

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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.

Open to Public Inspection

Header section containing organization details: Name (COMMUNITY FOUNDATION OF THE LOWCOUNTRY), EIN (57-0756987), Address (4 NORTH RIDGE DRIVE, HILTON HEAD ISLAND, SC 29925), Principal Officer (SCOTT WIERMAN), Website (WWW.CF-LOWCOUNTRY.ORG), and Form of Organization (Corporation).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown (Total Revenue: 19,029,339), expense breakdown (Total Expenses: 16,501,885), and net assets (End of Year: 93,297,089).

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.

Signature block for Jim Gresham, Interim VP for Finance & Admin, dated 5-11-2026.

Preparer information for Amy Bibby, Forvis Mazars, LLP, dated 05/11/2026.

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

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 \$ 14,813,198 including grants of \$ 11,598,835) (Revenue \$ 1,440,449)
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 \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 14,813,198

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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>	✓	
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>	✓	
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>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
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>		✓
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>		✓
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>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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>		✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	✓	
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b ✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	✓
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	✓
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	✓
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	✓
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	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 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

		Yes	No
1a	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.	1a	15
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, (CONTINUED ON 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
THE ORGANIZATION, 4 NORTHRIDGE DRIVE, HILTON HEAD ISLAND, SC 29925, (843) 681-9100

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/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 AND CEO	40.0			✓			281,350	0	13,362	
(2) MARY ROONEY VICE PRESIDENT FOR DEVELOPMENT AND DONOR SERVICES	40.0					✓	117,150	0	5,735	
(3) NICOLE CHARLES VICE PRESIDENT FOR FINANCE	40.0			✓			113,150	0	5,325	
(4) LYNN JENNINGS TAYLOR BOARD CHAIR	5.0	✓		✓			0	0	0	
(5) TRAY HUNTER VICE CHAIR	2.0	✓		✓			0	0	0	
(6) PAUL MOERI TREASURER	2.0	✓		✓			0	0	0	
(7) JUDI LEVY SECRETARY	2.0	✓		✓			0	0	0	
(8) ARNO DIMMLING DIRECTOR	2.0	✓					0	0	0	
(9) DAFINA WARD DIRECTOR	2.0	✓					0	0	0	
(10) DOUG WETMORE DIRECTOR	2.0	✓					0	0	0	
(11) FAYE GOODING DIRECTOR	2.0	✓					0	0	0	
(12) JIM WAGNER DIRECTOR	2.0	✓					0	0	0	
(13) JOHN LEVY DIRECTOR	2.0	✓					0	0	0	
(14) LAURA BUSH DIRECTOR	2.0	✓					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/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			
(15) LLOYD NEWTON DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) STEPHAN EVANS DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) STEVE FANELLI DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) TOM MOORE DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) YOLANDA BRANCHE DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								511,650	0	24,422
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								511,650	0	24,422

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 **3**

	Yes	No
3 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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
5 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>		<input checked="" type="checkbox"/>

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
ISLAND IMPROVEMENTS, INC., 24 PELICAN STREET, HILTON HEAD ISLAND, SC 29928	GENERAL CONTRACTOR	369,873
NEAL'S CONSTRUCTION LLC, 69 ROBERT SMALLS PARKWAY STE 2-E, BEAUFORT, SC 29906	GENERAL CONTRACTOR	183,754

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 **2**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events	658,632				
	1d	Related organizations					
	1e	Government grants (contributions)	530,645				
	1f	All other contributions, gifts, grants, and similar amounts not included above	14,253,310				
	1g	Noncash contributions included in lines 1a-1f	\$ 2,907,851				
	1h	Total. Add lines 1a-1f	15,442,587				
	Program Service Revenue	2a	ADMINISTRATIVE FEE INCOME ----- Business Code 522299	1,134,199	1,134,199		
2b		HHIF ADMIN FEE INCOME ----- Business Code 522299	280,000	280,000			
2c		----- Business Code					
2d		----- Business Code					
2e		----- Business Code					
2f		All other program service revenue	0	0	0	0	
2g		Total. Add lines 2a-2f	1,414,199				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)	2,239,741			2,239,741
		4	Income from investment of tax-exempt bond proceeds				
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	6d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7b	Less: cost or other basis and sales expenses	6,268				
	7c	Gain or (loss)	(6,268)	0			
	7d	Net gain or (loss)	(6,268)			(6,268)	
8a	Gross income from fundraising events (not including \$ 658,632 of contributions reported on line 1c). See Part IV, line 18						
			0				
			87,170				
8b	Less: direct expenses						
8c	Net income or (loss) from fundraising events	(87,170)			(87,170)		
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
9c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
10c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	MISCELLANEOUS ----- Business Code 900099	26,250	26,250			
	11b	----- Business Code					
	11c	----- Business Code					
	11d	All other revenue	0	0	0	0	
	11e	Total. Add lines 11a-11d	26,250				
12	Total revenue. See instructions	19,029,339	1,440,449	0	2,146,303		

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	10,084,623	10,084,623		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,514,212	1,514,212		
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	335,001	77,648	179,705	77,648
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	687,931	137,586	447,155	103,190
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	147,248	30,982	90,235	26,031
10 Payroll taxes	78,940	16,610	48,375	13,955
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	59,065		59,065	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	263,627		263,627	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	327,404	327,404	0	0
12 Advertising and promotion	63,141	63,141		
13 Office expenses	145,676		145,676	
14 Information technology	14,077		14,077	
15 Royalties				
16 Occupancy	8,859		8,859	
17 Travel	3,564	3,564		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,431		1,431	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	141,189		141,189	
23 Insurance	35,146		35,146	
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	1,481,850	1,481,850		
b FUND ADMINISTRATIVE FEE	1,057,618	1,057,618		
c MAINTENANCE	17,402	17,402		
d DONOR FUNCTIONS	12,508		12,508	
e All other expenses	21,373	558	20,815	0
25 Total functional expenses. Add lines 1 through 24e	16,501,885	14,813,198	1,467,863	220,824
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
Assets	1 Cash—non-interest-bearing	4,611,211	1	6,646,671
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	786,391	3	958,383
	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	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net		7	800,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	429	9	22,975
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,160,816		
	b Less: accumulated depreciation	10b 1,225,172	1,032,417	10c 935,644
	11 Investments—publicly traded securities	83,468,366	11	90,328,998
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,289	15	5,289
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,904,103	16	99,697,960	
Liabilities	17 Accounts payable and accrued expenses	20,500	17	130,348
	18 Grants payable	532,732	18	540,414
	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	0	22	0
	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	5,129,358	25	5,730,109
	26 Total liabilities. Add lines 17 through 25	5,682,590	26	6,400,871
Net Assets or Fund Balances	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	81,973,416	27	90,899,036
	28 Net assets with donor restrictions	2,248,097	28	2,398,053
	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 Total net assets or fund balances	84,221,513	32	93,297,089
33 Total liabilities and net assets/fund balances	89,904,103	33	99,697,960	

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	19,029,339
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,501,885
3	Revenue less expenses. Subtract line 2 from line 1	3	2,527,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84,221,513
5	Net unrealized gains (losses) on investments	5	6,858,360
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	(310,238)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	93,297,089

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.	2a		✓
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.	2b	✓	
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,

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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,999,002	24,174,493	11,588,712	14,282,263	15,442,587	72,487,057
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 Total. Add lines 1 through 3	6,999,002	24,174,493	11,588,712	14,282,263	15,442,587	72,487,057
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)						14,585,190
6 Public support. Subtract line 5 from line 4						57,901,867

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6,999,002	24,174,493	11,588,712	14,282,263	15,442,587	72,487,057
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,056,899	2,247,267	926,780	1,278,886	2,239,741	7,749,573
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	9,617	0	685	26,250	36,552
11 Total support. Add lines 7 through 10						80,273,182
12 Gross receipts from related activities, etc. (see instructions)					12	0
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	72.13 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	69.84 %
16a 33 1/3% support test—2024. 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—2023. 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—2024. 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—2023. 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"/>

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2024.** 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—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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? <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 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.</i>		
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>		

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>		

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?		
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>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
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>		
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? <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>		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
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>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				Current Year
Section D—Distributions				
1	Amounts paid to supported organizations to accomplish exempt purposes			1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			8
9	Distributable amount for 2024 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount			10
Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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.)

Area with horizontal dashed lines for supplemental information.

Part VI

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.)

Return Reference - Identifier	Explanation						
	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	(1) MISCELLANE OUS		9,617		685	26,250	36,552
	Total	0	9,617	0	685	26,250	36,552

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,

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 33¹/₃% 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,	Employer identification number 57-0756987
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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
<u>1</u>	----- ----- -----	\$ <u>1,070,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	----- ----- -----	\$ <u>644,683</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	----- ----- -----	\$ <u>600,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	----- ----- -----	\$ <u>554,205</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	----- ----- -----	\$ <u>490,501</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	----- ----- -----	\$ <u>321,358</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY,	Employer identification number 57-0756987
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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
2	STOCK ----- ----- -----	\$ 383,163	01/07/2025 -----
4	STOCK ----- ----- -----	\$ 554,205	04/28/2025 -----
5	STOCK ----- ----- -----	\$ 130,001	08/12/2024 -----
6	STOCK ----- ----- -----	\$ 321,358	06/18/2025 -----
-----	----- ----- -----	\$ -----	----- -----
-----	----- ----- -----	\$ -----	----- -----

Name of organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY,	Employer identification number 57-0756987
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

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
----- ----- -----	----- ----- -----

Supplemental Financial Statements

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

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

**Open to Public
Inspection**

Name of the organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY,	Employer identification number 57-0756987
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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	125	
2 Aggregate value of contributions to (during year)	4,553,846	
3 Aggregate value of grants from (during year)	2,897,741	
4 Aggregate value at end of year	14,429,520	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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		962,010	1,015,790	(53,780)
c Leasehold improvements				
d Equipment		41,677	56,625	(14,948)
e Other		997,129	152,757	844,372
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				935,644

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	1,855,286
(3) FUNDS HELD FOR OTHERS - AGENCY FUNDS	3,887,527
(4) DUE TO CFL	(12,704)
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,730,109

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 XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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, 2025.

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	(d) Total events	
		BERKELEY HALL CHARITABLE FOUNDA (event type)	LONG COVE CHARITABLE FUND 2025 FL (event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	442,408	216,224	658,632	
	2	Less: Contributions	442,408	216,224	658,632	
	3	Gross income (line 1 minus line 2)	0	0	0	
Direct Expenses	4	Cash prizes			0	
	5	Noncash prizes			0	
	6	Rent/facility costs			0	
	7	Food and beverages	47,006	25,940	72,946	
	8	Entertainment			0	
	9	Other direct expenses	1,825	12,399	14,224	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				87,170
	11	Net income summary. Subtract line 10 from line 3, column (d)				(87,170)

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))
		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)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,

Employer identification number

57-0756987

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 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) (SEE STATEMENT)	52-0781390	501(C)(3)	5,000				ENVIRONMENT
(2) (SEE STATEMENT)	57-1106874	501(C)(3)	5,920				EDUCATION
(3) (SEE STATEMENT)	57-0764909	501(C)(3)	43,000				RELIGIOUS ORG.
(4) ALZHEIMERS ASSOCIATION 225 N. MICHIGAN AVE., FL. 17, CHICAGO, IL 60601	13-3039601	501(C)(3)	5,600				HEALTH
(5) AMERICAN CANCER SOCIETY, INC. P.O. BOX 100902, COLUMBIA, SC 29290	13-1788491	501(C)(3)	5,900				HEALTH
(6) AMERICAN CIVIL LIBERTIES UNION INC 125 BROAD ST., 18TH FLOOR, NEW YORK, NY 10004	13-6213516	501(C)(3)	10,000				HUMAN SERVICES
(7) AMERICAN RED CROSS POST OFFICE 37243, WASHINGTON, DC 20013	53-0196605	501(C)(3)	11,200				HUMAN SERVICES
(8) ANTIOCH EDUCATIONAL CENTER P.O. BOX 1930, RIDGELAND, SC 29936	76-0818789	501(C)(3)	30,100				HUMAN SERVICES
(9) ART LEAGUE OF HILTON HEAD PO BOX 22834, HILTON HEAD ISLAND, SC 29925	57-1061135	501(C)(3)	7,452				ARTS AND CULTURE
(10) (SEE STATEMENT)	57-1035817	501(C)(3)	134,413				ARTS AND CULTURE
(11) ASHEVILLE CITY SCHOOLS FOUNDATION 43 COLLEGE PLACE, ASHEVILLE, NC 28801	58-1836982	501(C)(3)	5,000				HUMAN SERVICES
(12) (SEE STATEMENT)							

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1

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

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

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(12) BACKPACK BUDDIES OF GREATER BLUFFTON AND HARDEEVILLE 198 OKATIE VILLAGE DRIVE, SUITE 103-315, OKATIE, SC 29909	27-0536683	501(C)(3)	145,250				HUMAN SERVICES
(13) BEAUFORT COUNTY SCHOOL DISTRICT POST OFFICE DRAWER 309, BEAUFORT, SC 29901-0309	57-6000367	501(C)(3)	34,610				EDUCATION
(14) BEAUFORT COUNTY SHERIFF'S OFFICE P.O. BOX 1758, BEAUFORT, SC 29901	57-6000311	501(C)(3)	15,000				HUMAN SERVICES
(15) BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY 1801 RICHMOND AVENUE, PORT ROYAL, SC 29935	57-0910326	501(C)(3)	34,000				YOUTH SERVICES
(16) BEAUFORT MEMORIAL HOSPITAL ENDOWMENT FOUNDATION P.O. BOX 2233, BEAUFORT, SC 29901-2233	57-0792360	501(C)(3)	162,000				HEALTH
(17) BELOVED ASHEVILLE PO BOX 6386, ASHEVILLE, NC 28816	84-3381632	501(C)(3)	5,000				HUMAN SERVICES
(18) BLACQUITY POST OFFICE BOX 3132, BLUFFTON, SC 29910	88-0662577	501(C)(3)	113,650				ECONOMIC OR WORKFORCE DEVELOPMENT
(19) BLUFFTON COMMUNITY SOUP KITCHEN PO BOX 993, BLUFFTON, SC 29910	82-3282038	501(C)(3)	95,000				HUMAN SERVICES
(20) BLUFFTON GULLAH CULTURAL HERITAGE CENTER P.O. BOX 3654, BLUFFTON, SC 29910	87-3243654	501(C)(3)	5,000				ARTS AND CULTURE
(21) BLUFFTON HIGH SCHOOL - BOBCAT PARTNERS IN EDUCATION 12 HE MCCrackEN CIRCLE, BLUFFTON, SC 29910	N/A	501(C)(3)	5,000				EDUCATION
(22) BLUFFTON HISTORICAL PRESERVATION SOCIETY PO BOX 742, BLUFFTON, SC 29910	57-0724129	501(C)(3)	12,160				EDUCATION
(23) BLUFFTON JASPER COUNTY VOLUNTEERS IN MEDICINE P.O. BOX 2653, BLUFFTON, SC 29910	32-0298086	501(C)(3)	147,000				HEALTH
(24) BLUFFTON SELF HELP PO BOX 2420, BLUFFTON, SC 29910	57-0862658	501(C)(3)	213,554				HUMAN SERVICES
(25) BOYS AND GIRLS CLUB - LANIER P.O. BOX 691, GAINESVILLE, GA 30503	58-0656890	501(C)(3)	5,000				EDUCATION
(26) BOYS AND GIRLS CLUB OF THE LOWCOUNTRY - HILTON HEAD ISLAND 10 PINCKNEY COLONY RD, STE. 3, BLUFFTON, SC 29909	57-0811876	501(C)(3)	165,082				YOUTH SERVICES

(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
(27) BOYS AND GIRLS CLUBS OF THE LOWCOUNTRY 10 PINKNEY COLONY RD., STE. 103, BLUFFTON, SC 29909	57-0811876	501(C)(3)	108,603				EDUCATION
(28) BOYS AND GIRLS CLUBS OF THE LOWCOUNTRY - JASPER COUNTY CLUBS 10 PINKNEY COLONY ROAD, SUITE 103, BLUFFTON, SC 29910	57-0811876	501(C)(3)	5,000				HUMAN SERVICES
(29) BRADY COLLABORATIVE 404 SOUTH AVENUE, SYRACUSE, NY 13204	26-4805137	501(C)(3)	11,000				HUMAN SERVICES
(30) BRADY COLLABORATIVE INC 404 SOUTH AVE, SYRACUSE, NY 13204	26-4805137	501(C)(3)	10,000				COMMUNITY LEVEL
(31) CHANGING OUR IMAGE NOW PROJECT 88 BERMUDA POINTE CIRCLE, HILTON HEAD ISLAND, SC 29926	85-3197486	501(C)(3)	5,000				EDUCATION
(32) CHARLOTTE RESCUE MISSION SOCIAL ENTERPRISE 907 W 1ST ST, CHARLOTTE, NC 28202	82-2674790	501(C)(3)	5,000				HUMAN SERVICES
(33) CHILD ABUSE PREVENTION ASSOCIATION PO BOX 531, BEAUFORT, SC 29901	57-0722206	501(C)(3)	39,681				HUMAN SERVICES
(34) CHILDREN'S CANCER PARTNERS OF THE CAROLINAS 900 SO. PINE STREET, SUITE F, SPARTANBURG, SC 29302	20-2511033	501(C)(3)	31,898				HEALTH
(35) CHILDREN'S DEVELOPMENT ACADEMY 89 GROVE WAY, ROSWELL, GA 30075	58-1085443	501(C)(3)	5,000				EDUCATION
(36) COASTAL COMMUNITY DEVELOPMENT CORPORATION 1000 MAIN STREET, SUITE 100-B, HILTON HEAD ISLAND, SC 29926	92-1171294	501(C)(3)	312,500				COMMUNITY LEVEL
(37) COASTAL DISCOVERY MUSEUM 70 HONEY HORN DR., HILTON HEAD ISLAND, SC 29928	57-0801415	501(C)(3)	38,500				EDUCATION
(38) COLUMBIA UNIVERSITY IRVING MEDICAL CENTER OFFICE OF DEVELOPMENT, 516 W 168TH ST FLOOR 3, NEW YORK, NY 10032	13-5598093	501(C)(3)	10,000				EDUCATION
(39) COMMUNITY FOUNDATION FOR METROWEST INC. 3 ELIOT STREET, NATICK, MA 01760	04-3266789	501(C)(3)	5,000				HUMAN SERVICES
(40) COUNCIL ON FOUNDATIONS POST OFFICE BOX 715674, PHILADELPHIA, PA 19171-5674	13-6068327	501(C)(3)	8,750				EDUCATION
(41) DANA FARBER CANCER INSTITUTE POST OFFICE BOX 849168, BOSTON, MA 02284	04-2263040	501(C)(3)	20,000				HEALTH
(42) DEMOCRACY FORWARD FOUNDATION PO BOX 34553, WASHINGTON, DC 20043	82-1007988	501(C)(3)	10,000				HUMAN RIGHTS
(43) DRAGONBOAT BEAUFORT P.O. BOX213, BEAUFORT, SC 29901	46-4065626	501(C)(3)	98,000				HEALTH

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(44) EASTERN SHORE OF VIRGINIA BARRIER ISLANDS CENTER INC PO BOX 206, MACHIPONGO, VA 23405	54-1763248	501(C)(3)	25,000				ENVIRONMENT
(45) ENTRYWAY 1921 GALLOWAYS ROAD SUITE 700, VIENNA, VA 22182	47-1004312	501(C)(3)	20,000				HUMAN SERVICES
(46) EVERYDAY MISSION TRIP EVANGELISM ORGANIZATION 329 HULSTON LANDING RD, OKATIE, SC 29909	83-3746785	501(C)(3)	23,500				RELIGIOUS ORG.
(47) FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD, D-101, BLUFFTON, SC 29910	20-5647589	501(C)(3)	56,800				HUMAN SERVICES
(48) FEEDING AMERICA PO BOX 96749, WASHINGTON, DC 20090-6749	36-3673599	501(C)(3)	5,300				HUMAN SERVICES
(49) FINLEYS GREEN LEAP FORWARD 6437 OLD BUST HEAD RD, BROAD RUN, VA 20137	92-3786860	501(C)(3)	60,000				ENVIRONMENT
(50) FIRST BAPTIST BLOWING ROCK 350 SUNSET DRIVE, BLOWING ROCK, NC 28605	N/A	501(C)(3)	5,000				RELIGIOUS ORG.
(51) FIRST PRESBYTERIAN CHURCH OF HILTON HEAD ISLAND 540 WILLIAM HILTON PKWY., HILTON HEAD ISLAND, SC 29928	57-0470141	501(C)(3)	14,950				RELIGIOUS ORG.
(52) FIRST PRESBYTERIAN CHURCH OF METUCHEN POST OFFICE BOX 385, METUCHEN, NJ 08840-0385	22-1667601	501(C)(3)	13,500				RELIGIOUS ORG.
(53) FLORIDA STATE UNIVERSITY FOUNDATION, INC. 325 WEST COLLEGE AVENUE, TALLAHASSEE, FL 32301	59-6152180	501(C)(3)	25,000				EDUCATION
(54) FOCUS ON THE FAMILY 8605 EXPLORER DRIVE, COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	5,000				HUMAN SERVICES
(55) FORT WAYNE PHILHARMONIC ORCHESTRA, INC. 4901 FULLER DRIVE, FORT WAYNE, IN 46835	35-0791163	501(C)(3)	38,100				ARTS AND CULTURE
(56) FOUNDATION FOR EDUCATIONAL EXCELLENCE PO BOX 1601, BLUFFTON, SC 29910	61-1691233	501(C)(3)	13,000				EDUCATION
(57) FRIENDS OF CAROLINE HOSPICE 329 FRIENDS LN., RIDGELAND, SC 29936	57-0725866	501(C)(3)	85,500				HUMAN SERVICES
(58) FRIENDS OF HH LIBRARY 11 BEACH CITY ROAD, HILTON HEAD ISLAND, SC 29926	23-7208194	501(C)(3)	20,139				ARTS AND CULTURE
(59) FULL SPECTRUM STUDIO 33 BOW CIRCLE, HILTON HEAD ISLAND, SC 29928	85-0737630	501(C)(3)	11,595				HUMAN SERVICES

(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
(60) GEORGETOWN UNIVERSITY WHITE GRAVENOR BLDG LOWER LEVEL, 3700 O ST N.W. BOX 571252, WASHINGTON, DC 20057	53-0196603	501(C)(3)	5,000				EDUCATION
(61) GLENWOOD ACADEMY 500 W. 187TH ST., GLENWOOD, IL 60425	36-2167087	501(C)(3)	20,100				EDUCATION
(62) GOOD NEIGHBOR FREE MEDICAL CLINIC OF BEAUFORT 974 RIBAUT ROAD, BEAUFORT, SC 29902	26-0335357	501(C)(3)	19,000				HEALTH
(63) GREG LENTZ MINISTRIES DBA HEARTS WITH HANDS PO BOX 6444, ASHEVILLE, NC 28816	56-2073075	501(C)(3)	5,000				HUMAN SERVICES
(64) GULLAH TRAVELING THEATER INC. 711 BLADEN STREET, SUITE 310, BEAUFORT, SC 29902	46-1806147	501(C)(3)	150,425				COMMUNITY LEVEL
(65) HABITAT FOR HUMANITY OF THE LOWCOUNTRY POST OFFICE BOX 2747, BLUFFTON, SC 29910	57-0916245	501(C)(3)	70,500				HOUSING & SHELTER
(66) HELPING HAND CENTER, INC. PO BOX 120, TILLMAN, SC 29943	80-0751064	501(C)(3)	15,000				HUMAN SERVICES
(67) HELP OF BEAUFORT P. O. BOX 472, BEAUFORT, SC 29902	57-0721545	501(C)(3)	41,920				HUMAN SERVICES
(68) HERITAGE CLASSIC FOUNDATION POST OFFICE BOX 3244, HILTON HEAD ISLAND, SC 29928	57-0835114	501(C)(3)	188,764				COMMUNITY LEVEL
(69) HERITAGE LIBRARY FOUNDATION P.O. BOX 5950, HILTON HEAD ISLAND, SC 29938-5950	58-2332014	501(C)(3)	14,500				EDUCATION
(70) HEROES ON HORSEBACK P.O. BOX 3678, BLUFFTON, SC 29910	57-1099345	501(C)(3)	39,850				HUMAN SERVICES
(71) HILTON HEAD HUMANE ASSOCIATION 10 HUMANE WAY, HILTON HEAD ISLAND, SC 29925	57-0630156	501(C)(3)	76,842				ANIMAL WELFARE
(72) HILTON HEAD ISLAND AUDUBON SOCIETY P.O. BOX 6185, HILTON HEAD ISLAND, SC 29938	51-0168071	501(C)(3)	10,200				ENVIRONMENT
(73) HILTON HEAD ISLAND COMMUNITY CHURCH P.O. BOX 4962, HILTON HEAD ISLAND, SC 29938	45-2786644	501(C)(3)	10,000				RELIGIOUS ORG.
(74) HILTON HEAD ISLAND RECREATION ASSOCIATION P.O. BOX 22593, HILTON HEAD ISLAND, SC 29925	57-0827128	501(C)(3)	23,700				EDUCATION
(75) HILTON HEAD NO. 1 PUBLIC SERVICE DISTRICT P.O. BOX 602001, CHARLOTTE, NC 28260- 2001	57-0680099	501(C)(3)	133,133				COMMUNITY LEVEL
(76) HILTON HEAD PREPARATORY SCHOOL 8 FOX GRAPE ROAD, HILTON HEAD ISLAND, SC 29928	23-7126823	501(C)(3)	11,000				EDUCATION

(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
(77) HILTON HEAD REEF FOUNDATION, INC. POST OFFICE BOX 5542, HILTON HEAD ISLAND, SC 29938	57-0948801	501(C)(3)	19,398				ENVIRONMENT
(78) HILTON HEAD SYMPHONY ORCHESTRA P.O. DRAWER 5757, HILTON HEAD ISLAND, SC 29938	57-0761297	501(C)(3)	61,301				ARTS AND CULTURE
(79) HOPEFUL HORIZONS POST OFFICE BOX 1775, BEAUFORT, SC 29901	57-1063332	501(C)(3)	171,766				HUMAN SERVICES
(80) HUGAROO INC PO BOX 1665, BLUFFTON, SC 29910	26-0250915	501(C)(3)	9,000				HEALTH
(81) HUSPAH MISSIONARY BAPTIST CHURCH MINISTRIES 729 MAGNOLIA STREET, HAMPTON, SC 29924	57-0893865	501(C)(3)	12,000				HUMAN SERVICES
(82) IN HIS NAME-COLLETON 1033 BELLS HWY #146, WALTERBORO, SC 29488	47-2023002	501(C)(3)	5,000				HUMAN SERVICES
(83) JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BOULEVARD NORTH, JACKSONVILLE, FL 32211	59-0624412	501(C)(3)	25,000				EDUCATION
(84) J M SMITH FOUNDATION 101 WEST ST. JOHN ST., STE. 305, SPARTANBURG, SC 29306	57-1046595	501(C)(3)	7,000				ECONOMIC OR WORKFORCE DEVELOPMENT
(85) JUNIOR JAZZ FOUNDATION P.O. BOX 4751, HILTON HEAD ISLAND, SC 29938	27-1347606	501(C)(3)	68,397				ARTS AND CULTURE
(86) KIWANIS CLUB OF BLUFFTON FOUNDATION 173 SUMMERTON DRIVE, BLUFFTON, SC 29910	83-2844902	501(C)(3)	7,773				EDUCATION
(87) LAUNCH COMMUNITY THROUGH SKATEBOARDING 728 OXFORD LN, FORT COLLINS, CO 80525	45-2575857	501(C)(3)	7,559				HUMAN RIGHTS
(88) LEAN ENSEMBLE THEATER PO BOX 23214, HILTON HEAD ISLAND, SC 29925	47-2994571	501(C)(3)	5,500				ARTS AND CULTURE
(89) LOAVES AND FISHES OF UNION COUNTY INC PO BOX 790, MONROE, NC 28111	56-1487183	501(C)(3)	5,000				HUMAN SERVICES
(90) LOVE HOUSE LEARNING ACADEMY POST OFFICE BOX 4132, BEAUFORT, SC 29903	82-5305685	501(C)(3)	20,000				HUMAN SERVICES
(91) LOWCOUNTRY AUTISM FOUNDATION 10 PINCKNEY COLONY RD, BUILDING 100, SUITE 100, BLUFFTON, SC 29909	26-0805420	501(C)(3)	73,600				HEALTH
(92) LOWCOUNTRY COUNCIL OF GOVERNMENTS POST OFFICE BOX 98, 634 CAMPGROUND ROAD, YEMASSEE, SC 29945	57-0524350	501(C)(3)	100,000				ECONOMIC OR WORKFORCE DEVELOPMENT
(93) LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE, CHARLESTON, SC 29405	86-1286512	501(C)(3)	20,000				HUMAN RIGHTS

(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
(94) LOWCOUNTRY FOOD BANK INC. 2864 AZALEA DR., CHARLESTON, SC 29405	57-0751835	501(C)(3)	13,400				HUMAN SERVICES
(95) LOWCOUNTRY GULLAH FOUNDATION P.O. BOX 23182, HILTON HEAD ISLAND, SC 29925	87-1689337	501(C)(3)	26,700				ARTS AND CULTURE
(96) LOWCOUNTRY LEGAL VOLUNTEERS P.O. BOX 2496, BLUFFTON, SC 29910	56-2202319	501(C)(3)	174,600				HUMAN SERVICES
(97) LOWCOUNTRY PRESBYTERIAN CHURCH 10 SIMMONSVILLE ROAD, BLUFFTON, SC 29910	57-0995868	501(C)(3)	25,000				RELIGIOUS ORG.
(98) LYMPHATIC EDUCATION AND RESEARCH NETWORK 99 WALL STREET, #5440, NEW YORK, NY 10005	58-2404527	501(C)(3)	7,500				HEALTH
(99) MAKE-A-WISH FOUNDATION OF SC, INC. 225 SOUTH PLEASANTBURG DRIVE C17, GREENVILLE, SC 29607	57-0786119	501(C)(3)	18,000				HUMAN SERVICES
(100) MANNA FOOD BANK INC 627 SWANNANOVA RIVER ROAD, ASHEVILLE, NC 28805-2445	58-1514800	501(C)(3)	10,000				HUMAN SERVICES
(101) MATHER SCHOOL MUSEUM AND INTERPRETIVE CENTER/TECHNICAL COLLEGE OF THE LOWCOUNTRY 3 SURF DRIVE, BEAUFORT, SC 29907	85-1492041	501(C)(3)	8,000				ARTS AND CULTURE
(102) MAYO CLINIC 4500 SAN PABLO ROAD, JACKSONVILLE, FL 32224	41-6011702	501(C)(3)	5,000				HEALTH
(103) MAYO CLINIC 200 FIRST ST SW, ROCHESTER, MN 55905	41-6011702	501(C)(3)	10,000				HEALTH
(104) MAY RIVER MONTESSORI P.O. BOX 2557, BLUFFTON, SC 29910	57-0853132	501(C)(3)	6,946				EDUCATION
(105) MEALS ON WHEELS, BLUFFTON-HILTON HEAD P.O. BOX 23691, HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	81,100				HUMAN SERVICES
(106) MED-I-ASSIST, INC. P.O. BOX 3164, BLUFFTON, SC 29910	32-0212924	501(C)(3)	30,500				HEALTH
(107) MEMORY MATTERS P.O. BOX 22330, HILTON HEAD ISLAND, SC 29925	58-2291775	501(C)(3)	135,250				HEALTH
(108) MENTAL HEALTH AMERICA OF THE LOW COUNTRY 4454 BLUFFTON PARK CRESCENT, SUITE 108, BLUFFTON, SC 29910	57-0670742	501(C)(3)	19,500				HEALTH
(109) MERCY FLIGHT, INC. 100 AMHERST VILLA ROAD, BUFFALO, NY 14225-1432	22-2560963	501(C)(3)	5,100				HUMAN SERVICES
(110) MEREDITH COLLEGE 3800 HILLSBOROUGH STREET, RALEIGH, NC 27607-5298	56-0530242	501(C)(3)	10,000				EDUCATION

(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
(111) MICHIGAN STATE UNIVERSITY SPARTAN WAY, 535 CHESTNUT ROAD, ROOM 300, EAST LANSING, MI 48824	23-7326030	501(C)(3)	160,000				EDUCATION
(112) MIDSUMMER MUSIC LTD 10568 COUNTRY WALK LANE, UNIT 43, SISTER BAY, WI 54234	39-1829237	501(C)(3)	11,000				ARTS AND CULTURE
(113) MIRASOL HEALTH, INC. P.O. BOX 3827, BLUFFTON, SC 29910	57-0774530	501(C)(3)	149,087				HEALTH
(114) MITCHELLEVILLE PRESERVATION PROJECT BOX 21758, HILTON HEAD ISLAND, SC 29925	27-2308109	501(C)(3)	26,750				ARTS AND CULTURE
(115) MULOHA HERITAGE CENTER 6 GEORGEES TRAIL, ST. HELENA ISLAND, SC 29920	85-3167516	501(C)(3)	25,000				EDUCATION
(116) MUSC FOUNDATION 18 BEE STREET MSC 450, CHARLESTON, SC 29425	57-6028985	501(C)(3)	14,500				HEALTH
(117) MUSIC AT BUNKER HILL PO BOX 202, GREENLOCH, NJ 08032-0202	26-3118358	501(C)(3)	7,500				ARTS AND CULTURE
(118) NAMI LOWCOUNTRY 5 PROMENADE ST, SUITE 1321, BLUFFTON, SC 29910	57-0920882	501(C)(3)	21,300				HEALTH
(119) NATIONAL FOUNDATION FOR CANCER RESEARCH 5515 SECURITY LANE, SUITE 1105, ROCKVILLE, MD 20852	04-2531031	501(C)(3)	23,824				HEALTH
(120) NATURE CONSERVANCY - SOUTH CAROLINA 1417 STUART ENGALS BOULEVARD, SUITE 100, MOUNT PLEASANT, SC 29464	53-0242652	501(C)(3)	35,600				ENVIRONMENT
(121) NEIGHBORHOOD OUTREACH CONNECTION 4 DUNMORE COURT, HILTON HEAD ISLAND, SC 29926	54-2083947	501(C)(3)	83,050				EDUCATION
(122) NEW DESTINY CENTER INC. POST OFFICE BOX 1018, RIDGELAND, SC 29936	26-1640743	501(C)(3)	12,500				HOUSING & SHELTER
(123) NORTHWESTERN UNIVERSITY 1201 DAVIS STREET, EVANSTON, IL 60208- 4410	36-2167817	501(C)(3)	505,000				EDUCATION
(124) OPEN ARMS FELLOWSHIP 402 HOOVER ST. NORTH, HAMPTON, SC 29924	57-1103018	501(C)(3)	9,214				YOUTH SERVICES
(125) OPERATION PATRIOTS FOB 198 OKATIE VILLAGE DRIVE, SUITE 103- 335, OKATIE, SC 29909	85-0894599	501(C)(3)	108,249				HUMAN SERVICES
(126) OSPREY VILLAGE INC. 2600 MAIN STREET, UNIT 101, HILTON HEAD ISLAND, SC 29926	26-2967726	501(C)(3)	24,350				HUMAN SERVICES
(127) PILLARS COMMUNITY HEALTH 23 CALENDAR AVENUE, LA GRANGE, IL 60525	36-2170869	501(C)(3)	5,000				HEALTH

(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
(128) PLANNED PARENTHOOD SOUTH ATLANTIC 100 SOUTH BOYLAN AVENUE, RALEIGH, NC 27603	56-1282557	501(C)(3)	16,500				HEALTH
(129) POCKETS FULL OF SUNSHINE P.O. BOX 4718, HILTON HEAD ISLAND, SC 29938	47-1283875	501(C)(3)	42,500				HUMAN SERVICES
(130) POLARIS TECH CHARTER SCHOOL 1508 GRAYS HWY, RIDGELAND, SC 29936	81-5150351	501(C)(3)	35,000				EDUCATION
(131) PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY, OKATIE, SC 29909	20-4431922	501(C)(3)	7,000				ENVIRONMENT
(132) PREGNANCY CENTER AND CLINIC OF THE LOW COUNTRY 201 MERCHANT STREET, HILTON HEAD ISLAND, SC 29926	57-0923523	501(C)(3)	35,496				HEALTH
(133) PROGRAMS FOR EXCEPTIONAL PEOPLE INC 39 SHERIDAN PARK CIR., STE. 2, BLUFFTON, SC 29910	57-1036680	501(C)(3)	171,300				HUMAN SERVICES
(134) PROVIDENCE PRESBYTERIAN CHURCH FOOD DISTRIBUTION 171 CORDILLO PARKWAY, HILTON HEAD ISLAND, SC 29928	99-9999999	501(C)(3)	9,500				HUMAN SERVICES
(135) PUBLIC TENNIS, INC. PO BOX 6381, HILTON HEAD ISLAND, SC 29938-6381	57-1120848	501(C)(3)	13,000				EDUCATION
(136) RAPE CRISIS CENTER OF THE COASTAL EMPIRE INC. PO BOX 13954, SAVANNAH, GA 31416	58-1237907	501(C)(3)	5,000				HUMAN SERVICES
(137) REAL CHAMPIONS, INC PO BOX 669, RIDGELAND, SC 29936	81-3956956	501(C)(3)	22,750				EDUCATION
(138) RESERVA: THE YOUTH LAND TRUST, INC P.O. BOX 57277, APT 1008, WASHINGTON, DC 20037	84-2906892	501(C)(3)	5,000				EDUCATION
(139) ROOF ABOVE PO BOX 31335, CHARLOTTE, NC 28231	56-1837620	501(C)(3)	75,000				HUMAN SERVICES
(140) ROTARY CLUB OF HILTON HEAD ISLAND CHARITABLE FOUNDATION 99 N MAIN STREET, SUITE 2, HILTON HEAD ISLAND, SC 29926	86-1742661	501(C)(3)	7,200				CAPACITY BUILDING
(141) SAINT FRANCIS DE SALES SCHOOL 917 S. 47TH STREET, PHILADELPHIA, PA 19143	07-5194688	501(C)(3)	5,418				EDUCATION
(142) SAMARITANS PURSE PO BOX 3000, BOONE, NC 28607	58-1437002	501(C)(3)	5,000				HUMAN SERVICES
(143) SANDALWOOD COMMUNITY FOOD PANTRY P.O. BOX 5061, HILTON HEAD ISLAND, SC 29938	27-2766571	501(C)(3)	115,000				HUMAN SERVICES

(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
(144) SEA PINES FOREST PRESERVE FOUNDATION 175 GREENWOOD DRIVE, HILTON HEAD ISLAND, SC 29928	57-0985915	501(C)(3)	12,700				ENVIRONMENT
(145) SEA TURTLE PATROL HHI P.O. BOX 23434, HILTON HEAD ISLAND, SC 29925	82-3642853	501(C)(3)	28,000				ANIMAL WELFARE
(146) SECOND HELPINGS INC. P.O. BOX 23621, HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	120,900				HUMAN SERVICES
(147) SENIOR SERVICES OF NORTH FULTON, INC. 11381 SOUTHBRIDGE PARKWAY, ALPHARETTA, GA 30022	58-1948370	501(C)(3)	5,000				HEALTH
(148) SHARING NETWORK FOUNDATION, INC. 691 CENTRAL AVENUE, NEW PROVIDENCE, NJ 07974	20-2737719	501(C)(3)	15,000				HUMAN SERVICES
(149) SHELTER BOX USA P.O. BOX 5055, SANTA BARBATA, CA 93150	20-0471604	501(C)(3)	9,735				HUMAN RIGHTS
(150) SOCIETY OF ST. VINCENT DE PAUL 31 SAINT GREGORY DRIVE, BLUFFTON, SC 29909	13-5562362	501(C)(3)	6,000				HUMAN SERVICES
(151) SOUTH CAROLINA COASTAL CONSERVATION LEAGUE 131 SPRING STREET, CHARLESTON, SC 29403	57-0887278	501(C)(3)	5,000				ENVIRONMENT
(152) SOUTH CAROLINA YACHT CLUB 10 YACHT CLUB DRIVE, HILTON HEAD ISLAND, SC 29926	N/A	501(C)(7)	6,300				YOUTH SERVICES
(153) SOUTH COASTAL FELLOWSHIP OF CHRISTIAN ATHLETES POST OFFICE BOX 5192, HILTON HEAD ISLAND, SC 29938	44-0610626	501(C)(3)	22,500				RELIGIOUS ORG.
(154) SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE, MONTGOMERY, AL 36104	63-0598743	501(C)(3)	15,000				HUMAN RIGHTS
(155) SPARTAN FUND 550 S. HARRISON ROAD, EAST LANSING, MI 48823	38-6005984	501(C)(3)	12,000				COMMUNITY LEVEL
(156) SPECIAL OLYMPICS SOUTH CAROLINA AREA 8 PO BOX 4641, HILTON HEAD ISLAND, SC 29938	57-0680248	501(C)(3)	38,000				EDUCATION
(157) SPIRIT OF SEBASTIAN 113 BESSELEIU CT, BLUFFTON, SC 29910-6536	92-3750436	501(C)(3)	8,500				CAPACITY BUILDING
(158) SPRING ISLAND TRUST 174 CALLAWASSIE DRIVE, OKATIE, SC 29909	57-0905093	501(C)(3)	5,500				ENVIRONMENT
(159) ST. FRANCIS CATHOLIC SCHOOL 45 BEACH CITY ROAD, HILTON HEAD ISLAND, SC 29926	57-1096485	501(C)(3)	10,000				EDUCATION

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(160) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE, MEMPHIS, TN 38105	62-0646012	501(C)(3)	7,483				HEALTH
(161) STOP SOLDIER SUICIDE P.O. BOX 670212, DALLAS, TX 75267-0212	27-3512119	501(C)(3)	5,000				VETERANS SERVICES
(162) ST. STEPHENS OUTREACH FOODBANK 3524 SMITHS CROSSING, RIDGELAND, SC 29936	57-0947913	501(C)(3)	9,000				RELIGIOUS ORG.
(163) TECHNICAL COLLEGE OF THE LOWCOUNTRY POST OFFICE BOX 1288, BEAUFORT, SC 29901	57-0767384	501(C)(3)	10,000				EDUCATION
(164) TECHNICAL COLLEGE OF THE LOWCOUNTRY FOUNDATION PO BOX 2614, BEAUFORT, SC 29901	57-0767384	501(C)(3)	21,139				EDUCATION
(165) THE BASCOM CORPORATION 323 FRANKLIN ROAD, HIGHLANDS, NC 28741	56-2093546	501(C)(3)	10,500				ARTS AND CULTURE
(166) THE CHILDREN'S CENTER, INC. P.O. BOX 21240, HILTON HEAD ISLAND, SC 29925	57-0485356	501(C)(3)	187,103				EDUCATION
(167) THE FIRST TEE OF THE LOWCOUNTRY 23 PLANTATION PARK DR., SUITE 301, BLUFFTON, SC 29910	46-5117877	501(C)(3)	38,200				EDUCATION
(168) THE GULLAH MUSEUM OF HILTON HEAD ISLAND 12 GEORGIANNA DRIVE, HILTON HEAD ISLAND, SC 29926	42-1603322	501(C)(3)	6,000				ARTS AND CULTURE
(169) THE HILTON HEAD ISLAND DEEP WELL PROJECT P.O. BOX 5543, HILTON HEAD ISLAND, SC 29938	57-0566098	501(C)(3)	354,423				HUMAN SERVICES
(170) THE HUNGER COALITION OF THE LOWCOUNTRY DBA BACKPACK BUDDIES OF HILTON HEAD ISLAND PO BOX 22738, HILTON HEAD ISLAND, SC 29925	27-3106509	501(C)(3)	19,350				HUMAN SERVICES
(171) THE OUTSIDE FOUNDATION 50 SHELTER COVE LANE, HILTON HEAD ISLAND, SC 29928	46-4305638	501(C)(3)	39,000				ENVIRONMENT
(172) THE SALVATION ARMY POST OFFICE BOX 105, BEAUFORT, SC 29901	58-0660607	501(C)(3)	65,940				HUMAN SERVICES
(173) THE SANDBOX A HILTON HEAD MUSEUM 80 NASSAU ST., HILTON HEAD ISLAND, SC 29928	20-0301794	501(C)(3)	28,508				EDUCATION
(174) THE UNIVERSITY OF CHICAGO 5235 S. HARPER COURT, 4TH FLOOR, CHICAGO, IL 60615	36-2177139	501(C)(3)	10,000				SCHOLARSHIPS

(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
(175) TURTLE TRACKERS P.O. BOX 3192, HILTON HEAD ISLAND, SC 29928	81-3411423	501(C)(3)	5,000				ANIMAL WELFARE
(176) UNITED WAY OF COLLIER COUNTY AND THE KEYS 9015 STRADA STELL COURT 204, NAPLES, FL 34109	59-1026096	501(C)(3)	10,000				HUMAN SERVICES
(177) UNITED WAY OF THE LOWCOUNTRY, INC. POST OFFICE BOX 202, BEAUFORT, SC 29901-0202	57-0405847	501(C)(3)	10,250				HUMAN SERVICES
(178) UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE, SUITE 101, ATHENS, GA 30601	58-6033837	501(C)(3)	20,411				ANIMAL WELFARE
(179) UNIVERSITY OF MARY WASHINGTON FOUNDATION 1119 HANOVER STREET, FREDERICKSBURG, VA 22401	54-0169627	501(C)(3)	25,000				EDUCATION
(180) UNIVERSITY OF NEW HAMPSHIRE 9 EDGEWOOD ROAD, DURHAM, NH 03824	02-0437506	501(C)(3)	18,000				EDUCATION
(181) UNIVERSITY OF SOUTH CAROLINA BEAUFORT ONE UNIVERSITY BOULEVARD, BLUFFTON, SC 29909	83-4290457	501(C)(3)	10,150				EDUCATION
(182) UNIVERSITY OF SOUTH CAROLINA BEAUFORT EDUCATION FOUNDATION 1 UNIVERSITY BOULEVARD, ROOM 257, BLUFFTON, SC 29909	83-4290457	501(C)(3)	1,234,463				EDUCATION
(183) UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION USC SCHOOL OF MUSIC, COLUMBIA, SC 29208	57-6017985	501(C)(3)	15,000				ARTS AND CULTURE
(184) UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX, BOX 78807, MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	35,000				EDUCATION
(185) UNTO THE LEAST OF THESE, INC. DBA GEORGIA FESTIVAL OF TREES 3962 SHIRLEY DRIVE, APT. 205, ATLANTA, GA 30336	84-4350411	501(C)(3)	5,000				HUMAN SERVICES
(186) VANTAGE POINT FOUNDATION POST OFFICE BOX 31224, CHARLESTON, SC 29417	81-3500667	501(C)(3)	22,667				VETERANS SERVICES
(187) VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE, HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	6,000				HEALTH
(188) VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND 15 NORTHRIDGE DRIVE, HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	379,558				HEALTH
(189) WELLESLEY COLLEGE 106 CENTRAL STREET, WELLESLEY, MA 02481-8203	04-2103637	501(C)(3)	5,000				EDUCATION

(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
⁽¹⁹⁰⁾ WILLIAM'S HOUSE, INC 160 OAK ST, ROSWELL, GA 30075	85-3348294	501(C)(3)	5,000				EDUCATION
⁽¹⁹¹⁾ WOMEN'S RIGHTS AND EMPOWERMENT NETWORK PO BOX 11007, COLUMBIA, SC 29211	81-0775184	501(C)(3)	40,000				HUMAN SERVICES
⁽¹⁹²⁾ WORLD AFFAIRS COUNCIL OF HILTON HEAD P.O. BOX 22523, HILTON HEAD ISLAND, SC 29925	57-0942426	501(C)(3)	20,114				EDUCATION
⁽¹⁹³⁾ YALE NEW HAVEN HOSPITAL P.O. BOX 1849, NEW HAVEN, CT 06508-1849	06-0646652	501(C)(3)	10,500				HEALTH

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AFRICAN WILDLIFE FOUNDATION 1100 NEW JERSEY AVENUE SE, STE 900, WASHINGTON, DC 20003
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AGAPE FAMILY LIFE CENTER 5855 SOUTH OKATIE HIGHWAY, HARDEEVILLE, SC 29927
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALL SAINTS EPISCOPAL CHURCH 3001 MEETING STREET, HILTON HEAD ISLAND, SC 29926
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE, HILTON HEAD ISLAND, SC 29928

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT WIERMAN PRESIDENT AND CEO	221,850 0	40,000 0	19,500 0	0 0	13,362 0	294,712 0	0 0
2							
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16							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE CEO RECEIVES ADDITIONAL COMPENSATION TO EQUAL \$19,500 BEING DISTRIBUTED TO A SUPPLEMENTAL NQDA PLAN.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization COMMUNITY FOUNDATION OF THE LOWCOUNTRY,	Employer identification number 57-0756987
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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	✓	40	2,907,851	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	0
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	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
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?		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
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.		

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Community Foundation of the Lowcountry,

Employer identification number

57-0756987

Return Reference - Identifier	Explanation						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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 12C - CONFLICT OF INTEREST POLICY	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, 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 OF COMPARABLES, BUT IS MADE BY THE CEO.						
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	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 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN VALUE OF SPLIT INTEREST</td> <td>- 310,238</td> </tr> <tr> <td>TOTAL</td> <td>- 310,238</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN VALUE OF SPLIT INTEREST	- 310,238	TOTAL	- 310,238
(a) Description	(b) Amount						
CHANGE IN VALUE OF SPLIT INTEREST	- 310,238						
TOTAL	- 310,238						
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.						

**SCHEDULE R
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service
Name of the organization

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

57-0756987

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,

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)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE JIM AND MARGARET KRUM FOUNDATION (27-1777206) 4 NORTHRIDGE DRIVE, SUITE A, HILTON HEAD, SC 29925	GRANTMAKING	SC	501(C)(3)	12 TYPE I	COMMUNITY FOUNDATION OF THE LOWCOUNTRY		✓
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

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)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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
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.

	(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)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													