	1,000.			
	c	Gain or (loss)	7c	-1,000.			
	d	Net gain or (loss)		-1,000.		-1,000.	
	8 a	Gross income from fundraising events (not including \$ 13,213. of contributions reported on line 1c). See Part IV, line 18	8a	0.			
b	Less: direct expenses	8b	59,353.				
c	Net income or (loss) from fundraising events		-59,353.		-59,353.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code	900099	9,617.	9,617.	
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d		9,617.			
12	<b>Total revenue.</b> See instructions		27,760,510.	1,399,103.	0.	2186914.	

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

57-0756987 Page 10

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,295,489.	7,295,489.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	643,959.	643,959.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	364,408.	108,285.	147,838.	108,285.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	533,772.	106,754.	346,952.	80,066.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	138,448.	33,147.	76,268.	29,033.
10 Payroll taxes	67,380.	16,132.	37,118.	14,130.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,410.		8,410.	
c Accounting	30,956.		30,956.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	148,012.		148,012.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	350,223.	350,223.		
12 Advertising and promotion	83,381.	83,381.		
13 Office expenses	184,348.		184,348.	
14 Information technology	21,129.		21,129.	
15 Royalties				
16 Occupancy	8,357.		8,357.	
17 Travel	5,452.	5,452.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,586.		7,586.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,619.		46,619.	
23 Insurance	31,168.		31,168.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSES</b>	1,173,072.	1,173,072.		
b <b>FUND ADMINISTRATIVE FEE</b>	841,143.	841,143.		
c <b>ADMIN SPENDABLE TO OPER</b>	86,000.		86,000.	
d <b>MAINTENANCE</b>	18,453.	18,453.		
e All other expenses	28,526.	12,492.	16,034.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	12,116,291.	10,687,982.	1,196,795.	231,514.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)



COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

Form 990 (2021)

57-0756987 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash - non-interest-bearing	3,801,536.	<b>1</b>	2,837,567.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	177,530.	<b>3</b>	140,000.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	37,924.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,241,656.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 992,601.	295,673.	<b>10c</b> 249,055.
	<b>11</b> Investments - publicly traded securities	66,871,015.	<b>11</b>	72,085,368.
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	2,520,913.	<b>15</b>	5,289.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	73,666,667.	<b>16</b>	75,355,203.	
Liabilities	<b>17</b> Accounts payable and accrued expenses	69,605.	<b>17</b>	139,541.
	<b>18</b> Grants payable	767,113.	<b>18</b>	132,450.
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,596,104.	<b>25</b>	4,356,243.
	<b>26 Total liabilities.</b> Add lines 17 through 25	3,432,822.	<b>26</b>	4,628,234.
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	70,233,845.	<b>27</b>	70,586,969.
	<b>28</b> Net assets with donor restrictions		<b>28</b>	140,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32 Total net assets or fund balances</b>	70,233,845.	<b>32</b>	70,726,969.	
<b>33 Total liabilities and net assets/fund balances</b>	73,666,667.	<b>33</b>	75,355,203.	

Form 990 (2021)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

57-0756987 Page 12

**Part XI Reconciliation of Net Assets**

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	27,760,510.
2 Total expenses (must equal Part IX, column (A), line 25)	2	12,116,291.
3 Revenue less expenses. Subtract line 2 from line 1	3	15,644,219.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,233,845.
5 Net unrealized gains (losses) on investments	5	-13,404,356.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	-1,396,874.
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-349,865.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	70,726,969.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2021)



**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule A (Form 990) 2021

57-0756987 Page 2

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4013799.	5727166.	6822132.	6999002.	24174493.	47736592.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4013799.	5727166.	6822132.	6999002.	24174493.	47736592.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1, column (f)						13181727.
6 Public support. Subtract line 5 from line 4.						34554865.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4013799.	5727166.	6822132.	6999002.	24174493.	47736592.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1810729.	1617453.	1252857.	1056899.	2247267.	7985205.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					9,617.	9,617.
11 Total support. Add lines 7 through 10						55731414.
12 Gross receipts from related activities, etc. (see instructions)					12	1,389,446.

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

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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	62.00 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	80.40 %
16a 33 1/3% support test - 2021. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2021

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule A (Form 990) 2021

57-0756987 Page 6

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

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

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

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

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

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

Schedule A (Form 990) 2021



**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule A (Form 990) 2021

57-0756987 Page 7

**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>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



**Schedule B**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

**2021**

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)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

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 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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
1		\$ <u>1,074,612.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>14,296,355.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>567,127.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>COMMUNITY FOUNDATION OF THE LOWCOUNTRY,                  INC</b>	Employer identification number <b>57-0756987</b>
---	---

**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 info. once.) ▶ \$ \_\_\_\_\_  
 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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for purposes, table for held easements, and yes/no questions.

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.

Form with questions (1a, 1b, 2, a, b) regarding collections of art and historical treasures, including dollar amounts.

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		160,000.		160,000.
b Buildings		952,303.	870,364.	81,939.
c Leasehold improvements				
d Equipment		37,851.	30,775.	7,076.
e Other		91,502.	91,462.	40.
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)</b>				<b>249,055.</b>



**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule D (Form 990) 2021

57-0756987 Page 3

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	1,675,645.
(3) FUNDS HELD FOR OTHERS - AGENCY	
(4) FUNDS	3,074,504.
(5) DUE TO CFL	3,594.
(6) GRANTS PAYABLE - KRUM	-397,500.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,356,243.

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

Schedule D (Form 990) 2021

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

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

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

<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 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<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 4a and 4b		<b>4c</b>
<b>5</b>	Total revenue. Add lines 3 and 4c. (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 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<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 4a and 4b		<b>4c</b>
<b>5</b>	Total expenses. Add lines 3 and 4c. (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.

**PART X, LINE 2:**

THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A CHARITABLE ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2022.



**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule G (Form 990) 2021

57-0756987 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	13,213.		13,213.
	2	Less: Contributions	13,213.		13,213.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	59,353.		59,353.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			59,353.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-59,353.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A CALL TO ACTION 21 BOUNDARY STREET BLUFFTON, SC 29910	47-3057571	501(C)(3)	7,070.	0.			A CALL TO ACTION
AGAPE FAMILY LIFE CENTER, INC. 5855 SOUTH OKATIE HIGHWAY HARDEEVILLE, SC 29927	57-1106874	501(C)(3)	10,000.	0.			OPPORTUNITY GRANT 2022: FINANCIAL WELLNESS
AGAWAM COUNCIL 6 FUNDY ROAD, SUITE 100 PALMOUTH, ME 04105	22-2577250	501(C)(3)	50,000.	0.			CAPITAL FUND DRIVE
ALL ABOUT CATS 4 MAGAZINE PLACE HILTON HEAD ISLAND, SC 29928	38-3909521	501(C)(3)	15,174.	0.			GENERAL SUPPORT
ALL SAINTS EPISCOPAL CHURCH 3001 MEETING STREET HILTON HEAD ISLAND, SC 29926	57-0764909	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
ALLIANCE DEFENDING FREEDOM 15100 N. 90TH STREET SCOTTSDALE, AZ 85260	54-1660459	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **169.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS DISEASE RESEARCH CENTER MAYO CLINIC - 200 FIRST ST SW - ROCHESTER, MN 55905	41-6011702	501(C)(3)	10,000.	0.			ALZHEIMER'S RESEARCH
AMERICAN RED CROSS LOWCOUNTRY SC 2424 A CITY HALL LANE NORTH CHARLESTON, SC 29406	53-0196605	501(C)(3)	7,800.	0.			RED CROSS BIOMEDICAL SERVICES: SAVING LIVES IN BEAUFORT COUNTY
ANTIOCH EDUCATIONAL CENTER POST OFFICE BOX 1930 RIDGELAND, SC 29936	76-0818789	501(C)(3)	15,200.	0.			GENERAL OPERATING SUPPORT
ARRHYTHMIA ALLIANCE 19 EXECUTIVE PARK, PO BOX 5507 HILTON HEAD ISLAND, SC 29938	20-4806188	501(C)(3)	10,000.	0.			#HILTONHEADHEARTSMATTER
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817	501(C)(3)	223,925.	0.			DONOR ADVISOR DISBURSEMENT
AUSTIN ACHIEVE PUBLIC SCHOOLS INC. 7424 EAST HIGHWAY 290 AUSTIN, TX 78723	27-3700807	501(C)(3)	100,000.	0.			PUBLIC CHARTER SCHOOL SUPPORT
AVON OLD FARMS SCHOOL 500 OLD FARMS ROAD AVON, CT 06001	06-0655480	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
BEAUFORT COUNTY SCHOOL DISTRICT POST OFFICE DRAWER 309 BEAUFORT, SC 29901	57-6000367	501(C)(3)	71,628.	0.			ROBERT SMALLS INTERNATIONAL ACADEMY AND SHANKLIN ELEMENTARY
BEAUFORT MEMORIAL HOSPITAL ENDOWMENT FOUNDATION - P.O. BOX 2233 - BEAUFORT, SC 29901	57-0792360	501(C)(3)	12,000.	0.			CHARITABLE ALLOCATION FROM PAR 3 EVENT PROCEEDS

Schedule I (Form 990)



COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLAQUITY PO BOX 3132 BLUFFTON, SC 29910	88-0662577	501(C)(3)	7,070.	0.			BLAQUITY - BLACK EQUITY UNIVERSITY PROGRAM
BLUFFTON COMMUNITY SOUP KITCHEN 21 BOUNDARY ST, POST OFFICE BOX 993 BLUFFTON, SC 29910	82-3282038	501(C)(3)	84,500.	0.			ENDING FOOD INSECURITY "EFI"
BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE - 29 PLANTATION PARK DR. BLDG.600, PO BOX #2653 - BLUFFTON, SC 29910	32-0298086	501(C)(3)	80,000.	0.			BLUFFTON JASPER VIM - MEDICAL TESTING FOR UNDERSERVED
BLUFFTON MLK OBSERVANCE COMMITTEE P.O. BOX 1158 BLUFFTON, SC 29910	85-4095993	501(C)(3)	54,570.	0.			BLUFFTON MLK OBSERVANCE COMMITTEE GRANT
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)(3)	103,825.	0.			BLUFFTON SELF HELP IN SUPPORT OF THE EDUCATION AND RESOURCE CENTER
BOSTON UNIVERSITY BOSTON U. GIFT PROCESSING C/O JP MORGAN CHASE, POST OFFICE BOX 22605 - NEW Y	04-2103547	501(C)(3)	20,000.	0.			TO THE RUSS AND ANDREA GULLOTTI SCHOLARSHIP FUND
BOYS & GIRLS CLUB OF HILTON HEAD ISLAND - 151 GUMTREE ROAD, P.O. BOX 22267 - HILTON HEAD ISLAND, SC 29926	57-0811876	501(C)(3)	217,851.	0.			GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF THE LOWCOUNTRY BLUFFTON UNIT - 100 H.E. MCCracken CIRCLE, P.O. BOX 1908 - BLUFFTON, SC 29910	57-0811876	501(C)(3)	152,500.	0.			SUPPORT FOR 5 KIDS TO RETURN TO CLUB
BOYS AND GIRLS CLUBS OF THE LOWCOUNTRY - 10 PINCKNEY COLONY ROAD, SUITE 103 - BLUFFTON, SC 29909	57-0811876	501(C)(3)	15,000.	0.			FY22 LEGACY FUND DISTRIBUTION

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKE'S HAVEN ANIMAL RESCUE 25 BUCK ISLAND BLUFFTON, SC 29910	27-1778863	501(C)(3)	5,109.	0.			GENERAL SUPPORT IN MEMORY OF GABBY
CENTRAL OAK GROVE BAPTIST CHURCH 161 MATHEWS DRIVE, POST OFFICE BOX 21702 - HILTON HEAD ISLAND, SC 29925	57-0805691	501(C)(3)	9,900.	0.			COG HILTON HEAD ISLAND (HHI) FOOD DISTRIBUTION PILOT PROGRAM
CHILD ABUSE PREVENTION ASSOCIATION PO BOX 531 BEAUFORT, SC 29901	57-0722206	501(C)(3)	24,000.	0.			CHILD ABUSE PREVENTION ASSOC
CHURCH OF THE CROSS 110 CALHOUN STREET, POST OFFICE BOX BLUFFTON, SC 29910	57-0684046	501(C)(3)	20,000.	0.			THE CHURCH OF THE CROSS FOOD BANK
COASTAL DISCOVERY MUSEUM POST OFFICE BOX 23497 HILTON HEAD ISLAND, SC 29925	57-0801415	501(C)(3)	155,000.	0.			TEACHING DIVERSE NARRATIVES - HISTORY EDUCATOR
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037	41-1239275	501(C)(3)	5,750.	0.			2021 MEMBERSHIP
CROSSROADS COMMUNITY SERVICES BACKPACK BUDDIES OF BLUFFTON - PO BOX 3525 - BLUFFTON, SC 29910	27-0536683	501(C)(3)	39,625.	0.			BACKPACK BUDDIES OF GREATER BLUFFTON AND HARDEEVILLE
CURE ALZHEIMER'S FUND 34 WASHINGTON STREET, SUITE 310 WELLESLEY HILLS, MA 02481	52-2396428	501(C)(3)	132,000.	0.			JOEL BLANCHARD PH.D - MOLECULAR AND CELLULAR MECHANISMS AND BIOMARKERS OF APOE4
DANA FARBER CANCER INSTITUTE POST OFFICE BOX 849168 BOSTON, MA 02284	04-2263040	501(C)(3)	8,000.	0.			CANCER RESEARCH

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAUFUSKIE ISLAND HISTORICAL FOUNDATION - 44 OLD HAIG POINT ROAD - DAUFUSKIE ISLAND, SC 29915	31-1752504	501(C)(3)	10,000.	0.			OPPORTUNITY GRANT 2022: BROTHERS AND SISTERS OYSTER HALL RESTORATION
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	10,000.	0.			SUPPORT EFFORTS IN UKRAINE
DUKE CANCER INSTITUTE 300 W. MORGAN STREET DURHAM, NC 27701	56-0532129	501(C)(3)	10,000.	0.			DR. PETER ALLEN RESEARCH
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON RD., D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	55,600.	0.			A SAFE NIGHT'S SLEEP
FIRST PRESBYTERIAN CHURCH OF HILTON HEAD ISLAND - 540 WILLIAM HILTON PKWY - HILTON HEAD ISLAND, SC 29928	57-0470141	501(C)(3)	28,000.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH OF METUCHEN - POST OFFICE BOX 385 METUCHEN, NJ 08840	22-1667601	501(C)(3)	8,000.	0.			OPERATING BUDGET
FIRST PRESBYTERIAN DAY SCHOOL 540 WILLIAM HILTON PARKWAY HILTON HEAD ISLAND, SC 29928	57-0777216	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR EDUCATIONAL EXCELLENCE - POST OFFICE BOX 22474 - HILTON HEAD ISLAND, SC 29925	61-1691233	501(C)(3)	8,000.	0.			MARKETING EXPENSES 2021

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR METROWEST, INC. 3 ELIOT STREET NATICK, MA 01760	04-3266789	501(C)(3)	6,000.	0.			GREATEST NEED
FRIENDS OF CAROLINE HOSPICE 1110 13TH STREET PORT ROYAL, SC 29935	57-0725866	501(C)(3)	215,000.	0.			TO SUPPORT THEIR CAPITAL CAMPAIGN FOR CAROLINE'S COTTAGE
FRIENDS OF HH LIBRARY 9 GANNET STREET HILTON HEAD ISLAND, SC 29926	23-7208194	501(C)(3)	40,592.	0.			DONOR ADVISOR DISBURSEMENT
GOOD NEIGHBOR FREE MEDICAL CLINIC OF BEAUFORT - 974 RIBAUT ROAD - BEAUFORT, SC 29902	26-0335357	501(C)(3)	25,000.	0.			PRIMARY FAMILY CARE
GOOD SHEPHERD LUTERAN CHURCH 106 MAY STREET WALTERBORO, SC 29488	57-0419907	501(C)(3)	7,441.	0.			FOOD PANTRY
GULLAH MUSEUM OF HILTON HEAD ISLAND - 3 FARMERS CLUB ROAD - HILTON HEAD ISLAND, SC 29926	42-1603322	501(C)(3)	10,000.	0.			SUMMER GULLAH MUSEUM ENRICHMENT CAMP
HELP OF BEAUFORT P. O. BOX 472 BEAUFORT, SC 29901	57-0721545	501(C)(3)	30,000.	0.			OPPORTUNITY GRANT 2022: PRODUCE GARDEN FOR NEW FACILITY
HELPING HAND CENTER, INC. 1263 COHEN ROAD PINELAND, SC 29934	80-0751064	501(C)(3)	17,500.	0.			OPPORTUNITY GRANT 2022: HOME SAFETY/ HANDICAP ACCESSIBLE BATHROOMS
HERITAGE CLASSIC FOUNDATION POST OFFICE BOX 3244 HILTON HEAD ISLAND, SC 29928	57-0835114	501(C)(3)	28,500.	0.			CHAMPIONS FORE CHARITY: HILTON HEAD DEEP WELL PROJECT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Schedule I (Form 990)

57-0756987

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEROES OF THE LOWCOUNTRY PO BOX 3712 BLUFFTON, SC 29910	36-4725321	501(C)(3)	7,500.	0.			HEROES OF THE LOWCOUNTRY EQUINE THERAPY FOR DISABLED VETERANS, GOLD STAR FAMILIES, AND EMERGENCY RESPONDERS
HEROES ON HORSEBACK P.O. BOX 3678 BLUFFTON, SC 29910	57-1099345	501(C)(3)	20,000.	0.			
HILTON HEAD CHRISTIAN ACADEMY 3088 BLUFFTON PARKWAY BLUFFTON, SC 29910	57-0757671	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HILTON HEAD FOUNDATION TO SUPPORT YOUTH SPORTS, INC. DBA FIRST TEE THE LOWCOUNT - P.O. BOX 23334 - HILTON HEAD ISLAND, SC 29925	46-5117877	501(C)(3)	10,000.	0.			GENERAL OPERATING COSTS
HILTON HEAD ISLAND COMMUNITY CHURCH - PO BOX 4962 - HILTON HEAD ISLAND, SC 29938	45-2786644	501(C)(3)	49,380.	0.			GENERAL OPERATING SUPPORT
HILTON HEAD ISLAND DEEP WELL PROJECT FUND - C/O COMMUNITY FOUNDATION OF THE LOWCOUNTRY, POST OFFICE BOX 23019 - HILTON HEAD	57-0756987	501(C)(3)	15,592.	0.			ENDOWED SPENDABLE DISTRIBUTION
HILTON HEAD ISLAND RECREATION ASSOCIATION - PO BOX 22593 - HILTON HEAD ISLAND, SC 29925	57-0827128	501(C)(3)	18,750.	0.			DAVID M. CARMINE CHILDREN'S SCHOLARSHIP FUND-CHILDCARE
HILTON HEAD PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925	57-0680099	GOVT	256,665.	0.			3 HOUSEHOLD CONNECTIONS INV 2705, 2706, 2709
HILTON HEAD REGIONAL HABITAT FOR HUMANITY - PO BOX 2747, 90 MAIN ST, STE C, HILTON HEAD - BLUFFTON, SC 29910	57-0916245	501(C)(3)	85,000.	0.			HABITAT FOR HUMANITY REPAIR PROGRAM

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILTON HEAD SYMPHONY ORCHESTRA, INC. - POST OFFICE DRAWER 5757 - HILTON HEAD ISLAND, SC 29938	57-0761297	501(C)(3)	71,647.	0.			100% FOR THE HILTON HEAD SYMPHONY ORCHESTRA FOR ANNUAL SUPPORT
HOPEFUL HORIZONS P.O. BOX 1775, 1212 CHARLES STREET BEAUFORT, SC 29901	57-1063332	501(C)(3)	76,725.	0.			HOPEFUL HORIZONS 2022 GRANT
HOSPICE CARE OF THE LOWCOUNTRY 7 PLANTATION PARK DR. UNIT 4, PO BOX BLUFFTON, SC 29910	57-0774530	501(C)(3)	342,330.	0.			DONOR ADVISOR DISBURSEMENT
HUNGER COALITION OF THE LOWCOUNTRY POST OFFICE BOX 22738 HILTON HEAD ISLAND, SC 29925	27-3106509	501(C)(3)	34,450.	0.			BACKPACK BUDDIES NEIGHBORHOOD OUTREACH FRESH PRODUCE PROJECT
J M SMITH FOUNDATION 101 WEST ST. JOHN STREET, SPARTAN CENTRE, SUITE 305 - SPARTANBURG, SC 23906	57-1046595	501(C)(3)	7,000.	0.			MATCH GIFT PROGRAM—PAULA HARPER BETHEA
JASPER COUNTY COUNCIL ON AGING POST OFFICE BOX 641 RIDGELAND, SC 29936	57-0564656	501(C)(3)	10,000.	0.			2021 HARGRAY CARING COINS GRANT
JASPER COUNTY SCHOOL DISTRICT 10942 NORTH JACOB SMART BOULEVARD, POST OFFICE BOX 848 - RIDGELAND, SC 29936	57-6000367	GOVT	10,000.	0.			OPPORTUNITY GRANT 2022: FROM DUAL ENROLLMENT TO EARLY COLLEGE PROGRAM
JEMS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464	501(C)(3)	30,000.	0.			UKRAINE RELIEF
JILL'S HOUSE 9011 LEESBURG PIKE VIENNA, VA 22182	37-1465256	501(C)(3)	250,000.	0.			CAPITAL FUND DRIVE

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

57-0756987 Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR JAZZ FOUNDATION 1000 WILLIAM HILTON PARKWAY, SUITE C-1 - HILTON HEAD ISLAND, SC 29926	27-1347606	501(C)(3)	75,000.	0.			SCHOOL GRANTS FOR MUSIC PROGRAMS
LOVE HOUSE LEARNING ACADEMY POST OFFICE BOX 4132 BEAUFORT, SC 29903	82-5305685	501(C)(3)	10,150.	0.			LOVE HOUSE LEARNING - SPECIAL PROJECT SUMMER READING PROGRAM
LOW COUNTRY PRESBYTERIAN CHURCH 10 SIMMONSVILLE ROAD BLUFFTON, SC 29910	47-5401452	501(C)(3)	10,000.	0.			AUDIO VISUAL SYSTEM PROJECT - ENVELOPE 47
LOWCOUNTRY AUTISM FOUNDATION P.O. BOX 31874 CHARLESTON, SC 29417	26-0805420	501(C)(3)	17,000.	0.			LAP AID (AUTISM IDENTIFICATION) PROGRAM
LOWCOUNTRY COMMUNITY CHURCH 801 BUCKWALTER PARKWAY BLUFFTON, SC 29910	57-0999533	501(C)(3)	20,000.	0.			DOLLY PARTON IMAGINATION LIBRARY
LOWCOUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	81,111.	0.			EXPANDING AND SUSTAINING OUR SERVICE FOOTPRINT
MAY RIVER MONTESSORI 60 CALHOUN STREET, POST OFFICE BOX BLUFFTON, SC 29910	57-0853132	501(C)(3)	12,500.	0.			LAJUNTA WHITE STOVALL FUND ANNUAL DISTRIBUTION
MEALS ON WHEELS BLUFFTON HILTON HEAD INC - P.O. BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	65,000.	0.			MEAL PROGRAM
MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DRIVE, SUITE 60 RESTON, VA 20191	54-1429009	501(C)(3)	25,000.	0.			ANNUAL FUND

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,**

Schedule I (Form 990)

INC

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MED-I-ASSIST, INC. P.O. BOX 3164 BLUFFTON, SC 29910	32-0212924	501(C)(3)	27,500.	0.			MED-I-ASSIST, INC. 2022 GRANT
MEMORY MATTERS P.O. BOX 22330, 117 WILLIAM HILTON PARKWAY - HILTON HEAD ISLAND, SC 29925	58-2291775	501(C)(3)	73,480.	0.			MEMORY MATTERS 2022 GRANT
MENTAL HEALTH AMERICA OF BEAUFORT JASPER COUNTIES MHABJ - POST OFFICE BOX 1925 - BLUFFTON, SC 29910	57-0670742	501(C)(3)	69,126.	0.			MENTAL HEALTH AMERICA-BEAUFORT/JASPER DESIGNATED FOR THE LILLIAN PARKER WALLACE ENDOWMENT FUND IN CELEBRATION OF THE 50TH
MEREDITH COLLEGE 3800 HILLSBOROUGH STREET RALEIGH, NC 27607	56-0530242	501(C)(3)	15,000.	0.			MSU - IN SUPPORT OF MEN'S GOLF PROGRAM
MICHIGAN STATE UNIVERSITY 535 CHESTNUT ROAD, ROOM 300 EAST LANSING, MI 48824	38-6005984	501(C)(3)	12,000.	0.			GRIOT'S CORNER AND THE HO'WELL DO YOU KNOW HILTON HEAD HISTORY HIKE ASSISTING SEVERELY INJURED ACTIVE DUTY AND VETERAN MARINES AND NAVY PERSONNEL AND THEIR
MITCHELLEVILLE PRESERVATION PROJECT. INC. - POST OFFICE BOX 21758 - HILTON HEAD ISLAND, SC 29925	27-2308109	501(C)(3)	40,000.	0.			TALBIRD CEMETERY FUND
MOSS CREEK MARINES 91 SAW TIMBER DRIVE HILTON HEAD ISLAND, SC 29926	27-0722721	501(C)(3)	35,000.	0.			MSU - IN SUPPORT OF MEN'S GOLF PROGRAM
MOUNT CALVARY MISSIONARY BAPTIST CHURCH - POST OFFICE BOX 23194 - HILTON HEAD ISLAND, SC 29925	36-4911346	501(C)(3)	20,000.	0.			
MSU SPARTAN FUND 550 S. HARRISON ROAD EAST LANSING, MI 48823	38-6005984	501(C)(3)	12,000.	0.			

Schedule I (Form 990)



COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTIPLYING GOOD 228 BILL DOMINICK ROAD NEWBERRY, SC 29108	59-0959336	501(C)(3)	15,000.	0.			STUDENTS IN ACTION PROGRAM
NAMI LOWCOUNTRY P. O. BOX 24128 HILTON HEAD ISLAND, SC 29925	57-0920882	501(C)(3)	12,000.	0.			NAMI LOWCOUNTRY ORGANIZATIONAL REBOOT FOR OUTREACH
NATIONAL FOUNDATION FOR CANCER RESEARCH - 5515 SECURITY LANE, SUITE 1105 - ROCKVILLE, MD 20852	04-2531031	501(C)(3)	12,000.	0.			DONOR ADVISOR DISBURSEMENT
NATIVE ISLAND BUSINESS & COMMUNITY AFFAIRS ASSOCIATION, INC. - POST OFFICE BOX 23452 - HILTON HEAD ISLAND, SC 29925	57-1019358	501(C)(3)	100,000.	0.			NIBCAA COVID-19 RENTAL ASSISTANCE GRANT
NEIGHBORHOOD OUTREACH CONNECTION 4 DUNMORE CT, PO BOX 23558 HILTON HEAD ISLAND, SC 29926	54-2083947	501(C)(3)	30,000.	0.			SUSTAINING AFTER SCHOOL AND SUMMER LEARNING PROGRAMS AT NOC'S LEARNING CENTER AT ST
NOAHS ARK RESCUE 4084 SPRING ISLAND OKATIE, SC 29909	26-2553174	501(C)(3)	7,056.	0.			NOAH'S ARK - MAE PEARL
OPERATION PATRIOTS FOB 198 OKATIE VILLAGE DRIVE, SUITE 103 OKATIE, SC 29909	85-0894599	501(C)(3)	12,500.	0.			OPERATION PATRIOTS FORWARD OPERATING BASE 2022 GRANT
OSPREY VILLAGE, INC. PO BOX 3155, 2600 MAIN ST., UNIT 10 BLUFFTON, SC 29910	26-2967726	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
POCKETS FULL OF SUNSHINE P.O. BOX 1474 BLUFFTON, SC 29910	47-1283875	501(C)(3)	10,000.	0.			NO RAY LEFT BEHIND - AN ADDITIONAL DAY OF POCKETS PROGRAMMING TO ELIMINATE OUR CURRENT WAITING LIST

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

Schedule I (Form 990) 57-0756987 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLARIS TECH CHARTER SCHOOL 1508 GRAYS HWY RIDGELAND, SC 29936	81-5150351	501(C)(3)	44,086.	0.			POLARIS TECH CHARTER SCHOOL
PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922	501(C)(3)	80,000.	0.			PORT ROYAL SOUND FOUNDATION IMPLEMENTATION OF MASTER PLAN
PREGNANCY CENTER AND CLINIC OF THE LOW COUNTRY INC - 1 CARDINAL RD SUITE 1&2 - HILTON HEAD ISLAND, SC 29926	57-0923523	501(C)(3)	7,500.	0.			PRENATAL MEDICAL CARE FOR UNINSURED AND UNDERSERVED WOMEN RESIDING IN BEAUFORT COUNTY
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE SUITE 2 BLUFFTON, SC 29910	57-1036680	501(C)(3)	107,600.	0.			SUPPORT SOCIAL ENGAGEMENT THROUGH RECREATION AND LEISURE ACTIVITIES
REAL CHAMPIONS, INC. 7596 WEST MAIN STREET, SUITE D RIDGELAND, SC 29936	81-3956956	501(C)(3)	8,000.	0.			ADVOCATE MENTORSHIP - CLOSING THE POVERTY GAP IN SC BY ESTABLISHING ADVOCATE MENTOR
RESCUE PAWS INTERNATIONAL, INC. 80 PADDLE BOAT LANE UNIT 723 HILTON HEAD ISLAND, SC 29928	88-1837956	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SAMARITAN MINISTRIES INTERNATIONAL POST OFFICE BOX 3618 PEORIA, IL 61615	37-1295601	501(C)(3)	24,000.	0.			GENERAL OPERATING SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	20,000.	0.			UKRAINE RELIEF
SANDALWOOD COMMUNITY FOOD PANTRY POST OFFICE BOX 5061 HILTON HEAD ISLAND, SC 29938	27-2766571	501(C)(3)	111,000.	0.			2021 HARGRAY CARING COINS GRANT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

57-0756987

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDBOX A HILTON HEAD AREA CHILDREN'S MUSEUM INC - 18 POPE AVE, STE A - HILTON HEAD ISLAND, SC 29928	20-0301794	501(C)(3)	15,000.	0.			THE SANDBOX SCHOLARSHIP PROGRAM
SEA TURTLE PATROL HILTON HEAD ISLAND - POST OFFICE BOX 23434 - HILTON HEAD ISLAND, SC 29925	82-3642853	501(C)(3)	11,500.	0.			OPPORTUNITY GRANT 2022: FEASIBILITY STUDY FOR THE ESTABLISHMENT OF AN ENVIRONMENTAL CO-OP
SEARCH THE SCRIPTURES POST OFFICE BOX 600 SEABROOK, SC 29940	57-1071646	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SECOND HELPINGS 4 NORTHRIDGE DRIVE, SUITE C POST OFFICE BOX 23621 - HILTON HEAD ISLAND, SC 2	57-0938469	501(C)(3)	115,000.	0.			1. HEALTHY FOOD INITIATIVE 2. K-12 PROJECT 3. TRUCK OPERATIONS
SHELTERS TO SHUTTERS 1921 GALLOWS ROAD SUITE 700 VIENNA, VA 22182	47-1004312	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA BATTLEGROUND PRESERVATION TRUST, INC. - POST OFFICE BOX 80668 - CHARLESTON, SC 29416	57-1004102	501(C)(3)	8,000.	0.			SC BATTLEGROUND PRESERVATION RESEARCH STUDY
SOUTH COASTAL FELLOWSHIP OF CHRISTIAN ATHLETES - POST OFFICE BOX 5192 - HILTON HEAD ISLAND, SC 29938	44-0610626	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
SPECIAL OLYMPICS SOUTH CAROLINA AREA 8 - PO BOX 4641 - HILTON HEAD, SC 29938	57-0680248	501(C)(3)	7,500.	0.			SPECIAL OLYMPICS AREA 8 BOWLING
SPRING ISLAND TRUST 174 CALLAWASSIE DRIVE OKATIE, SC 29909	57-0905093	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

Schedule I (Form 990) **57-0756987** Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HILAN BOULEVARD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	5,907.	0.			537 MILES AT \$11.00 FOR EACH MILE
SVDP HOLY FAMILY CONFERENCE 24 POPE AVENUE HILTON HEAD ISLAND, SC 29928	43-1964461	501(C)(3)	20,000.	0.			FINANCIAL ASSISTANCE COVID
TECHNICAL COLLEGE OF THE LOWCOUNTRY FOUNDATION - 921 RIBAUT ROAD POST OFFICE BOX 1288 - BEAUFORT, SC 29901	57-0767384	501(C)(3)	19,484.	0.			FY22 LEGACY FUND DISTRIBUTION
THE CHILDREN'S CENTER INC. 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29926	57-0485356	501(C)(3)	182,400.	0.			GENERAL SUPPORT
THE FIRST TEE OF THE LOWCOUNTRY P.O. BOX 23334 HILTON HEAD ISLAND, SC 29925	46-5117877	501(C)(3)	11,500.	0.			GENERAL SUPPORT
THE HILTON HEAD ISLAND DEEP WELL PROJECT - POST OFFICE BOX 5543 - HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	250,300.	0.			GENERAL PURPOSE
THE LITERACY CENTER P.O. BOX 3725 BLUFFTON, SC 29910	57-0727884	501(C)(3)	12,000.	0.			THE LITERACY CENTER 2022 GRANT
THE OUTSIDE FOUNDATION 50 SHELTER COVE LANE SUITE H HILTON HEAD ISLAND, SC 29928	46-4305638	501(C)(3)	15,420.	0.			OUTSIDE FOUNDATION OPERATING SUPPORT
TOWN OF HILTON HEAD ISLAND ONE TOWN CENTER COURT HILTON HEAD ISLAND, SC 29928	57-0752325	GOV	6,000.	0.			PUBLIC SAFETY ADDRESS POSTING PROJECT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Schedule I (Form 990) 57-0756987 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE LOWCOUNTRY POST OFFICE BOX 7281 BEAUFORT, SC 29901	57-0405847	501(C)(3)	20,000.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH CAROLINA BEAUFORT - ROOM 136, HARGRAY BUILDING 1 UNIVERSITY BOULEVARD - BLUFFTON, SC 29909	57-6001153	501(C)(3)	136,503.	0.			SPRING 2022 SCHOLARSHIP AWARDS
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX 78807 PO BOX 78807 MILWAUKEE, WI 53278	39-0743975	501(C)(3)	130,000.	0.			FUND #132380056, 4W COLLABORATIVE DIRECTORSHIP FUND
USC EDUCATIONAL FOUNDATION 1027 BARNWELL STREET COLUMBIA, SC 29208	57-6017985	501(C)(3)	10,000.	0.			OPPORTUNITY GRANT FY22: USC SALKEHATCHIE STUDENT FOOD PANTRY
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	453,259.	0.			VOLUNTEERS IN MEDICINE - SUPPORT OF WELLNESS PROGRAMS
WADDELL MARICULTURE CENTER FUND WADDELL MARICULTURE CENTER 211 SAWMILL CREEK ROAD - BLUFFTON, SC 29910	57-0756987	501(C)(3)	10,000.	0.			FACILITY SUPPORT FOR THE PRODUCTION OF MARINE FINFISH AT THE WADDELL MARICULTURE CENTER
WEXFORD PLANTATION HOMEOWNERS ASSOCIATION, INC. - PO BOX 4100 - HILTON HEAD ISLAND, SC 29938	57-0843850	501(C)(3)	17,650.	0.			EVT007 2021 WEICHERT TOURNAMENT
WILLIAM WOODS UNIVERSITY ONE UNIVERSITY AVENUE FULTON, MO 65251	43-0654876	501(C)(3)	25,000.	0.			ANNUAL FUND
WOMEN'S RIGHTS AND EMPOWERMENT NETWORK - 1201 MAIN STREET SUITE 320 - COLUMBIA, SC 29201	81-0775184	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Schedule I (Form 990)

57-0756987

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD AFFAIRS COUNCIL OF HILTON HEAD - POST OFFICE BOX 22523 - HILTON HEAD ISLAND, SC 29925	57-0942426	501(C)(3)	20,559.	0.			SPEAKERS SERIES - MR. MENON
WORLD VISION INTERNATIONAL P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	10,000.	0.			UKRAINE RELIEF

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

57-0756987

Page 2

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	1.44	643,959.	0.		

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

**PART I, LINE 2:**

THE ORGANIZATION DISTRIBUTES FUNDS ACCORDING TO ITS POLICIES. IN THE EVENT THAT THE ORGANIZATION BECOMES AWARE OF ANY MISUSE OF FUNDS, THE ORGANIZATION DOES NOT PROVIDE FUTURE FUNDING TO THAT ENTITY.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: MEREDITH COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR THE LILLIAN PARKER

WALLACE ENDOWMENT FUND IN CELEBRATION OF THE 50TH REUNION OF THE CLASS

**Part IV** Supplemental Information

OF 1971

NAME OF ORGANIZATION OR GOVERNMENT: MOSS CREEK MARINES

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTING SEVERELY INJURED ACTIVE  
DUTY AND VETERAN MARINES AND NAVY PERSONNEL AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD OUTREACH CONNECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUSTAINING AFTER SCHOOL AND SUMMER  
LEARNING PROGRAMS AT NOC'S LEARNING CENTER AT ST LUKE'S CHURCH, HHI

NAME OF ORGANIZATION OR GOVERNMENT: REAL CHAMPIONS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCATE MENTORSHIP - CLOSING THE  
POVERTY GAP IN SC BY ESTABLISHING ADVOCATE MENTOR RELATIONSHIPS STARTING  
IN KINDERGARTEN AND CONTINUING THROUGH HIGH SCHOOL GRADUATION

Multiple horizontal lines for additional supplemental information.



**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.

**2021**

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**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- |  |   |
|--|---|
| <input checked="" 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 type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in or receive payment from a supplemental nonqualified retirement plan?

**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2021





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **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	X	30	1,064,350	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 V, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) 2021

**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

Employer identification number  
57-0756987

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

AND NEEDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

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

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, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO REVIEW CONFLICTS ANNUALLY AND SIGN AN  
AFFIDAVIT DISCLOSING POTENTIAL CONFLICTS. IF POTENTIAL CONFLICTS ARISE, THE  
FOUNDATION UTILIZES ITS POLICY SO THAT THE CONFLICTED MEMBER IS NOT  
INVOLVED IN THE DETERMINATION PROCESS.

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

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

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

Schedule O (Form 990) 2021

132211 11-11-21

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

Employer identification number  
**57-0756987**

OF COMPARABLES, BUT IS MADE BY THE CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, 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

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

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST -349,865.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.







**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	
<b>p</b> Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





**LUCAS & ASSOCIATES CPAS, P.C.**  
**PO BOX 15699**  
**SAVANNAH, GA 31416**  
**(912) 777-6936**

November 10, 2021

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC.  
4 NORTHRIDGE DRIVE, SUITE A  
HILTON HEAD ISLAND, SC 29925

**TAXPAYER'S  
COPY**

Dear Client:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your returns are subject to review by federal and state taxing agencies. Upon examinations, requests may be made for supporting documentation. Accordingly, we recommend that you retain your tax records for a period of at least 6 years. Your tax returns should be retained indefinitely.

The law requires taxpayers to maintain adequate records to substantiate deductions for travel, entertainment, gifts and vehicles. Examples of "adequate records" are mileage logs, receipts, paid bills, etc.

Additionally, all deductions for charitable contributions must be substantiated by a receipt or letter (if cash) and by a bank record (of a check). Any deduction for donations of \$250 or more requires a written acknowledgment from the charitable organization which states the date, amount of contribution and a statement as to whether you received any goods or services in return for the contribution.

If your return includes deductions for payments made to one or more independent contractors on behalf of your business, you need to consider whether you should be treating the individual as an employee and withholding taxes on their pay. If you are paying anyone (other than a corporation) more than \$600/year for services provided for your business, you may be required to issue them a Form 1099. If you have personal use of assets or services paid for by your business, you may have to make adjustments to your business deductions. Should you have questions about any of these items, please let us know before you file this return.

In preparing your tax returns, we have made the assumption that you have all the documents to substantiate these deductions. If you do not, you should obtain these documents before filing your tax returns or contact us so that we can make the necessary adjustments to your returns.

These returns were prepared from unaudited financial data and accordingly, we do not express an opinion on them. Should you provide a copy of these returns to a third party they should not make assumptions regarding the accuracy or completeness of information, or the sufficiency of the tax information for their particular needs and they should perform independent procedures and tests as they deem necessary in accordance with their own standards for due diligence.

Please be sure to call us if you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Bradley A. Lucas', written in a cursive style.

Bradley A. Lucas, CPA

	2020	2019	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS .....	8,253,890	6,609,496	1,644,394
PROGRAM SERVICE REVENUE .....	1,128,485	792,975	335,510
INVESTMENT INCOME .....	18,100,787	1,986,745	16,114,042
OTHER REVENUE .....	14,100	16,100	-2,000
<b>TOTAL REVENUE .....</b>	<b>27,497,262</b>	<b>9,405,316</b>	<b>18,091,946</b>
<b>EXPENSES</b>			
GRANTS AND SIMILAR AMOUNTS PAID .....	6,806,920	6,999,002	-192,082
SALARIES, OTHER COMPEN., EMP. BENEFITS .....	1,115,345	1,075,660	39,685
OTHER EXPENSES .....	2,329,337	2,145,679	183,658
<b>TOTAL EXPENSES .....</b>	<b>10,251,602</b>	<b>10,220,341</b>	<b>31,261</b>
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES .....	17,245,660	-815,025	18,060,685
TOTAL ASSETS AT END OF YEAR .....	73,666,667	58,079,226	15,587,441
TOTAL LIABILITIES AT END OF YEAR .....	3,432,822	5,091,041	-1,658,219
<b>NET ASSETS/FUND BALANCES AT END OF YEAR .....</b>	<b>70,233,845</b>	<b>52,988,185</b>	<b>17,245,660</b>

**2020**

**GENERAL INFORMATION**  
**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,**  
**INC.**

**PAGE 1**

57-0756987

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990, SCH A, SCH B, SCH D, SCH I, SCH M, SCH O, SCH R

**CARRYOVERS TO 2021**

NONE



THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

### PRIOR TO TRANSMISSION OF THE RETURN

**FORM 990**

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

**PAPERLESS E-FILE**

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

**EVEN RETURN**

NO PAYMENT IS REQUIRED.

### AFTER TRANSMISSION OF THE RETURN

**RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.**

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

**KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.**

**DO NOT MAIL:**

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

RENTAL INCOME WORKSHEET  
FORM 990

OFFICE BUILDING, HILTON HEAD, SC

GROSS RENTAL INCOME.....	\$	14,100.
EXPENSES		
TOTAL EXPENSES.....	\$	0.
NET RENTAL INCOME OR LOSS \$		<u>14,100.</u>

FORM 990, PART III, LINE 4E  
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	8,943,691.	8,943,691.	PART IX, LINE 25, COL. B
GRANTS	6,806,920.	6,806,920.	PART IX, LINES 1-3, COL. B
REVENUE	0.	1,128,485.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
BANK & CREDIT CARD FEES	11,345.		11,345.	
MULTI STATE REGISTRATION FEE	12,006.			12,006.
TOTAL	<u>\$ 23,351.</u>	<u>\$ 0.</u>	<u>\$ 11,345.</u>	<u>\$ 12,006.</u>

FORM 990, PART IX, LINE 24E  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CONTRACTED SERVICES	47,115.		47,115.	
DEVELOPMENT	70.			70.
INTERFUND TRANSFER	20,558.	20,558.		
MEMBERSHIPS & SUBS	15,808.		15,808.	
POSTAGE AND SHIPPING	6,919.	6,919.		
PRINTING AND PUBLICATIONS	5,161.	5,161.		
TOTAL	<u>\$ 95,631.</u>	<u>\$ 32,638.</u>	<u>\$ 62,923.</u>	<u>\$ 70.</u>

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 2021

## 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax  
**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC.**

Taxpayer identification number  
**57-0756987**

Name and title of officer or person subject to tax

**NICOLE CHARLES** **VICE PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1 a Form 990</b> check here. . . . . <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1 b</b> <u>27,497,262.</u>
<b>2 a Form 990-EZ</b> check here. . . . . <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b> _____
<b>3 a Form 1120-POL</b> check here. . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3 b</b> _____
<b>4 a Form 990-PF</b> check here. . . . . <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4 b</b> _____
<b>5 a Form 8868</b> check here. . . . . <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) . . . . .	<b>5 b</b> _____
<b>6 a Form 990-T</b> check here. . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6 b</b> _____
<b>7 a Form 4720</b> check here. . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .	<b>7 b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_

and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize LUCAS & ASSOCIATES CPAS, P.C. to enter my PIN 00330 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 58968319549  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

**2020**

**Open to Public Inspection**

**A** For the 2020 calendar year, or tax year beginning 7/01, 2020, and ending 6/30, 2021

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC. 4 NORTHRIDGE DRIVE, SUITE A HILTON HEAD ISLAND, SC 29925	<b>D</b> Employer identification number 57-0756987 <b>E</b> Telephone number 843-681-9100 <b>G</b> Gross receipts \$ <u>27,497,262.</u>
<b>F</b> Name and address of principal officer: SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

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

**J** Website: WWW.CF-LOWCOUNTRY.ORG **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1994 **M** State of legal domicile: SC

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES, AND NEEDS.</u>		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b> 18	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b> 18	
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a).....	<b>5</b> 15	
	<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, Part I, line 11.....	<b>7b</b> 0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h).....	<b>Prior Year</b> 6,609,496. <b>Current Year</b> 8,253,890.	
	<b>9</b>	Program service revenue (Part VIII, line 2g).....	792,975. 1,128,485.	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	1,986,745. 18,100,787.	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	16,100. 14,100.	
	<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	9,405,316. 27,497,262.	
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	6,999,002. 6,806,920.
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4).....	
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	1,075,660. 1,115,345.
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e).....	
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>273,045.</u>	
		<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	2,145,679. 2,329,337.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	10,220,341. 10,251,602.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12.....	-815,025. 17,245,660.		
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16).....	<b>Beginning of Current Year</b> 58,079,226. <b>End of Year</b> 73,666,667.	
	<b>21</b>	Total liabilities (Part X, line 26).....	5,091,041. 3,432,822.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.....	52,988,185. 70,233,845.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	▶ <u>NICOLE CHARLES</u> Type or print name and title	<u>VICE PRESIDENT</u>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00022914
	Firm's name	▶ <u>LUCAS &amp; ASSOCIATES CPAS, P.C.</u>		Firm's EIN ▶ <u>46-2977721</u>	
	Firm's address	▶ <u>PO BOX 15699</u> <u>SAVANNAH, GA 31416</u>		Phone no. <u>(912) 777-6936</u>	

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

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

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 \$ 8,943,691. including grants of \$ 6,806,920.) (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 on Schedule O.) SEE SCHEDULE O (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 8,943,691.

**Part IV Checklist of Required Schedules**

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



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

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

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

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

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

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

		Yes	No
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . <b>2 a</b> 15		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2 b</b> X	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3 a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O . . . . . <b>3 b</b>		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>4 a</b>		X
<b>b</b>	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5 a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5 b</b>		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5 c</b>		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . <b>6 a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6 b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . <b>7 a</b>		X
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7 b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7 c</b>		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . . <b>7 d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7 e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7 f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7 g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7 h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9 a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9 b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10 a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10 b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11 a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11 b</b>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12 a</b>		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12 b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13 a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13 b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13 c</b>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14 a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O . . . . . <b>14 b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>15</b>		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>		X
If 'Yes,' complete Form 4720, Schedule O.			



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. . . . .		
	<b>1 a</b> 18		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent. . . . .		
	<b>1 b</b> 18		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. . . . .		X

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

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

**Section C. Disclosure**

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) SCOTT WIERMAN PRESIDENT & CEO	40 0			X			147,616.	0.	0.	
(2) JACKIE ROSSWURM INTERIM CEO	40 0	X					130,953.	0.	0.	
(3) SHEILA MAHONY DIRECTOR	2 0	X					0.	0.	0.	
(4) DAVID WETMORE TREASURER	2 0	X		X			0.	0.	0.	
(5) SANDY BENSON DIRECTOR	2 0	X					0.	0.	0.	
(6) JAMES ALLHUSEN CHAIRMAN	2 0	X		X			0.	0.	0.	
(7) ALLEN WARD VICE CHAIR	2 0	X		X			0.	0.	0.	
(8) AL PANU DIRECTOR	2 0	X					0.	0.	0.	
(9) GEOFF BLOCK DIRECTOR	2 0	X					0.	0.	0.	
(10) YVONNE CURL DIRECTOR	2 0	X					0.	0.	0.	
(11) MICHELLE WYCOFF DIRECTOR	2 0	X					0.	0.	0.	
(12) DOUG FLETCHER DIRECTOR	2 0	X					0.	0.	0.	
(13) SHIRLEY PETERSON DIRECTOR	2 0	X					0.	0.	0.	
(14) PAUL MOERI DIRECTOR	2 0	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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	Individual trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOHN LEVY DIRECTOR	2 0	X					0.	0.	0.	
(16) DAVID ROSENBLUM DIRECTOR	2 0	X					0.	0.	0.	
(17) MICHAEL MARKS DIRECTOR	2 0	X					0.	0.	0.	
(18) ARNO DIMMLING DIRECTOR	2 0	X					0.	0.	0.	
(19) LINDA FIORE DIRECTOR	2 0	X					0.	0.	0.	
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1 b Subtotal</b>							278,569.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							278,569.	0.	0.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b>					
	<b>c</b> Fundraising events .....	<b>1 c</b>					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above. ....	<b>1 f</b> 8,253,890.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1 g</b> 1,850,142.					
	<b>h Total.</b> Add lines 1a-1f. .... ▶		8,253,890.				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2 a</b> ADMINISTRATIVE FEE INCOME	522299	1,128,485.	1,128,485.			
	<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. .... ▶		1,128,485.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,056,899.	1,056,899.			
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>6 a</b> 14,100.					
		<b>b</b> Less: rental expenses	<b>6 b</b>				
	<b>c</b> Rental income or (loss)	<b>6 c</b> 14,100.					
	<b>d</b> Net rental income or (loss) .....		14,100.	14,100.			
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7 a</b> 17043888.					
		<b>b</b> Less: cost or other basis and sales expenses	<b>7 b</b>				
	<b>c</b> Gain or (loss) .....	<b>7 c</b> 17043888.					
	<b>d</b> Net gain or (loss) .....		17,043,888.	17,043,888.			
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. ....	<b>8 a</b>					
<b>b</b> Less: direct expenses .....		<b>8 b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19. ....	<b>9 a</b>						
	<b>b</b> Less: direct expenses .....	<b>9 b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10 a</b>						
	<b>b</b> Less: cost of goods sold. ....	<b>10 b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>Business Code</b>						
	<b>11 a</b> -----						
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d. .... ▶							
<b>12 Total revenue.</b> See instructions .....			27,497,262.	19,243,372.	0.	0.	

**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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,806,920.	6,806,920.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	373,386.	72,616.	240,663.	60,107.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	562,869.	109,466.	362,794.	90,609.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,596.	4,589.	15,209.	3,798.
9 Other employee benefits	84,472.	16,428.	54,446.	13,598.
10 Payroll taxes	71,022.	13,812.	45,777.	11,433.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,790.		2,790.	
c Accounting	33,903.		33,903.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	23,351.		11,345.	12,006.
12 Advertising and promotion	115,558.	115,558.		
13 Office expenses	46,705.		46,705.	
14 Information technology	64,720.		64,720.	
15 Royalties				
16 Occupancy	6,026.		6,026.	
17 Travel	779.	779.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,506.		10,506.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,914.		47,914.	
23 Insurance	29,145.		29,145.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	919,732.	919,732.		
b FUND ADMIN FEE	764,033.	764,033.		
c CHG IN SPLIT INTEREST VALUE	87,120.	87,120.		
d FUNDRAISING	81,424.			81,424.
e All other expenses	95,631.	32,638.	62,923.	70.
25 Total functional expenses. Add lines 1 through 24e	10,251,602.	8,943,691.	1,034,866.	273,045.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing	3,465,627.	<b>1</b>	3,801,536.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	177,530.	<b>3</b>	177,530.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,245,048.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 949,375.	326,819.	<b>10c</b> 295,673.
	<b>11</b> Investments – publicly traded securities	52,019,678.	<b>11</b>	66,871,015.
	<b>12</b> Investments – other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	2,089,572.	<b>15</b>	2,520,913.
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 33)	58,079,226.	<b>16</b>	73,666,667.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	240,621.	<b>17</b>	69,605.
	<b>18</b> Grants payable	564,039.	<b>18</b>	767,113.
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,286,381.	<b>25</b>	2,596,104.
	<b>26</b> Total liabilities. Add lines 17 through 25	5,091,041.	<b>26</b>	3,432,822.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	52,988,185.	<b>27</b>	70,233,845.
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	52,988,185.	<b>32</b>	70,233,845.
<b>33</b> Total liabilities and net assets/fund balances	58,079,226.	<b>33</b>	73,666,667.	

**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>	27,497,262.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,251,602.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	17,245,660.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	52,988,185.
<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 on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	70,233,845.

**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>2 a</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		X
<b>2 b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2 c</b>	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3 a</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?		X
<b>3 b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		



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

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

**2020**

**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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	3,928,096.	4,013,799.	5,727,166.	6,822,132.	6,999,002.	27,490,195.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 <b>Total.</b> Add lines 1 through 3	3,928,096.	4,013,799.	5,727,166.	6,822,132.	6,999,002.	27,490,195.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 <b>Public support.</b> Subtract line 5 from line 4						27,490,195.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,928,096.	4,013,799.	5,727,166.	6,822,132.	6,999,002.	27,490,195.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,118,500.	1,810,729.	1,617,453.	1,252,857.	1,056,899.	6,856,438.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 <b>Total support.</b> Add lines 7 through 10						34,346,633.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	80.04 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	77.95 %
16a <b>33-1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') .....						
<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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.) .....						

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

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	°°
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	°°

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	°°
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	°°

**19a 33-1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	

**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.

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

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

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

7  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>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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

BAA

**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.)

---

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ 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.

**Open to Public Inspection**

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC.

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
1 Total number at end of year.....	84	
2 Aggregate value of contributions to (during year).....	2,616,253.	
3 Aggregate value of grants from (during year).....	2,102,046.	
4 Aggregate value at end of year.....	11,160,478.	

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

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

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

	Held at the End of the Tax Year
2 a	
2 b	
2 c	
2 d	

- 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.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		160,000.		160,000.
b Buildings		952,303.	833,189.	119,114.
c Leasehold improvements				
d Equipment		3,392.	3,392.	0.
e Other		129,353.	112,794.	16,559.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				295,673.

**Part VII Investments – Other Securities.**

N/A

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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

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)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

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)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	1,416,800.
(3) FUNDS HELD FOR OTHERS-AGENCY FUNDS	1,179,304.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	2,596,104.

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

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

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>2 a</b>		
	<b>b</b> Donated services and use of facilities .....	<b>2 b</b>		
	<b>c</b> Recoveries of prior year grants .....	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.) .....	<b>2 d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....		<b>2 e</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>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.) .....	<b>4 b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....		<b>4 c</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.** N/A

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>2 a</b>		
	<b>b</b> Prior year adjustments .....	<b>2 b</b>		
	<b>c</b> Other losses .....	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.) .....	<b>2 d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....		<b>2 e</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>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.) .....	<b>4 b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....		<b>4 c</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.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

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?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817		65,062.	0.			
(2) BLUFFTON SELF HELP, INC. POST OFFICE BOX 2420 BLUFFTON, SC 29910	57-0862658		177,849.	0.			
(3) BOYS & GIRLS CLUBS OF LOWCOUNTRY P.O. BOX 1908 BEAUFORT, SC 29910	57-0811876		81,614.	0.			
(4) HHI DEEP WELL PROJECT POST OFFICE BOX 5543 HILTON HEAD ISLAND, SC 29938	57-0566098		162,950.	0.			
(5) FAMILY PROMISE OF BEAUFORT CN 164 BLUFFTON ROAD HILTON HEAD ISLAND, SC 29910	20-5647589		57,498.	0.			
(6) HHI RECREATION ASSOCIATION PO BOX 22593 HILTON HEAD ISLAND, SC 29925	57-0827128		25,000.	0.			
(7) HILTON HEAD PUBLIC SERVICE DISTRICT POST OFFICE BOX 21264 HILTON HEAD ISLAND, SC 29925	57-0680099		194,695.	0.			
(8) HILTON HEAD REEF FOUNDATION, POST OFFICE BOX 5542 HILTON HEAD ISLAND, SC 29938	57-0948801		16,472.	0.			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. **51**
- 3 Enter total number of other organizations listed in the line 1 table. **79**

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

TEEA3901L 07/15/20

**Schedule I (Form 990) 2020**

**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.

# Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 13

Name of the organization <b>COMMUNITY FOUNDATION OF THE LOWCOUNTRY,</b>	Employer identification number <b>57-0756987</b>
--	---

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILTON HEAD SYMPHONY ORCHESTR POST OFFICE BOX 5757 HILTON HEAD ISLAND, SC 29938	57-0761297		22,817.				
HOSPICE CARE OF THE LOWCOUNTR 119 PALMETTO WAY BLUFFTON, SC 29910	57-0774530		33,732.				
LOWCOUNTRY LEGAL VOLUNTEERS POST OFFICE BOX 2496 BLUFFTON, SC 29910	56-2202319		97,579.				
MEALS ON WHEELS BLUFFTON-HILT POST OFFICE BOX 23691 HILTON HEAD ISLAND, SC 29925	57-0691109		19,200.				
SECOND HELPINGS, INC. PO BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469		64,600.				
SC COASTAL CONSERVATION LEAGU PO BOX 1765 CHARLESTON, SC 29402	57-0887278		7,500.				
UNITED WAY OF THE LOWCOUNTRY, POST OFFICE BOX 202 BEAUFORT, SC 29901	57-0405847		22,075.				
VOLUNTEERS IN MEDICINE CLINIC 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926	57-0959206		201,049.				
JUNIOR JAZZ FOUNDATION 1000 WLM HILTON PKWY- C-1 HILTON HEAD ISL, SC 29928	57-0756987		58,000.				
NATL ALLIANCE-MNTL ILL 117 WLM HILTON PKWY- SUITE K HILTON HEAD ISL, SC 29926	57-0920882		5,500.				

# Continuation Sheet for Schedule I (Form 990)

# 2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, <b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> (Schedule I (Form 990), Part II.)		57-0756987					
(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
CHILD ABUSE PREVENTION ASSOC PO BOX 531 BEAUFORT, SC 29901	57-0722206		42,250.				
HAMPTON UNITED METHODIST CHUR 202 MULBERRY STREET W. WEST HAMPTON, SC 29924	57-0757145		10,000.				
JESUS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464		20,000.				
MAY RIVER MONTESSORI SCHOOL PO BOX 2557 BLUFFTON, SC 29910	57-0853132		7,500.				
MEMORY MATTERS PO BOX 22330 HILTON HEAD ISL, SC 29925	58-2291775		29,309.				
NEIGHBORHOOD OUTREACH CONNECT PO BOX 23558 HILTON HEAD ISL, SC 29925	54-2083947		201,700.				
CROSSROADS COMM SUPPT SERVS PO BOX 3525 BLUFFTON, SC 29910	27-0536683		41,500.				
HILTON HEAD HUMANE ASSC 8 SPANISH WELLS ROAD HHI, SC 29925	57-0630156		10,881.				
LANDMARK COLLEGE 1 RIVER ROAD SOUTH PUTNEY, VT 05346	22-2586208		50,000.				
NATIONAL FNDTION CANCER RESEAR 4600 EAST WEST HIGHWAY BETHESDA, MD 20814	04-2531031		9,528.				

# Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		(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
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,								
<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)								
SC GOV'S SCHOOL FOR THE ARTS 15 UNIVERSITY STREET GREENVILLE, SC 29601		57-0794878		18,500.				
TECH COLLEGE OF LOWCOUNTRY FD 921 RIBAUT ROAD BEAUFORT, SC 29901		57-0767384		14,975.				
THE SANDBOX 18A POPE AVENUE HHI, SC 29928		21-0301794		50,462.				
BLUFFTON JASPER COUNTY VOLUNT PO BOX 2653 BLUFFTON, SC 29910		32-0298086		115,904.				
DANA FARBER CANCER INSTITUTE 10 BOOKLINE PLACE WEST, 6TH F BROOKLINE, MA 02445		04-2263040		15,000.				
HHI FRIENDS OF THE LIBRARY PO BOX 21268 HILTON HEAD ISL, SC 29925		23-7208194		13,975.				
MENTAL HEALTH AMERICA OF BEAU PO BOX 1925 BLUFFTON, SC 29910		57-0670742		44,266.				
RONALD McDONALD HOUSE CHARITI 4710 WATERS AVENUE SAVANNAH, GA 31404		58-1630107		9,500.				
PREGNANCY CENTER AND CLINIC 1 CARDINAL RD, SUITE 1&2 HILTON HEAD ISL, SC 29926		57-0923523		84,910.				
THE LITERACY CENTER PO BOX 3725 BLUFFTON, SC 29910		57-0727884		55,000.				



# Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 4 of 13

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,		57-0756987					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAM WOODS UNIVERSITY ONE UNIVERSITY AVENUE FULTON, MO 65251	43-0654876		25,000.				
ALL SAINTS EPISCOPAL CHURCH 3001 MEETING STREET HILTON HEAD ISL, SC 29926	57-0764909		7,000.				
COASTAL DISCOVERY MUSEUM P.O. BOX 23497 HILTON HEAD ISL, SC 29925	57-0801415		24,225.				
FOUND. FOR EDUC. EXCELLENCE P.O. BOX 22474 HILTON HEAD ISL, SC 29925	61-1691233		16,350.				
JASPER CTY COUNCIL ON AGING P.O. BOX 641 RIDGELAND, SC 29936	57-0564656		8,200.				
PROGRAM FOR EXCEPTIONAL PPL 39 SHERIDAN PARK CIRCLE 2 BLUFFTON, SC 29910	57-1036680		32,416.				
SANDALWOOD COMM FOOD PANTRY P.O. BOX 5061 HILTON HEAD ISL, SC 29938	27-2766571		84,250.				
THE OUTSIDE FOUNDATION 50 SHELTER COVE LANE, STE H HILTON HEAD ISL, SC 29928	46-4305638		22,340.				
BEAUFORT CO SCH DISTRICT FOUN P.O. BOX 22474 HILTON HEAD ISL, SC 29925	61-1691233		144,549.				
BOYS & GIRLS CLUB OF HHI P.O. BOX 22267 HILTON HEAD, SC 29925	57-0811876		121,489.				

TEEA4001L 07/15/20

Schedule I Cont (Form 990) 2020

# Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		(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
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, COUNCIL ON FOUNDATIONS P.O. BOX 75661 BALTIMORE, MD 21275		13-6068327		5,750.				
FIRST PRESBYTERIAN - HHI 540 WILLIAM HILTON PARKWAY HILTON HEAD, SC 29928		57-0470141		13,400.				
MED-I-ASSIST P.O. BOX 3164 BLUFFTON, SC 29910		32-0212924		8,000.				
THE CHILDREN'S CENTER 8 NATURE'S WAY HILTON HEAD, SC 29926		57-0485356		143,419.				
WELLESLEY COLLEGE 106 CENTRAL ST. WELLESLEY, MA 02481		04-2103637		10,000.				
WOMEN OF FAITH & POWER MINIST 17 GROBER HILL RD., STE. 104 BEAUFORT, SC 29906		31-1542599		16,000.				
DRAGON BOAT BEAUFORT P.O. BOX 213 BEAUFORT, SC 29902		57-0756987		37,182.				
HOPEFUL HORIZONS P.O. BOX 1775 BLUFFTON, SC 29910		57-1063332		52,050.				
LOWCOUNTRY FOODBANK 2864 AZALEA DRIVE CHARLESTON, SC 29413		57-0751835		29,099.				
SYDP HOLY FAMILY CONFERENCE 24 POPE AVENUE HILTON HEAD, SC 29925		43-1964461		25,000.				

Name of the organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
COUNCIL ON FOUNDATIONS

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

Employer identification number

57-0756987

# Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 6 of 13

Name of the organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY, Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)		(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
THE SALVATION ARMY POST OFFICE BOX 105 BEAUFORT, SC 29903		58-0660607		7,029.				
UNIVERSITY OF SC 1714 COLLEGE STREET COLUMBIA, SC 29208		57-6001153		207,914.				
WORLD AFFAIRS COUNCIL OF HHI P. O. BOX 22523 HILTON HEAD, SC 29925		57-0942426		10,144.				
BEAUFORT MEMORIAL HOSPITAL P.O. BOX 2233 BEAUFORT, SC 29901		57-6000094		17,000.				
HELPING HAND CENTER 1263 COHEN ROAD PINELAND, SC 29934		80-0751064		34,000.				
OSPREY VILLAGE L INC. PO BOX 3155 BLUFFTON, SC 29910		26-2967726		150,000.				
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607				30,000.				
SAVANNAH COUNTRY DAY SCHOOL 8 STILLWOOD DRIVE SAVANNAH, GA 31419		58-0655290		334,000.				
AMERICAN RED CROSS - TRIANGLE 100 N. PEARTREE LN. RALEIGH, NC 27513		53-0196605		5,100.				
AGAWAM COUNCIL 6 FUNDY ROAD, SUITE 100 FALMOUTH, ME 04105		22-2577250		50,000.				

TEEA4001L 07/15/20

Schedule I Cont (Form 990) 2020

# Continuation Sheet for Schedule I (Form 990)

# 2020

Continuation Page 7 of 13

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		(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
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,								
<b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 11 WALLETT WAY, SUITE 301 BLUFFTON, SC 29910		13-1788491		5,229.				
BLUFFTON COMMUNITY SOUP KITCH 21 BOUNDARY STREET BLUFFTON, SC 29910		82-3282038		38,715.				
FIRST BAPTIST CHURCH 609 WALNUT STREET LUMBERTON, NC 28358				15,912.				
GREATER FAITH INTERNATIONAL M 325 W. CAROLINA AVENUE VARNVILLE, SC 29944		20-3364956		10,500.				
HERITAGE CLASSIC FOUNDATION POST OFFICE BOX 3244 HILTON HEAD ISL, SC 29928		57-0835114		31,250.				
HILTON HEAD REGIONAL HABITAT BOX 2747 BLUFFTON, SC 29910		57-0916245		29,250.				
HUNGER COALITION OF THE LOWCO POST OFFICE BOX 22738 HILTON HEAD ISL, SC 29925		27-3106509		9,000.				
MAYO CLINIC 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224		59-3337028		15,000.				
MAKE-A-WISH FOUNDATION OF ORA 3230 EL CAMINO REAL, SUITE 10 IRVINE, CA 92602		33-0036556		25,000.				
MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DRIVE, 600 RESTON, VA 20191		54-1429009		50,000.				

TEEA4001L 07/15/20

Schedule I Cont (Form 990) 2020

# Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 8 of 13

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,		57-0756987					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRING ISLAND TRUST 174 CALLAWASSIE DRIVE OKATIE, SC 29909	57-0905093		7,500.				
TEACH FOR AMERICA 315 W 36TH STREET NEW YORK CITY, NY 10018	13-3541913		20,000.				
TOWN OF HILTON HEAD ISLAND ONE TOWN CENTER COURT HILTON HEAD ISL, SC 29928	57-0752325		11,000.				
UNIVERSITY OF WISCONSIN FOUND 1848 UNIVERSITY AVENUE MADISON, WI 53726	39-0743975		13,500.				
UW SPORTS MINISTRY 49 PENNINGTON DRIVE A BLUFFTON, SC 29910	84-1369489		10,000.				
ANTIOCH EDUCATIONAL CENTER POST OFFICE BOX 1930 RIDGELAND, SC 29936	76-0818789		180,500.				
CHILDREN'S CANCER PARTNERS OF 900 SOUTH PINE STREET, SUITE SPARTANBURG, SC 29302	20-2511033		7,700.				
FIRST PRESBYTERIAN OF GREENVI 200 WEST WASHINGTON STREET GREENVILLE, SC 29601	75-0349216		6,394.				
GUIDING EYES FOR THE BLIND 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHT, NY 10598	13-1854606		10,000.				
NEW ABUNDANT LIFE CHURCH OF G 115 FOSTER STREET VARNVILLE, SC 29944	57-0950592		18,500.				

TEEA4001L 07/15/20

Schedule I Cont (Form 990) 2020

# Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 9 of 13

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, <b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)		57-0756987					
(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
NEW DESTINY CENTER, INC. POST OFFICE BOX 1018 RIDGELAND, SC 29936	26-1640743		5,500.				
UNIVERSITY OF NEW HAMPSHIRE 10 GARRISON AVENUE DURHAM, NH 03824	02-6000937		8,000.				
YALE NEW HAVEN HOSPITAL POST OFFICE BOX 1849 NEW HAVEN, CT 06508	06-0646652		15,000.				
AGAPE FAMILY LIFE CENTER, INC 5855 SOUTH OKATIE HIGHWAY HARDEEVILLE, SC 29927	57-1106874		30,500.				
BILLY GRAHAM EVANGELISTIC ASS 1 BILLY GRAHAM PARKWAY CHARLOTTE, NC 28201	45-2588350		30,000.				
BRADY SOCIAL ENTERPRISES, INC 404 SOUTH AVENUE SYRACUSE, NY 13204	84-4394385		10,000.				
COMMUNITY FOUND OF WARREN CTY 310 SECOND AVE WARREN, PA 16365	25-1380549		38,294.				
CORNER TO CORNER P.O. BOX 60646 NASHVILLE, TN 37206	47-3007704		8,100.				
DISABILITIES FOUNDOE BEAUFORT 100 CLEAR WATER WAY BEAUFORT, SC 29906	30-0223168		10,000.				
FIRST PRESBYTERIAN CHURCH OF P.O. BOX 385 METUCHEN, NJ 08840	57-0470141		12,800.				

TEEA4001L 07/15/20

Schedule I Cont (Form 990) 2020

# Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,		57-0756987					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--- GANNON UNIVERSITY --- --- 109 UNIVERSITY SQUARE --- --- ERIE, PA 16541 ---	25-0496976		38,294.				
--- GREATER CHERRY GROVE FOOD PAN --- --- P. O. BOX 156 --- --- BRUNSON, SC 29911 ---	57-1061916		26,000.				
--- GREENBRIAR CHILDRENS CENTER I --- --- 3709 HOPKINS STREET --- --- SAVANNAH, GA 31405 ---	58-0619033		10,000.				
--- HELPING HAITIAN ANGELS --- --- P.O. BOX 692 --- --- HAYMARKET, VA 20169 ---	26-4545377		50,000.				
--- HH CHAPTER LINKS, INC. --- --- P. O. BOX 21944 --- --- HILTON HEAD, SC 29925 ---	52-1170830		6,000.				
--- HOLY FAMILY SCHOOL --- --- 8 ORANGE AVENUE --- --- NATCHEZ, MS 39120 ---			10,000.				
--- INTL JR GOLF ACAD-OLD CAROLINA --- --- 26605 BELLA VISTA DRIVE --- --- HOWEY IN HILLS, FL 34737 ---	83-4351075		15,716.				
--- INTL JR GOLF ACAD-BISHOPSGATE --- --- 26605 BELLA VISTA DRIVE --- --- HOWEY IN HILLS, FL 34737 ---	83-4351075		30,000.				
--- INTERNATIONAL LEADERSHIP INST --- --- P. O. BOX 1005 --- --- CARROLLTON, GA 30117 ---	31-1803122		100,000.				
--- JM SMITH FOUNDATION --- --- 101 WEST ST. JOHN STREET --- --- SPARTANBURG, SC 23906 ---	57-1046595		14,000.				

# Continuation Sheet for Schedule I (Form 990)

# 2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 11 of 13

Name of the organization		(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	
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, <b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> (Schedule I (Form 990), Part II.)		Employer identification number 57-0756987							
LEGACY FOUNDATION OF SC P.O. BOX 277 PINELAND, SC 29934		81-3231985		7,300.					
LOW COUNTRY PRESBYTERIAN CHUR 10 SIMMONSVILLE ROAD BLUFFTON, SC 29910		57-0995868		11,400.					
SERVICE CORPS OF RETIRED EXEC 111 EAST LIBERTY STREET SAVANNAH, GA 31401		52-1067290		12,500.					
SHELTERS TO SHUTTERS 1921 GALLOWES ROAD VIENNA, VA 22182		47-1004312		25,000.					
TOM ATKINS EVANGELISTIC ASSOC P. O. BOX 701 LAVONIA, GA 30553		58-2109749		15,000.					
MANHATTAN INSTITUTE 52 VANDERBILT AVE NEW YORK, NY 10017		13-2912529		10,000.					
MARINE REACH MINISTRIES CALIF 3127 MARINA DRIVE ALAMEDA, CA 94501		27-1272384		73,882.					
MARSHVIEW COMMUNITY ORGANIC F 12 GEORGEES TRAIL SAINT HELENA IS, SC 29920		14-2013158		23,382.					
MIDSUMMER'S MUSIC FESTIVAL 10568 COUNTRY WALK LANE SISTER BAY, WI 54234		39-1829237		7,500.					
MONTERDE ACADEMY 17235 7TH STREET MONTVERDE, FL 34756		59-0657329		10,000.					

TEEA4001L 07/15/20

Schedule I Cont (Form 990) 2020



# Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization: **COMMUNITY FOUNDATION OF THE LOWCOUNTRY,**  
 Employer identification number: **57-0756987**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSS CREEK ENDOWMENT FUND P.O. BOX 23019 HILTON HEAD IS, SC 29925	57-0756987		10,000.				
NAACP LEGAL DEFENSE AND EDUCA 40 RECTOR STREET NEW YORK, NY 10006	13-1655255		10,000.				
NATIVE ISLAND BUSINESS & COMM P.O. BOX 23452 HILTON HEAD IS, SC 29925	57-1019358		25,000.				
OPEN SPACE INSTITUTE, INC. 1350 BROADWAY NEW YORK, NY 10018	52-1053406		10,000.				
PARTNERS IN TRANSITION, INC. P. O. BOX 465 RIDGELAND, SC 29936	84-3203640		6,500.				
PENNSYLVANIA STATE UNIVERSITY 150 SOUTH COLLEGE STREET CARLISLE, PA 17013	23-1610942		38,294.				
PEOPLE FOR PARKS, INC 70 MAIN STREET HILTON HEAD IS, SC 29926	57-1029113		12,908.				
RADIO TRAINING NETWORK 2420 WADE HAMPTON BLVD GREENVILLE, SC 29615	58-1585542		30,000.				
RAVI ZACHARIAS INTERNATIONAL 3755 MANSELL ROAD ALPHARETTA, GA 30022	13-3200719		30,000.				
WELLSPRING INTERNATIONAL 3755 MANSELL ROAD ALPHARETTA, GA 30022	46-2683948		30,000.				



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**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 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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	53	1,850,142.	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 V, Donee Acknowledgement **29**

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

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

**Schedule M (Form 990) 2020**

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

---

### SCHEDULE M - ADDITIONAL INFORMATION

COLUMN B REPORTS 53 SEPARATE STOCK CONTRIBUTIONS

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC.

Employer identification number

57-0756987

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

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 & APPROVAL PROCESS - OFFICERS & 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 17 - LIST OF STATES WHICH THIS RETURN IS FILED**

AK AL AR CA CO CT DC FL GA IL KS KY MA MD ME MD MI MN MO MS NC ND NH NJ NY OH OK  
OR PA RI SC TN UT VA WA WI WV

**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)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Related Organizations and Unrelated Partnerships**  
▶ 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.

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
(1) ----- ----- ----- ----- -----					
(2) ----- ----- ----- ----- -----					
(3) ----- ----- ----- ----- -----					

**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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) THE JIM AND MARGARET KRUM FOUNDATI 4 NORTHRIDGE DRIVE, SUITE A HILTON HEAD ISLAND, SC 29925 27-1777206		SC	501 (C) (3)		N/A		X
(2) ----- ----- ----- ----- -----							
(3) ----- ----- ----- ----- -----							
(4) ----- ----- ----- ----- -----							

**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	
(1) -----												
(2) -----												
(3) -----												

**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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) -----													
-----													
-----													
(2) -----													
-----													
-----													
(3) -----													
-----													
-----													
(4) -----													
-----													
-----													
(5) -----													
-----													
-----													
(6) -----													
-----													
-----													
(7) -----													
-----													
-----													
(8) -----													
-----													
-----													

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

---

**PART VII - SUPPLEMENTAL INFORMATION**

## 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.



Return of Organization Exempt From Income Tax

2019

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020

Form header section containing B (Check applicable), C (Organization name and address), D (Employer identification number), E (Telephone number), F (Name and address of principal officer), G (Gross receipts), H(a) and H(b) (Subchapter S status), I (Tax exempt status), J (Website), K (Form of organization), L (Year of formation), M (State of legal domicile).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Rows include: 1. Mission statement; 2-7a. Governance and revenue; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.

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, this return is true and correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block section with fields for Sign Here (Signature of officer, Date, Name, Title), and Paid Preparer Use Only (Preparer's name, signature, date, firm name, address, EIN, phone).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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 AWARDING 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 on Schedule O.) SEE SCHEDULE O

(Expenses \$ including grants of \$ ) (Revenue \$ )

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



**Part IV Checklist of Required Schedules**

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



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

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

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

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

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



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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2 a</b> 19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If 'Yes,' has it filed a Form 990-E for this year? If 'No' to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-1?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <b>7 d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. <b>10 a</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10 b</b>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders. <b>11 a</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11 b</b>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12 a</b>		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <b>12 b</b>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13 b</b>		
c	Enter the amount of reserves on hand. <b>13 c</b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.		X



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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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 0			X			211,387.	0.	0.	
(2) SHEILA MAHONY DIRECTOR	2 0	X		X			0.	0.	0.	
(3) DAVID WETMORE TREASURER	2 0	X		X			0.	0.	0.	
(4) SANDY BENSON DIRECTOR	2 0	X					0.	0.	0.	
(5) JAMES ALLHUSEN CHAIRMAN	2 0	X		X			0.	0.	0.	
(6) ALLEN WARD 2ND VICE CHAIR	2 0	X					0.	0.	0.	
(7) AL PANU DIRECTOR	2 0	X					0.	0.	0.	
(8) GEOFF BLOCK DIRECTOR	2 0	X					0.	0.	0.	
(9) YVONNE CURL DIRECTOR	2 0	X					0.	0.	0.	
(10) CHERYL MCKAY COMES DIRECTOR	2 0	X					0.	0.	0.	
(11) DOUG FLETCHER DIRECTOR	2 0	X					0.	0.	0.	
(12) SHIRLEY PETERSON DIRECTOR	2 0	X					0.	0.	0.	
(13) PAUL MOERI DIRECTOR	2 0	X					0.	0.	0.	
(14) JOHN LEVY DIRECTOR	2 0	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(15) JERILYN FARREN 1ST VICE CHAIR	2 0	X		X				0.	0.	0.
(16) DAVID ROSENBLUM DIRECTOR	2 0	X						0.	0.	0.
(17) MICHAEL MARKS DIRECTOR	2 0	X						0.	0.	0.
(18) JACKIE ROSSWURM PRESIDENT & CEO	40 0	X		X				0.	0.	0.
(19) ARNO DIMMLING DIRECTOR	2 0	X						0.	0.	0.
(20) LINDA FIORE DIRECTOR	2 0	X						0.	0.	0.
(21) D.K. SPENCER PRESIDENT & CEO	40 0			X				0.	0.	0.
(22)										
(23)										
(24)										
(25)										
<b>1 b Subtotal</b>								211,387.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								211,387.	0.	0.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d				
	e Government grants (contributions).....	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above.....	1 f 6,609,496.				
	g Noncash contributions included in lines 1a-1f.....	1 g 671,268.				
	<b>h Total. Add lines 1a-1f.....</b>		<b>6,609,496.</b>			
<b>Program Service Revenue</b>	2 a ADMINISTRATIVE FEE INCOME	Business Code 522299	792,975.	792,975.		
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue.....					
	<b>g Total. Add lines 2a-2f.....</b>		<b>792,975.</b>			
<b>Miscellaneous Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts).....		1,252,857.	1,252,857.		
	4 Income from investment of tax-exempt bond proceeds.....					
	5 Royalties.....					
	6 a Gross rents.....	(i) Real				
		(ii) Personal				
		6 a 16,100.				
	b Less: rental expenses.....	6 b				
	c Rental income or (loss).....	6 c 16,100.				
	<b>d Net rental income or (loss).....</b>		<b>16,100.</b>	<b>16,100.</b>		
	7 a Gross amount from sales of assets other than inventory.....	(i) Securities				
		(ii) Other				
		7 a 733,888.				
		b Less: cost or other basis and sales expenses.....	7 b			
c Gain or (loss).....	7 c 733,888.					
<b>d Net gain or (loss).....</b>		<b>733,888.</b>	<b>733,888.</b>			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.....	8 a					
	b Less: direct expenses.....	8 b				
	<b>c Net income or (loss) from fundraising events.....</b>					
9 a Gross income from gaming activities. See Part IV, line 19.....	9 a					
	b Less: direct expenses.....	9 b				
	<b>c Net income or (loss) from gaming activities.....</b>					
10 a Gross sales of inventory, less returns and allowances.....	10 a					
	b Less: cost of goods sold.....	10 b				
	<b>c Net income or (loss) from sales of inventory.....</b>					
<b>Miscellaneous Revenue</b>	11 a -----	Business Code				
	b -----					
	c -----					
	d All other revenue.....					
	<b>e Total. Add lines 11a-11d.....</b>					
<b>12 Total revenue. See instructions.....</b>		<b>9,405,316.</b>	<b>2,795,820.</b>	<b>0.</b>	<b>0.</b>	



**Part IX Statement of Functional Expenses**

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

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

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash – non-interest-bearing	3,147,107.	1	3,465,627.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	256,821.	3	177,530.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,228,280.		
	10b	Less: accumulated depreciation	10b 901,461.	10c	326,819.
	11	Investments – publicly traded securities	54,165,186.	11	52,019,678.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,161,434.	15	2,089,572.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	60,097,585.	16	58,079,226.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	81,383.	17	240,621.
	18	Grants payable	880,612.	18	564,039.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,332,380.	25	4,286,381.
	26	<b>Total liabilities.</b> Add lines 17 through 25	6,294,375.	26	5,091,041.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	53,803,210.	27	52,988,185.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances.</b>	53,803,210.	32	52,988,185.	
33	<b>Total liabilities and net assets/fund balances.</b>	60,097,585.	33	58,079,226.	



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,405,316.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,220,341.
3	Revenue less expenses. Subtract line 2 from line 1	3	-815,025.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53,803,210.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	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
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 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	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3 a	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?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		



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

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

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<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 fails 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	4,738,558.	3,928,096.	4,013,799.	5,727,166.	6,822,132.	25,229,751.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>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.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 <b>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
7 Amounts from line 4.	4,738,558.	3,928,096.	4,013,799.	5,727,166.	6,822,132.	25,229,751.
8 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.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						32,367,848.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>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**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	77.95%
15 Public support percentage from 2018 Schedule A - Part II, line 14	15	76.15%
16a <b>33-1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part V how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part V how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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. <input type="checkbox"/>						

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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

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

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

- 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 in line 12 on 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
1 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <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.		
5a 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>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?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</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> .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(i) (regarding certain Type II supporting organizations and all Type I non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c 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>	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

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

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 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>	3	

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

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

a  The organization satisfied the Activities Test. *Complete line 2 below.*

b  The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c  The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. *Answer (a) and (b) below.*

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	2a	
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>	2b	

3 Parent of Supported Organizations. *Answer (a) and (b) below.*

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
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>	3b	



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

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

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

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

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

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



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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 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
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014.....			
b From 2015.....			
c From 2016.....			
d From 2017.....			
e From 2018.....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.....			
b Excess from 2016.....			
c Excess from 2017.....			
d Excess from 2018.....			
e 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.)

---



Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

[ ] 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

▶ 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.

**Open to Public Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC.</b>	Employer identification number <b>57-0756987</b>
---	---

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	78	
2 Aggregate value of contributions to (during year)	1,613,230.	
3 Aggregate value of grants from (during year)	2,400,047.	
4 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		160,000.		160,000.
b Buildings		944,608.	796,014.	148,594.
c Leasehold improvements				
d Equipment		3,392.	3,392.	0.
e 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 10c.)				326,819.



**Part VII Investments – Other Securities.**

N/A

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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

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)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

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)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	1,438,492.
(3) FUNDS HELD FOR OTHERS-AGENCY FUNDS	2,847,889.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (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 FASB 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.** N/A

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

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

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

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

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

**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.



**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number  
**57-0756987**

NAME of the organization  
**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC.**

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

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

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

1	(a) Name and address of organization or governmental	(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
(1)	ARTS CENTER OF COASTAL CAROLINA 14 SHERBEE COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817		28,092.	0.			
(2)	BLUFFTON SELF HELP, INC. POST OFFICE BOX 2420 BLUFFTON, SC 29915	57-0862658		43,000.	0.			
(3)	BOYS & GIRLS CLUBS OF LOWCOUNTRY P.O. BOX 2908 BEAUFORT, SC 29910	57-0811876		15,000.	0.			
(4)	GRI BEBE WELLS PROJECT POST OFFICE BOX 5543 HILTON HEAD ISLAND, SC 29938	57-0566098		72,867.	0.			
(5)	HELP OF BEAUFORT PO BOX 472 BEAUFORT, SC 29901	57-0721545		24,000.	0.			
(6)	HILTON RECREATION ASSOCIATION PO BOX 22523 HILTON HEAD ISLAND, SC 29925	57-0827128		12,000.	0.			
(7)	HILTON HEAD PUBLIC SERVICE DISTRICT POST OFFICE BOX 21264 HILTON HEAD ISLAND, SC 29925	57-0680099		241,610.	0.			
(8)	HILTON HEAD REEF FOUNDATION, POST OFFICE BOX 5542 HILTON HEAD ISLAND, SC 29938	57-0948801		16,506.	0.			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. **49**
- 3 Enter total number of other organizations listed in the line 1 table. **53**

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

TEEA3901L 07/10/19

Schedule I (Form 990) (2019)



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

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



# Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 10

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,		57-0756987					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILTON HEAD SYMPHONY ORCHESTR							
POST OFFICE BOX 5757							
HILTON HEAD ISLAND, SC 29938	57-0761297		33,549.				
HOSPICE CARE OF THE LOWCOUNTR							
119 PALMETTO WAY							
BLUFFTON, SC 29910	57-0774530		241,442.				
LITERACY CENTER, THE							
PO BOX 3725 I-B KITTIES LANDI							
BLUFFTON, SC 29910	57-0727884		150,200.				
LOWCOUNTRY LEGAL VOLUNTEERS							
POST OFFICE BOX 2496							
BLUFFTON, SC 29910	56-2202319		33,850.				
MEALS ON WHEELS BLUFFTON-HILT							
POST OFFICE BOX 23691							
HILTON HEAD ISLAND, SC 29925	57-0691109		19,200.				
SECOND HELPINGS, INC.							
PO BOX 23621							
HILTON HEAD ISLAND, SC 29925	57-0938469		35,638.				
SC COASTAL CONSERVATION LEAGU							
PO BOX 1765							
CHARLESTON, SC 29402	57-0887278		30,000.				
UNITED WAY OF THE LOWCOUNTRY,							
POST OFFICE BOX 202							
BEAUFORT, SC 29901	57-0405847		15,000.				
VOLUNTEERS IN MEDICINE CLINIC							
15 NORTHRIDGE DRIVE							
HILTON HEAD ISLAND, SC 29926	57-0959206		55,092.				
BLUFFTON HISTORICAL PRESERVAT							
70 BOUNDARY STREET							
BLUFFTON, SC 29910	57-0724129		14,384.				

TEEA4001L 07/10/19



# Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization <b>COMMUNITY FOUNDATION OF THE LOWCOUNTRY,</b>		Employer identification number <b>57-0756987</b>					
<b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)</b>							
(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
CHILD ABUSE PREVENTION ASSOC PO BOX 531 BEAUFORT, SC 29901	57-0722206		20,000.				
HAMPTON UNITED METHODIST CHUR 202 MULBERRY STREET, WEST HAMPTON, SC 29924	57-0757145		20,000.				
JEMS FOR JESUS 62 FAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464		675,000.				
MAY RIVER MONTESSORI SCHOOL PO BOX 2557 BLUFFTON, SC 29910	57-0853132		5,720.				
MEMORY MATTERS PO BOX 22330 HILTON HEAD ISL, SC 29925	58-2291775		25,000.				
NEIGHBORHOOD OUTREACH CONNECT PO BOX 23558 HILTON HEAD ISL, SC 29925	54-2083947		32,000.				
PORT ROYA SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922		160,000.				
BOSTON UNIVERSITY 595 COMMONWEALTH AVE, ST 700 BOSTON, MA 02215	04-2103547		20,000.				
CROSSROADS COMM SUPPET SERVS PO BOX 3525 BLUFFTON, SC 29910	27-0536683		19,000.				
HH REG HABITAT FOR HUMANITY P.O. BOX 2747 BLUFFTON, SC 29910	57-0916245		80,000.				



# Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 10

(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
Name of the organization <b>COMMUNITY FOUNDATION OF THE LOWCOUNTRY,</b>							
<b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)</b>							
Employer identification number 57-0756987							
LANDMARK COMMUNITY 2 RIVER ROAD SOUTH PUTNEY, VT 05346	22-2586208		100,000.				
LEHIGH UNIVERSITY 27 MEMORIAL DRIVE BETHLEHEM, PA 18015	24-0795445		100,000.				
JACE COLLEGE OF LOWCOUNTRY_FD 921 RIBAUT ROAD BEAUFORT, SC 29901	57-0767384		19,092.				
THE SANDBOX 16A POPE AVENUE HHI, SC 29928	21-0301794		58,700.				
BLUFFTON CASPER COUNTY JOINT PO BOX 2653 BLUFFTON, SC 29910	32-0298086		12,000.				
DANA FABER CANCER INSTITUTE 40 BROOKLINE PLACE WEST, 6TH F BROOKLINE, MA 02445	04-2263040		7,500.				
THE FRIENDS OF THE LIBRARY PO BOX 21268 HILTON HEAD ISL, SC 29925	23-7208194		19,092.				
LOWCOUNTRY AUTISM FOUNDATION 62 MAIN STREET, STE H HILTON HEAD ISL, SC 29926	26-0805420		8,000.				
LYMPHATIC EDUCATION AND RESFA 261 WALTON AVENUE, 10TH FL NEW YORK, NY 10016	58-2404527		10,000.				
KITTELVILLE PRESERVATION PRO PO BOX 21758 HILTON HEAD ISL, SC 29928	27-2308109		20,000.				

TEEA4001L 07/10/19

Schedule I Cont (Form 990) 2019



# Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 4 of 10

(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
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, WILLIAM WOODS UNIVERSITY ONE UNIVERSITY AVENUE FULTON, MO 65251	43-0654876		25,000.				
HHI COMMUNITY CHURCH PO BOX 496Z HILTON HEAD ISL, SC 29926	45-2786644		150,000.				
FOUN. FOR EDUC. EXCELLENCE P.O. BOX 22474 HILTON HEAD ISL, SC 29925	61-1691233		20,000.				
PROGRAM FOR EXCEPTIONAL PPL 39 SHERIDAN PARK CIRCLE 2 BLUFFTON, SC 29915	57-1036680		49,000.				
SANDALWOOD COOK FOOD PANTRY P.O. BOX 5061 HILTON HEAD ISL, SC 29938	27-2766571		8,000.				
UNIV OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX 78807 MILWAUKEE, WI 53278	39-0743975		10,000.				
AVON CCL FARM SCHOOL 506 CCL FARMS ROAD AVON, CT 06001	06-0655480		130,000.				
PEDEREE CC SCH DISTRICT FOUN P.O. BOX 22474 HILTON HEAD ISL, SC 29925	61-1691233		56,756.				
COUNCIL ON FOUNDATIONS P.O. BOX 13362 BALTIMORE, MD 21275	13-6068327		5,250.				
FIRST PRESBYTERIAN - HHI 540 WILLIAM HILTON PARKWAY HILTON HEAD, SC 29928	57-0470141		22,000.				

Employer identification number  
57-0756987

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



# Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 5 of 10

(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
Name of the organization <b>COMMUNITY FOUNDATION OF THE LOWCOUNTRY,</b> Employer identification number <b>57-0756987</b>							
<b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)</b>							
--- MED-I-ASSIST --- P.O. BOX 3164 --- BLUFFTON, SC 29910	32-0212924		16,000.				
--- SANTA ELENA FOUNDATION --- P.O. BOX 1005 --- BEAUFORT, SC 29901	46-4222074		7,000.				
--- SPECIAL OLYMPICS SC --- P.O. BOX 4541 --- HILTON HEAD, SC 29938	57-0680248		10,500.				
--- THE CHILDREN'S CENTER --- 8 NATURE'S WAY --- HILTON HEAD, SC 29926	57-0485356		14,000.				
--- DRAGON BOAT BEAUFORT --- P.O. BOX 213 --- BEAUFORT, SC 29902	57-0756987		37,643.				
--- FIRST TEE OF THE LOWCOUNTRY --- P.O. BOX 23334 --- HILTON HEAD, SC 29938	46-5117877		6,000.				
--- HOPEFUL HORIZONS --- P.O. BOX 1775 --- BLUFFTON, SC 29910	57-1063332		32,000.				
--- LOWCOUNTRY FOODBANK --- 2864 AZALEA DRIVE --- CHARLESTON, SC 29413	57-0751835		20,000.				
--- OUTSIDE FOUNDATION --- 50 SHELTER COVE LANE, SUITE H --- HILTON HEAD, SC 29925	46-4305638		15,000.				
--- WORLD AFFAIRS COUNCIL OF HHI --- P.O. BOX 22523 --- HILTON HEAD, SC 29925	57-0942426		14,068.				

TEEA4001L 07/10/19



# Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 6 of 10

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,		57-0756987					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORN TO READ 2201 BOUNDARY ST BEAUFORT, SC 29902	20-8599165		6,000.				
HELPING HAND CENTER 1263 COHEN ROAD PINELAND, SC 29934	80-0751064		10,000.				
HERITAGE LIBRARY FOUNDATION P.O. BOX 9950 HILTON HEAD, SC 29938	58-2332014		17,291.				
OSPREY VILLAGE, INC. PO BOX 3155 BLUFFTON, SC 29910	26-2967726		150,000.				
SAVANNAH COUNTRY DAY SCHOOL 8 STILLWOOD DRIVE SAVANNAH, GA 31419	58-0655290		333,000.				
POLARIS TECH CHARTER SCHOOL P. O. BOX 121 RIDGELAND, SC 29936	81-5150351		10,000.				
AGAWAM COUNCIL 6 FUNDY ROAD, SUITE 100 YALMOUTH, ME 04105	22-2577250		50,000.				
AMERICAN CANCER SOCIETY POST OFFICE BOX 100902 COLUMBIA, SC 29290	13-1788491		9,900.				
BEAUFORT JASPER LONG-TERM RES 120 SHANKLIN ROAD BEAUFORT, SC 29906	57-0405847		24,000.				
BLUFFTON COMMUNITY SOUP KITCH 21 BOUNDARY STREET BLUFFTON, SC 29910	82-3282038		20,000.				

TEEA4001L 07/16/19

Schedule I Cont (Form 990) 2019



# Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

(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
Name of the organization <b>COMMUNITY FOUNDATION OF THE LOWCOUNTRY,</b> Employer identification number <b>57-0756987</b>							
<b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)</b>							
DAUFUSKIE ISL HISTORICAL SOC 281 OLD HAIG POINT ROAD, BOX DAUFUSKIE ISLAN, SC 29915	47-4941635		29,744.				
GREATER FAITH INTERNATIONAL M 325 W. CAROLINA AVENUE VARNVILLE, SC 29944	20-3364956		10,000.				
HUNGER COALITION OF THE LOWCO POST OFFICE BOX 22738 HILTON HEAD ISL, SC 29925	27-3105509		48,000.				
HUSPAH MISSIONARY BAPTIST CHU 729 MAGNOLIA STREET HAMPTON, SC 29924	57-0893865		12,700.				
JUNIOR CHAMPIONS FOUNDATION 20 TOWNE DRIVE, SUITE 170 BLUFFTON, SC 29910	45-4649556		10,000.				
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702		10,000.				
SPRING ISLAND TRUST 174 CALLAWASSIE DRIVE OKATIE, SC 29909	57-0905093		7,500.				
ANTIQUH EDUCATIONAL CENTER POST OFFICE BOX 1230 RIDGELAND, SC 29936	76-0818789		14,000.				
AUSTIN ACHIEVE PUBLIC SCHOOLS 5908 MANOR ROAD AUSTIN, TX 78723	27-3700807		75,000.				
CCEDC ONE, INC. 403 E. WASHINGTON STREET WALTERBORO, SC 29488	36-4725469		17,000.				



# Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization  
**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,**  
 Employer identification number  
**57-0756987**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CANCER PARTNERS OF 900 SOUTH PINE STREET, SUITE SPARTANBURG, SC 29302	20-2511033		12,000.				
CURE ALZHEIMER'S FUND 34 WASHINGTON STREET, SUITE 3 WELLESLEY HILLS, MA 02481	52-2396428		100,000.				
DAWSON COUNTY FAMILY CONNECTI POST OFFICE BOX 872 DAWSONVILLE, GA 30534	58-2343982		10,000.				
DRIVING YOUNG AMERICA 2 CARDINAL ROAD SUITE 17 HILTON HEAD ISL, SC 29926	02-0547759		10,000.				
EDISTO INDIAN FREE CLINIC 225 RIDGE ROAD RIDGEVILLE, SC 29472	82-1691197		5,200.				
FIRST PRESBYTERIAN OF GREENVI 200 WEST WASHINGTON STREET GREENVILLE, SC 29601	75-0349216		10,000.				
GAMECHANGERS FOUNDATION 175 SWEETWATER ROAD NORTH AUGUSTA, SC 29860	83-3079351		25,000.				
GUIDING EYES FOR THE BLIND 511 GRANITE SPRINGS ROAD YORKTOWN HEIGHT, NY 10598	13-1854606		10,000.				
HEALING WATERS MISSION & WELL P.O. BOX 2018 BEAUFORT, SC 29902	57-1145815		20,000.				
LOVE HOUSE LEARNING ACADEMY POST OFFICE BOX 4132 BEAUFORT, SC 29903	82-5305685		17,312.				



# Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 9 of 10

(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
Name of the organization: <b>COMMUNITY FOUNDATION OF THE LOWCOUNTRY,</b> Employer identification number: <b>57-0756987</b>							
<b>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)</b>							
LOWCOUNTRY COMMUNITY COVID-19 C/O COMMUNITY FOUNDATION OF T HILTON HEAD ISL, SC 29925	57-0756987		20,000.				
NEW ABUNDANT LIFE CHURCH OF G 215 FOSTER STREET VARNVILLE, SC 29944	57-0950592		17,250.				
NEW DESTINY CENTER, INC. POST OFFICE BOX 1018 RIDGELAND, SC 29936	26-1640743		12,000.				
PACK PEOPLE OF ACTION CARING 4 MALL TERRACE SAVANNAH, GA 31406	81-2615493		10,000.				
SOCIETY OF ST. VINCENT DE PAU 1001 BROADWAY ANN ARBOR, MI 48105	38-3263451		20,000.				
ST. STEPHENS OUTREACH FOODBAN 3524 SMITHS CROSSING RIDGELAND, SC 29936	57-0947913		8,550.				
SUCCESS ACADEMY CHARTER SCHOO 95 PINE STREET L FLR 6 NEW YORK, NY 10005	20-5298861		20,000.				
THE CHURCH OF THE HOLY TRINIT 2676 BEES CREEK RD RIDGELAND, SC 29936	57-6081619		8,500.				
UNIVERSITY OF NEW HAMPSHIRE 10 GARRISON AVENUE DURHAM, NH 03824	02-6000937		8,000.				
VOLUNTEERS IN MEDICINE INSTIT F.O. BOX 21177 HILTON HEAD ISL, SC 29925	31-1467440		25,000.				

TEECARD001L 07/10/19

Schedule I Cont (Form 990) 2019







**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2019**

▶ 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.

**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**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?.....

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

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input 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 |

**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:

- |   |            |   |
|---|------------|---|
| <b>a</b> Receive a severance payment or change-of-control payment?.....                             | <b>4 a</b> | X |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... | <b>4 b</b> | X |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?.....    | <b>4 c</b> | X |
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |   |            |   |
|---|------------|---|
| <b>a</b> The organization?.....         | <b>5 a</b> | X |
| <b>b</b> Any related organization?..... | <b>5 b</b> | X |
- If 'Yes' on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |   |            |   |
|---|------------|---|
| <b>a</b> The organization?.....         | <b>6 a</b> | X |
| <b>b</b> Any related organization?..... | <b>6 b</b> | X |
- If 'Yes' on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.....

**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(i)?.....

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		



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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTOPHER KERRIGAN PRESIDENT & CEO	(i)	211,387.	0.	0.	0.	211,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						



**Part III** Supplemental Information

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



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

GMB No. 1545-9047

**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 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 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**

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



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

---

**SCHEDULE M - ADDITIONAL INFORMATION**

COLUMN B REPORTS 26 SEPARATE STOCK CONTRIBUTIONS



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

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

Employer identification number  
**57-0756987**

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

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 & APPROVAL PROCESS - OFFICERS & 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 17 - LIST OF STATES WHICH THIS RETURN IS FILED**

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

**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.



Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
 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.

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.

(1)	(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
(1)	----- ----- ----- ----- -----					
(2)	----- ----- ----- ----- -----					
(3)	----- ----- ----- ----- -----					

**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.

(1)	(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) Sec 512(b)(3) controlled entity?	
							Yes	No
(1)	THE JIM AND MARGARET KRUM FOUNDATI 4 NORTHDRIDGE DRIVE, SUITE A HILTON HEAD ISLAND, SC 29925 27-1777206		SC	501(C)(3)		N/A		X
(2)	----- ----- ----- ----- -----							
(3)	----- ----- ----- ----- -----							
(4)	----- ----- ----- ----- -----							



**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) Precedent 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	
(1) -----												
(2) -----												
(3) -----												

**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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									



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

	Yes	No
<b>1</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.....		X
<b>a</b> Gift, grant, or capital contribution to related organization(s).....		X
<b>b</b> Gift, grant, or capital contribution from related organization(s).....		X
<b>c</b> Loans or loan guarantees to or for related organization(s).....		X
<b>d</b> Loans or loan guarantees by related organization(s).....		X
<b>e</b> Dividends from related organization(s).....		X
<b>f</b> Sale of assets to related organization(s).....		X
<b>g</b> Purchase of assets from related organization(s).....		X
<b>h</b> Exchange of assets with related organization(s).....		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s).....		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s).....		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s).....		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s).....		X
<b>m</b> Sharing of facilities, equipment, marketing lists, or other assets with related organization(s).....		X
<b>n</b> Sharing of facilities, equipment, marketing lists, or other assets with related organization(s).....		X
<b>o</b> Reimbursement paid to related organization(s) for expenses.....		X
<b>p</b> Reimbursement paid by related organization(s) for expenses.....		X
<b>q</b> Other transfer of cash or property to related organization(s).....		X
<b>r</b> Other transfer of cash or property from related organization(s).....		X
<b>s</b> 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 investments.		X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512(b)(14))	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

---

**PART VII - SUPPLEMENTAL INFORMATION**

## 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.



## Hilton Head MLK Committee for Justice

Board Meeting via email on Tuesday August 29, 2023

Attending: Michelle Dallas, Jennifer Delgado, Margaret Johnson, Leah Long, Galen Miller, DeShara Mitchell, Italia Parisi, Sandra Willis

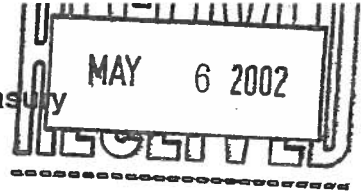
Leah Long moved to allow the Hilton Head MLK Committee for Justice to apply for a grant from the Town of Hilton Head ATAX Committee. Galen Miller Seconded. Margaret Johnson voted to abstain due to her position on the ATAX Committee. The other 5 votes were yes.

September meeting TBD.



Internal Revenue Service

Department of the Treasury



P. O. Box 2508  
Cincinnati, OH 45201

Date: May 1, 2002

Person to Contact:

Delores Gaskins 31-07428  
Customer Service Specialist

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST  
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

57-0756987

Community Foundation of the Lowcountry, Inc.  
P.O. Box 23019  
Hilton Head, SC 29925-3019

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in March 1984 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

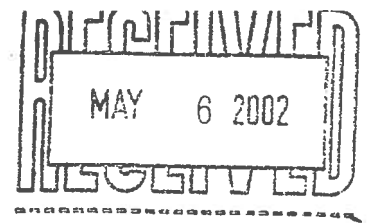
This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.



Community Foundation of the Lowcountry, Inc.  
57-0756987

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts, Director, TE/GE  
Customer Account Services