

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

November 10, 2021

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

**TAXPAYER'S
COPY**

Dear Client:

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

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

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

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

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

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

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

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

Sincerely,

A handwritten signature in blue ink, appearing to be 'B. Lucas', written over the printed name.

Bradley A. Lucas, CPA

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

2020

GENERAL INFORMATION
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,
INC.

PAGE 1

57-0756987

FORMS NEEDED FOR THIS RETURN

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

CARRYOVERS TO 2021

NONE

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

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

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

PAPERLESS E-FILE

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

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

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

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

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

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

RENTAL INCOME WORKSHEET
FORM 990
OFFICE BUILDING, HILTON HEAD, SC

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

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

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

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

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

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

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

Department of the Treasury
Internal Revenue Service

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

► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

2020

Name of exempt organization or person subject to tax

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

Taxpayer identification number

57-0756987

Name and title of officer or person subject to tax

NICOLE CHARLES

VICE PRESIDENT

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

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

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

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to

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

PIN: check one box only

☒ I authorize LUCAS & ASSOCIATES CPAS, P.C. to enter my PIN 00330 as my signature

ERO firm name Enter five numbers, but

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

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

Signature of officer or person subject to tax ►

Date ▶

Part III	Certification and Authentication
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ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

58968319549

Do not enter all zeros

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

ERO's signature

Date ►

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

Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020**Open to Public Inspection****A** For the 2020 calendar year, or tax year beginning 7/01, 2020, and ending 6/30, 2021**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,
INC.
4 NORTHRIDGE DRIVE, SUITE A
HILTON HEAD ISLAND, SC 29925**D** Employer identification number

57-0756987

E Telephone number

843-681-9100

G Gross receipts \$ 27,497,262.**F** Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included?
If "No," attach a list. See instructions ☐ Yes ☐ No**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.CF-LOWCOUNTRY.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1994**M** State of legal domicile: SC**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION'S MISSION IS STRENGTHENING COMMUNITY BY CONNECTING PEOPLE, RESOURCES, AND NEEDS.		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	15
	6	Total number of volunteers (estimate if necessary)	250
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 6,609,496. Current Year 8,253,890.
	9	Program service revenue (Part VIII, line 2g)	792,975. 1,128,485.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,986,745. 18,100,787.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,100. 14,100.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,405,316. 27,497,262.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,999,002. 6,806,920.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,075,660. 1,115,345.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 273,045.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,145,679. 2,329,337.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,220,341. 10,251,602.
	19	Revenue less expenses. Subtract line 18 from line 12	-815,025. 17,245,660.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	5,091,041. 3,432,822.
22		Net assets or fund balances. Subtract line 21 from line 20	52,988,185. 70,233,845.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	NICOLE CHARLES		VICE PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	BRADLEY A. LUCAS, CPA	<i>Bradley A. Lucas</i>	11/10/21	P00022914
	Firm's name	LUCAS & ASSOCIATES CPAS, P.C.		
	Firm's address	PO BOX 15699 SAVANNAH, GA 31416		
			Firm's EIN ▶	46-2977721
			Phone no.	(912) 777-6936

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/19/21

Form 990 (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III. ☒ **X****1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ 8,943,691. including grants of \$ 6,806,920.) (Revenue \$)
COMMUNITY FOUNDATION OF THE LOWCOUNTRY MADE MANY GRANTS TO NONPROFIT ORGANIZATIONS; THE MAJORITY OF THESE ORGANIZATIONS SERVE TO ENHANCE THE QUALITY OF LIFE FOR CITIZENS IN THE SOUTH CAROLINA LOWCOUNTRY. COMMUNITY FOUNDATION OF THE LOWCOUNTRY PROVIDES COMMUNITY LEADERSHIP THROUGH PROVIDING INFORMATION, ORGANIZATION DEVELOPMENT, NETWORKING, AND CONVENINGS IN SUPPORT OF THE NONPROFIT SECTOR IN ITS REGION.

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

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

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ including grants of \$) (Revenue \$)

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

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

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

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

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

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

NICOLE CHARLES 4 NORTHRIDGE DRIVE, SUITE A HILTON HEAD ISLAND SC 29925 843-681-9100

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT WIERMAN PRESIDENT & CEO	40 0			X				147,616.	0.	0.
(2) JACKIE ROSSWURM INTERIM CEO	40 0	X						130,953.	0.	0.
(3) SHEILA MAHONY DIRECTOR	2 0	X						0.	0.	0.
(4) DAVID WETMORE TREASURER	2 0	X		X				0.	0.	0.
(5) SANDY BENSON DIRECTOR	2 0	X						0.	0.	0.
(6) JAMES ALLHUSEN CHAIRMAN	2 0	X		X				0.	0.	0.
(7) ALLEN WARD VICE CHAIR	2 0	X		X				0.	0.	0.
(8) AL PANU DIRECTOR	2 0	X						0.	0.	0.
(9) GEOFF BLOCK DIRECTOR	2 0	X						0.	0.	0.
(10) YVONNE CURL DIRECTOR	2 0	X						0.	0.	0.
(11) MICHELLE WYCOFF DIRECTOR	2 0	X						0.	0.	0.
(12) DOUG FLETCHER DIRECTOR	2 0	X						0.	0.	0.
(13) SHIRLEY PETERSON DIRECTOR	2 0	X						0.	0.	0.
(14) PAUL MOERI DIRECTOR	2 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOHN LEVY DIRECTOR	2 0	X						0.	0.	0.
(16) DAVID ROSENBLUM DIRECTOR	2 0	X						0.	0.	0.
(17) MICHAEL MARKS DIRECTOR	2 0	X						0.	0.	0.
(18) ARNO DIMMLING DIRECTOR	2 0	X						0.	0.	0.
(19) LINDA FIORE DIRECTOR	2 0	X						0.	0.	0.
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal								278,569.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								278,569.	0.	0.

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

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete **Schedule J** for such individual.

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete **Schedule J** for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any **unrelated** organization or individual for services rendered to the organization? If 'Yes,' complete **Schedule J** for such person.

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,806,920.	6,806,920.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	373,386.	72,616.	240,663.	60,107.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	562,869.	109,466.	362,794.	90,609.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	23,596.	4,589.	15,209.	3,798.
9 Other employee benefits.	84,472.	16,428.	54,446.	13,598.
10 Payroll taxes.	71,022.	13,812.	45,777.	11,433.
11 Fees for services (nonemployees):				
a Management.				
b Legal.	2,790.		2,790.	
c Accounting.	33,903.		33,903.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	23,351.		11,345.	12,006.
12 Advertising and promotion.	115,558.	115,558.		
13 Office expenses.	46,705.		46,705.	
14 Information technology.	64,720.		64,720.	
15 Royalties.				
16 Occupancy.	6,026.		6,026.	
17 Travel.	779.	779.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	10,506.		10,506.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	47,914.		47,914.	
23 Insurance.	29,145.		29,145.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	919,732.	919,732.		
b FUND ADMIN FEE	764,033.	764,033.		
c CHG IN SPLIT INTEREST VALUE	87,120.	87,120.		
d FUNDRAISING	81,424.			81,424.
e All other expenses.	95,631.	32,638.	62,923.	70.
25 Total functional expenses. Add lines 1 through 24e.	10,251,602.	8,943,691.	1,034,866.	273,045.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

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

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,497,262.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,251,602.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,245,660.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,988,185.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	70,233,845.

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? _____ If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
57-0756987

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,928,096.	4,013,799.	5,727,166.	6,822,132.	6,999,002.	27,490,195.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,118,500.	1,810,729.	1,617,453.	1,252,857.	1,056,899.	6,856,438.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						34,346,633.
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 ▶ ☐						

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

Section D. Computation of Investment Income Percentage

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

19a 33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in 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).		
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? If 'Yes,' provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
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)? If 'Yes,' answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 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** ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2020

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	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 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E — Distribution Allocations (see instructions)

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

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,
INC.

Employer identification number

57-0756987

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	84	
2 Aggregate value of contributions to (during year)	2,616,253.	
3 Aggregate value of grants from (during year)	2,102,046.	
4 Aggregate value at end of year	11,160,478.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X. ▶ \$

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

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

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange program
☐ e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

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

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

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

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

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

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

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

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

- (i) Unrelated organizations ☐ Yes ☐ No
 (ii) Related organizations ☐ Yes ☐ No

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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

Part VI Land, Buildings, and Equipment.

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

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

BAA

Schedule D (Form 990) 2020

Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ..		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) ..	

Part X Other Liabilities.

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

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

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

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

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

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

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

Part XIII Supplemental Information.

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,
INC.

Employer identification number

57-0756987

Part I General Information on Grants and Assistance

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

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

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

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

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

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

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Part III

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

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

Part IV

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

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 1 of 13

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,		57-0756987					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILTON HEAD SYMPHONY ORCHESTR							
POST OFFICE BOX 5757							
HILTON HEAD ISLAND, SC 29938	57-0761297		22,817.				
HOSPICE CARE OF THE LOWCOUNTRY							
119 PALMETTO WAY							
BLUFFTON, SC 29910	57-0774530		33,732.				
LOWCOUNTRY LEGAL VOLUNTEERS							
POST OFFICE BOX 2496							
BLUFFTON, SC 29910	56-2202319		97,579.				
MEALS ON WHEELS BLUFFTON-HILT							
POST OFFICE BOX 23691							
HILTON HEAD ISLAND, SC 29925	57-0691109		19,200.				
SECOND HELPINGS, INC.							
PO BOX 23621							
HILTON HEAD ISLAND, SC 29925	57-0938469		64,600.				
SC COASTAL CONSERVATION LEAGU							
PO BOX 1765							
CHARLESTON, SC 29402	57-0887278		7,500.				
UNITED WAY OF THE LOWCOUNTRY,							
POST OFFICE BOX 202							
BEAUFORT, SC 29901	57-0405847		22,075.				
VOLUNTEERS IN MEDICINE CLINIC							
15 NORTHRIDGE DRIVE							
HILTON HEAD ISLAND, SC 29926	57-0959206		201,049.				
JUNIOR JAZZ FOUNDATION							
1000 WIM HILTON PKWY- C-1							
HILTON HEAD ISL, SC 29928	57-0756987		58,000.				
NATL ALLIANCE-MNTL ILL							
117 WIM HILTON PKWY- SUITE K							
HILTON HEAD ISL, SC 29926	57-0920882		5,500.				

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Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 2 of 13

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,		57-0756987					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILD ABUSE PREVENTION ASSOC PO BOX 531 BEAUFORT, SC 29901	57-0722206		42,250.				
HAMPTON UNITED METHODIST CHUR 202 MULBERRY STREET L WEST HAMPTON, SC 29924	57-0757145		10,000.				
JEWES FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464		20,000.				
MAY RIVER MONTESSORI SCHOOL PO BOX 2557 BLUFFTON, SC 29910	57-0853132		7,500.				
MEMORY MATTERS PO BOX 22330 HILTON HEAD ISL, SC 29925	58-2291775		29,309.				
NEIGHBORHOOD OUTREACH CONNECT PO BOX 23558 HILTON HEAD ISL, SC 29925	54-2083947		201,700.				
CROSSROADS COMM SUPPT SERVS PO BOX 3525 BLUFFTON, SC 29910	27-0536683		41,500.				
HILTON HEAD HUMANE ASSC 8 SPANISH WELLS ROAD HHL, SC 29925	57-0630156		10,881.				
LANDMARK COLLEGE 1 RIVER ROAD SOUTH PUTNEY, VT 05346	22-2586208		50,000.				
NATIONAL FNDTION CANCER RESEAR 4600 EAST WEST HIGHWAY BETHESDA, MD 20814	04-2531031		9,528.				

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Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 3 of 13

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)		57-0756987					
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SC GOV'S SCHOOL FOR THE ARTS 15 UNIVERSITY STREET GREENVILLE, SC 29601	57-0794878		18,500.				
TECH COLLEGE OF LOWCOUNTRY FD 921 RIBAUT ROAD BEAUFORT, SC 29901	57-0767384		14,975.				
THE SANDBOX 18A POPE AVENUE HHI, SC 29928	21-0301794		50,462.				
BLUFFTON JASPER COUNTY VOLUNT PO BOX 2653 BLUFFTON, SC 29910	32-0298086		115,904.				
DANA FARBER CANCER INSTITUTE 10 BOOKLINE PLACE WEST, 6TH F BROOKLINE, MA 02445	04-2263040		15,000.				
HHI FRIENDS OF THE LIBRARY PO BOX 21268 HILTON HEAD ISL, SC 29925	23-7208194		13,975.				
MENTAL HEALTH AMERICA OF BEAU PO BOX 1925 BLUFFTON, SC 29910	57-0670742		44,266.				
RONALD McDONALD HOUSE CHARITI 4710 WATERS AVENUE SAVANNAH, GA 31404	58-1630107		9,500.				
PREGNANCY CENTER AND CLINIC 1 CARDINAL RD, SUITE 1&2 HILTON HEAD ISL, SC 29926	57-0923523		84,910.				
THE LITERACY CENTER PO BOX 3725 BLUFFTON, SC 29910	57-0727884		55,000.				

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Schedule I Cont (Form 990) 2020

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 4 of 13

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

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Schedule I Cont (Form 990) 2020

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 5 of 13

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,		57-0756987					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL ON FOUNDATIONS P.O. BOX 75661 BALTIMORE, MD 21275	13-6068327		5,750.				
FIRST PRESBYTERIAN - HHI 540 WILLIAM HILTON PARKWAY HILTON HEAD, SC 29928	57-0470141		13,400.				
MED-I-ASSIST P.O. BOX 3164 BLUFFTON, SC 29910	32-0212924		8,000.				
THE CHILDREN'S CENTER 8 NATURE'S WAY HILTON HEAD, SC 29926	57-0485356		143,419.				
WELLESLEY COLLEGE 106 CENTRAL ST. WELLESLEY, MA 02481	04-2103637		10,000.				
WOMEN OF FAITH & POWER MINIST 17 GROBER HILL RD., STE. 104 BEAUFORT, SC 29906	31-1542599		16,000.				
DRAGON BOAT BEAUFORT P.O. BOX 213 BEAUFORT, SC 29902	57-0756987		37,182.				
HOPEFUL HORIZONS P.O. BOX 1775 BLUFFTON, SC 29910	57-1063332		52,050.				
LOWCOUNTRY FOODBANK 2864 AZALEA DRIVE CHARLESTON, SC 29413	57-0751835		29,099.				
SVDP HOLY FAMILY CONFERENCE 24 POPE AVENUE HILTON HEAD, SC 29925	43-1964461		25,000.				

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Schedule I Cont (Form 990) 2020

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 6 of 13

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,		57-0756987					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY POST OFFICE BOX 105 BEAUFORT, SC 29903	58-0660607		7,029.				
UNIVERSITY OF SC 1714 COLLEGE STREET COLUMBIA, SC 29208	57-6001153		207,914.				
WORLD AFFAIRS COUNCIL OF HHI P. O. BOX 22523 HILTON HEAD, SC 29925	57-0942426		10,144.				
BEAUFORT MEMORIAL HOSPITAL P.O. BOX 2233 BEAUFORT, SC 29901	57-6000094		17,000.				
HELPING HAND CENTER 1263 COHEN ROAD PINELAND, SC 29934	80-0751064		34,000.				
OSPREY VILLAGE, INC. PO BOX 3155 BLUFFTON, SC 29910	26-2967726		150,000.				
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607			30,000.				
SAVANNAH COUNTRY DAY SCHOOL 8 STILLWOOD DRIVE SAVANNAH, GA 31419	58-0655290		334,000.				
AMERICAN RED CROSS - TRIANGLE 100 N. PEARTREE LN. RALEIGH, NC 27513	53-0196605		5,100.				
AGAWAM COUNCIL 6 FUNDY ROAD, SUITE 100 FAIRMOUTH, ME 04105	22-2577250		50,000.				

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Schedule I Cont (Form 990) 2020

Continuation Sheet for Schedule I (Form 990)

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

Continuation Page 7 of 13

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY, Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)		57-0756987					
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 11 MALLETT WAY, SUITE 301 BLUFFTON, SC 29910	13-1788491		5,229.				
BLUFFTON COMMUNITY SOUP KITCH 21 BOUNDARY STREET BLUFFTON, SC 29910	82-3282038		38,715.				
FIRST BAPTIST CHURCH 609 WALNUT STREET LUMBERTON, NC 28358			15,912.				
GREATER FAITH INTERNATIONAL M 325 W. CAROLINA AVENUE VARNVILLE, SC 29944	20-3364956		10,500.				
HERITAGE CLASSIC FOUNDATION POST OFFICE BOX 3244 HILTON HEAD ISL, SC 29928	57-0835114		31,250.				
HILTON HEAD REGIONAL HABITAT BOX 2747 BLUFFTON, SC 29910	57-0916245		29,250.				
HUNGER COALITION OF THE LOWCO POST OFFICE BOX 22738 HILTON HEAD ISL, SC 29925	27-3106509		9,000.				
MAYO CLINIC 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028		15,000.				
MAKE-A-WISH FOUNDATION OF ORA 3230 EL CAMINO REAL, SUITE 10 IRVINE, CA 92602	33-0036556		25,000.				
MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DRIVE, 600 RESTON, VA 20191	54-1429009		50,000.				

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Schedule I Cont (Form 990) 2020

Continuation Sheet for Schedule I (Form 990)

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

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Continuation Page 8 of 13

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

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Schedule I Cont (Form 990) 2020

Continuation Sheet for Schedule I (Form 990)

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

Continuation Page 9 of 13

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

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Schedule I Cont (Form 990) 2020

Continuation Sheet for Schedule I (Form 990)

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

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

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Schedule I Cont (Form 990) 2020

Continuation Sheet for Schedule I (Form 990)

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

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

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Schedule I Cont (Form 990) 2020

Continuation Sheet for Schedule I (Form 990)

2020

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

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Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF THE LOWCOUNTRY,		57-0756987					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MOSS CREEK ENDOWMENT FUND P.O. BOX 23019 HILTON HEAD IS, SC 29925	57-0756987		10,000.				
NAACP LEGAL DEFENSE AND EDUCA 40 RECTOR STREET NEW YORK, NY 10006	13-1655255		10,000.				
NATIVE ISLAND BUSINESS & COMM P.O. BOX 23452 HILTON HEAD IS, SC 29925	57-1019358		25,000.				
OPEN SPACE INSTITUTE, INC. 1350 BROADWAY NEW YORK, NY 10018	52-1053406		10,000.				
PARTNERS IN TRANSITION, INC. P. O. BOX 465 RIDGELAND, SC 29936	84-3203640		6,500.				
PENNSYLVANIA STATE UNIVERSITY 150 SOUTH COLLEGE STREET CARLISLE, PA 17013	23-1610942		38,294.				
PEOPLE FOR PARKS, INC 70 MAIN STREET HILTON HEAD IS, SC 29926	57-1029113		12,908.				
RADIO TRAINING NETWORK 2420 WADE HAMPTON BLVD GREENVILLE, SC 29615	58-1585542		30,000.				
RAVI ZACHARIAS INTERNATIONAL 3755 MANSELL ROAD ALPHARETTA, GA 30022	13-3200719		30,000.				
WELLSPRING INTERNATIONAL 3755 MANSELL ROAD ALPHARETTA, GA 30022	46-2683948		30,000.				

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Schedule I Cont (Form 990) 2020

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**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Employer identification number

57-0756987

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	53	1,850,142.	AVG HIGH/LOW
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....)				
26 Other ▶ (.....)				
27 Other ▶ (.....)				
28 Other ▶ (.....)				

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

29

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

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.

	Yes	No
30 a		X
31		X
32 a		X

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

Schedule M (Form 990) 2020

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

SCHEDULE M - ADDITIONAL INFORMATION

COLUMN B REPORTS 53 SEPARATE STOCK CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,
INC.

Employer identification number

57-0756987

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

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

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ANNUAL FORM 990 IS PREPARED BY THE FOUNDATION'S INDEPENDENT AUDITORS. AFTER THE
COMPLETED FORM 990 IS REVIEWED BY THE FOUNDATION'S VP FOR FINANCE/ADMINISTRATION AND
PRESIDENT/CEO, AN ELECTRONIC COPY OF THE FORM IS THEN PROVIDED TO ALL FOUNDATION
DIRECTORS WITH A 5 DAY COMMENT PERIOD BEFORE THE FORM IS FILED WITH THE IRS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

INCREASES FOR THE CEO ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF
DIRECTORS UPON RECEIVING PERFORMANCE COMMENTARY BY THE BOARD OF DIRECTORS AND BEING
PRESENTED WITH STUDIES SHOWING COMPARABLE WAGE DATA FROM THE COUNCIL ON FOUNDATIONS
AND FORM 990 OF COMPARABLE LOCAL NONPROFITS. APPROVAL OF OTHER KEY EMPLOYEE WAGES
FOLLOWS A SIMILAR REVIEW OF COMPARABLES, BUT IS MADE BY THE CEO.

FORM 990, PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

AK AL AR CA CO CT DC FL GA IL KS KY MA MD ME MI MN MO MS NC ND NH NJ NY OH OK
OR PA RI SC TN UT VA WA WI WV

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

BOARD MAKES AUDIT AND ANNUAL REPORT AVAILABLE ON ITS OWN WEBSITE. BOTH ARE AVAILABLE
UPON REQUEST AS WELL. FORM 990 IS ALSO AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2020

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,
INC.

Employer identification number

57-0756987

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- ----- ----- -----					
(2) ----- ----- ----- ----- -----					
(3) ----- ----- ----- ----- -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) THE JIM AND MARGARET KRUM FOUNDATI 4 NORTHEDGE DRIVE, SUITE A HILTON HEAD ISLAND, SC 29925 27-1777206		SC	501(C)(3)		N/A		X
(2) ----- ----- ----- ----- -----							
(3) ----- ----- ----- ----- -----							
(4) ----- ----- ----- ----- -----							

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

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

(2) -----												

(3) -----												

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

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

(2) -----									

(3) -----									

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

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

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
BAA		Schedule R (Form 990) 2020			

Part VI

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART VII - SUPPLEMENTAL INFORMATION

IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

THE JIM AND MARGARET KRUM FOUNDATION IS OPERATED BY THE SAME ADMINISTRATIVE STAFF AS COMMUNITY FOUNDATION OF THE LOWCOUNTRY AND IS INCLUDED IN THE SAME CONSOLIDATED AUDITED FINANCIAL STATEMENTS, ALTHOUGH THEY FILE SEPARATE FORM 990'S AND HAVE SEPARATE BOARDS OF DIRECTORS. A MAJORITY OF THE JIM AND MARGARET KRUM FOUNDATION'S BOARD OF DIRECTORS IS APPOINTED BY COMMUNITY FOUNDATION OF THE LOWCOUNTRY'S DIRECTORS.