

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning and ending

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

**C** Name of organization  
**COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1626 FREDERICA ROAD 201**  
 City or town, state or province, country, and ZIP or foreign postal code  
**ST. SIMONS ISLAND, GA 31522**

**D** Employer identification number  
**20-2454729**

**E** Telephone number  
**912-268-4442**

**F** Name and address of principal officer: **PAUL WHITE**  
**SAME AS C ABOVE**

**G** Gross receipts \$ **38,487,451.**

**H(a)** Is this a group return for subordinates? .....  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

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

**J** Website: ▶ **WWW.COASTALGEORGIAFOUNDATION.ORG**

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

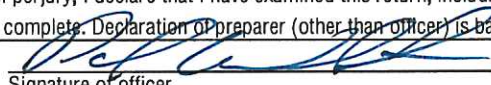
**L** Year of formation: **2005** **M** State of legal domicile: **GA**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	43
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 12,658,793.	Current Year 8,020,182.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,256,918.	7,012,049.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,277.	38,612.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,942,988.	15,070,843.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,100,430.	3,959,790.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	276,519.	349,812.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>94,494.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	292,032.	299,184.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,668,981.	4,608,786.
19	Revenue less expenses. Subtract line 18 from line 12	11,274,007.	10,462,057.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 46,507,043.	End of Year 54,970,721.
	21	Total liabilities (Part X, line 26)	2,942,524.	3,065,860.
	22	Net assets or fund balances. Subtract line 21 from line 20	43,564,519.	51,904,861.

**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** ▶  Date **11/2/22**  
 Signature of officer  
**PAUL WHITE, PRESIDENT & CEO**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <b>RONALD K. RECTOR</b>	Preparer's signature <b>RONALD K. RECTOR</b>	Date <b>10/27/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00260850</b>
Firm's name ▶ <b>MSTILLER LLC</b>	Firm's EIN ▶ <b>58-0673524</b>			
Firm's address ▶ <b>777 GLOUCESTER STREET, SUITE 201 BRUNSWICK, GA 31520</b>		Phone no. (912) 265-1750		

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
AS ONE OF OVER 750 COMMUNITY FOUNDATIONS IN THE U.S. OUR MISSION IS TO  
IMPROVE THE QUALITY OF LIFE IN COASTAL GEORGIA BY PROMOTING AND  
INCREASING RESPONSIBLE, EFFECTIVE PHILANTHROPY, NOW AND FOR FUTURE  
GENERATIONS. OUR ASSETS ARE ADMINISTERED FOR CHARITABLE PURPOSES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 4,396,175. including grants of \$ 3,959,790. ) (Revenue \$ )  
WE PROVIDE PHILANTHROPIC SERVICES TO OUR DONORS AND FUND HOLDERS,  
EDUCATING THEM ON COMMUNITY ISSUES, HELPING THEM DEFINE THEIR GOALS,  
AND ADMINISTERING THEIR GRANT MAKING REQUESTS IN AN EFFICIENT AND  
EFFECTIVE MANNER. OUR ASSETS ARE ADMINISTERED EXCLUSIVELY FOR  
CHARITABLE PURPOSES AND CONSIST OF BOTH ENDOWED AND NON-ENDOWED FUNDS  
(SEE SCHEDULE O).

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
WE STRENGTHEN LOCAL NONPROFITS THROUGH GRANT MAKING, AND INDIVIDUALLY  
WORK WITH THEM TO DEFINE AND ARTICULATE THEIR PROGRAMS AND IMPROVE  
THEIR CAPACITY TO OPERATE EFFECTIVELY AND WITH THE HIGHEST STANDARDS  
(SEE SCHEDULE O).

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
WE CONVENE THE COMMUNITY AROUND CRITICAL ISSUES, RAISING PUBLIC  
AWARENESS, FACILITATING MEETINGS, HELPING DEFINE THE ISSUES AND  
APPROPRIATE RESPONSES (SEE SCHEDULE O).

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

4e Total program service expenses **4,396,175.**

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

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

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

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

Form 990 (2021)

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**PAUL WHITE - (912) 268-4442**  
**1626 FREDERICA ROAD, SUITE 201, ST. SIMONS ISLAND, GA 31522**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL WHITE PRESIDENT & CEO	40.00					X	169,950.	0.	0.	
(2) BONNEY S. SHUMAN AT-LARGE EXECUTIVE COMMITTEE	1.00	X		X			0.	0.	0.	
(3) EDWARD ANDREWS, JR DIRECTOR	1.00	X					0.	0.	0.	
(4) HILLARY S. STRINGFELLOW VICE-CHAIR, SECRETARY	1.00	X		X			0.	0.	0.	
(5) JACK C. KILGORE CHAIRMAN	2.00	X		X			0.	0.	0.	
(6) BURCH BARGER DIRECTOR	1.00	X					0.	0.	0.	
(7) JEFF BARKER TREASURER	1.00	X		X			0.	0.	0.	
(8) JOEL K. ARLINE DIRECTOR	1.00	X					0.	0.	0.	
(9) JOHN R. MURPHY DIRECTOR	1.00	X					0.	0.	0.	
(10) LAWTON M NEASE III DIRECTOR	1.00	X					0.	0.	0.	
(11) MARTIN J. MILLER AT-LARGE EXECUTIVE COMMITTEE	1.00	X		X			0.	0.	0.	
(12) MARY T. ROOT AT-LARGE EXECUTIVE COMMITTEE	1.00	X		X			0.	0.	0.	
(13) MICHAEL K. MALOY DIRECTOR	1.00	X					0.	0.	0.	
(14) PAT HODNETT COOPER DIRECTOR	1.00	X					0.	0.	0.	
(15) RENE C. SHELNUTT DIRECTOR	1.00	X					0.	0.	0.	
(16) SANDRA W. CHANNELL DIRECTOR	1.00	X					0.	0.	0.	
(17) STEPHEN V. KINNEY DIRECTOR	1.00	X					0.	0.	0.	

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JANET A. SHIRLEY DIRECTOR	1.00	X						0.	0.	0.
(19) CEDRIC KING DIRECTOR	1.00	X						0.	0.	0.
(20) WILLIAM HODGES DIRECTOR	1.00	X						0.	0.	0.
(21) MICHAEL D. HODGES DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								169,950.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								169,950.	0.	0.

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

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

**Section B. Independent Contractors**

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

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

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



COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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**Part VIII** Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,020,182.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,358,961.			
	h	<b>Total.</b> Add lines 1a-1f		8,020,182.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,598,327.		1598327.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses	6b				
	6 c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				28,830,330.			
	7 b	Less: cost or other basis and sales expenses	7b	23,416,608.			
7 c	Gain or (loss)	7c	5,413,722.				
d	Net gain or (loss)		5,413,722.		5413722.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
8 b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
10 b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MANAGEMENT FEE	Business Code	523920	21,442.	21,442.	
	b	OTHER INCOME		541610	17,170.	17,170.	
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d			38,612.		
12	<b>Total revenue.</b> See instructions			15,070,843.	38,612.	0.	
						7012049.	

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,959,790.	3,959,790.		
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	169,950.	93,473.	42,487.	33,990.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	136,043.	74,824.	34,010.	27,209.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,566.	861.	392.	313.
9 Other employee benefits	19,293.	10,611.	4,823.	3,859.
10 Payroll taxes	22,960.	12,627.	5,741.	4,592.
11 Fees for services (nonemployees):				
a Management	27,031.	14,867.	6,758.	5,406.
b Legal				
c Accounting	25,375.	13,956.	6,344.	5,075.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	176,527.	176,527.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2,247.	1,236.	562.	449.
13 Office expenses	16,113.	8,862.	4,028.	3,223.
14 Information technology	21,830.	12,007.	5,457.	4,366.
15 Royalties				
16 Occupancy	13,004.	7,152.	3,251.	2,601.
17 Travel	4,380.	2,409.	1,095.	876.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,046.	3,325.	1,512.	1,209.
20 Interest	38.	21.	9.	8.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,652.	909.	413.	330.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER	3,147.	1,731.	787.	629.
b PRINTING AND PUBLICATIO	1,794.	987.	448.	359.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,608,786.	4,396,175.	118,117.	94,494.
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)

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	676,044.	1	3,537,403.
	2	Savings and temporary cash investments	5,352,462.	2	3,613,259.
	3	Pledges and grants receivable, net	22,350.	3	7,350.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,266.		
	b	Less: accumulated depreciation	10b 6,266.	0.	10c 0.
	11	Investments - publicly traded securities	40,354,676.	11	47,753,956.
	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	101,511.	15	58,753.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	46,507,043.	16	54,970,721.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	17,833.	17	12,481.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,924,691.	25	3,053,379.
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,942,524.	26	3,065,860.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	43,428,531.	27	51,831,307.
	28	Net assets with donor restrictions	135,988.	28	73,554.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	43,564,519.	32	51,904,861.	
33	<b>Total liabilities and net assets/fund balances</b>	46,507,043.	33	54,970,721.	

Form 990 (2021)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,070,843.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,608,786.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,462,057.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,564,519.
5	Net unrealized gains (losses) on investments	5	-2,121,715.
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	51,904,861.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2021)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.** Employer identification number **20-2454729**

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

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

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

f Enter the number of supported organizations \_\_\_\_\_

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

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

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2997794.	3640892.	13289844.	12658793.	8020182.	40607505.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 <b>Total.</b> Add lines 1 through 3 .....	2997794.	3640892.	13289844.	12658793.	8020182.	40607505.
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) .....						17762319.
6 <b>Public support.</b> Subtract line 5 from line 4.						22845186.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 .....	2997794.	3640892.	13289844.	12658793.	8020182.	40607505.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	296,107.	343,256.	370,992.	811,708.	1598327.	3420390.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10						44027895.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	51.89 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	48.55 %
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

Schedule A (Form 990) 2021

20-2454729 Page 7

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

Schedule A (Form 990) 2021



**Schedule B**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

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

Employer identification number

**20-2454729**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

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

2021

Open to Public Inspection

Name of the organization COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC. Employer identification number 20-2454729

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, questions about conservation contributions, monitoring, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,446,006.	5,827,354.	4,886,635.	5,212,888.	4,473,350.
b Contributions	352,220.		45,741.	67,636.	77,264.
c Net investment earnings, gains, and losses	773,098.	725,120.	958,609.	-348,741.	694,984.
d Grants or scholarships	33,939.	47,430.	43,921.	27,504.	19,325.
e Other expenditures for facilities and programs		36,436.			
f Administrative expenses	23,509.	22,602.	19,710.	17,644.	13,385.
g End of year balance	7,513,876.	6,446,006.	5,827,354.	4,886,635.	5,212,888.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,266.	6,266.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS HELD TO BENEFIT AN AGENCY	
(3) FUND	3,046,299.
(4) ACCRUED PAYROLL	7,080.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,053,379.

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



COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,772,601.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,121,715.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-2,121,715.	
3	Subtract line 2e from line 1	3	14,894,316.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	176,527.	
c	Add lines 4a and 4b	4c	176,527.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,070,843.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements		1	4,432,259.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	4,432,259.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	176,527.	
c	Add lines 4a and 4b	4c	176,527.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,608,786.	

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

TO BE IN EXISTENCE IN PERPETUITY TO ADDRESS COMMUNITY ISSUES AND TO CREATE DONOR DETERMINED ENDOWMENTS TO PROVIDE FOR SINGLE NONPROFIT AGENCIES.

**PART X, LINE 2:**

INCOME TAXES: THE FOUNDATION IS A QUALIFYING, NONPROFIT ORGANIZATION AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND AS SUCH IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE FOUNDATION MAY BE SUBJECT TO INCOME TAXES IF IT FAILED TO MAINTAIN ITS EXEMPT STATUS OR IF IT CONDUCTED CERTAIN UNRELATED BUSINESS ACTIVITY. THE FOUNDATION HAS EVALUATED BOTH ITS FEDERAL AND STATE INCOME TAX POSITIONS, INCLUDING POSITIONS THAT COULD HAVE AN EFFECT ON THE FOUNDATION'S EXEMPT STATUS, AND

**Part XIII** Supplemental Information *(continued)*

HAS CONCLUDED THAT IT HAS NO UNCERTAIN TAX POSITIONS THAT REQUIRE  
DISCLOSURE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES

PART XI, LINE 4B AND PART XII, LINE 4B

THE 176,527 IS COMPOSED OF INVESTMENT FEES NETTED AGAINST INVESTMENT  
INCOME IN THE AUDIT REPORT, BUT REPORTED IN THE STATEMENT OF FUNCTIONAL  
EXPENSES ON FORM 990.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

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

Employer identification number  
**20-2454729**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD ST 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	7,500.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	25,000.	0.			GENERAL SUPPORT
AMERICA'S SECOND HARVEST OF COASTAL GEORGIA, INC. - 2501 EAST PRESIDENT STREET - SAVANNAH, GA 31404	58-1442013	501(C)(3)	71,905.	0.			COVID RELIEF/GENERAL SUPPORT
ATLANTA SPEECH SCHOOL INC. 3160 NORTHSIDE PARKWAY, NW ATLANTA, GA 30327	58-0566198	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF SOUTHEAST GEORGIA - P.O. BOX 1193 - BRUNSWICK, GA 31521	58-0973039	501(C)(3)	286,619.	0.			GENERAL SUPPORT/ COVID RELIEF
BREAD FOR THE WORLD INSTITUTE, INC. - 425 3RD STREET SW STE 1200 - WASHINGTON, DC 20024	51-0175510	501(C)(3)	10,000.	0.			GENERAL SUPPORT

**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

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

Schedule I (Form 990) 2021

COMMUNITIES OF COASTAL GEORGIA

Schedule I (Form 990) FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR A SUSTAINABLE COAST 221 MALLERY ST #B ST. SIMONS ISLAND, GA 31522	58-2323174	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CHILDREN IN ACTION SPORTS CLUB, INC. - 154 GRANVILLE NIX LN - BRUNSWICK, GA 31525	26-2717334	501(C)(3)	12,500.	0.			AT RISK YOUTH/COVID RELIEF
CHILDREN'S HEALTHCARE OF ATLANTA, INC. - 1575 NORTHEAST EXPY NE - ATLANTA, GA 30329	58-2367819	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CHRIST CHURCH - FREDERICA 6329 FREDERICA ROAD ST. SIMONS ISLAND, GA 31522	58-6067060	501(C)(3)	70,750.	0.			GENERAL SUPPORT
COASTAL COALITION FOR CHILDREN, INC - 1612 NEWCASTLE STREET - BRUNSWICK, GA 31520	58-1497814	501(C)(3)	8,500.	0.			AT RISK YOUTH/COVID RELIEF
COASTAL GEORGIA AREA COMMUNITY ACTION AUTHORITY - 1 COMMUNITY ACTION DR #A - BRUNSWICK, GA 31520	58-0973468	501(C)(3)	138,750.	0.			COVID RELIEF
COASTAL GEORGIA HISTORICAL SOCIETY, INC - P.O. BOX 21136 - ST. SIMONS ISLAND, GA 31522	58-0964094	501(C)(3)	34,800.	0.			GENERAL SUPPORT
COASTAL OUTREACH ACADEMIES, INC. 1425 CATE ROAD BRUNSWICK, GA 31525	81-4317353	501(C)(3)	26,800.	0.			AT RISK YOUTH/COVID RELIEF
COLLEGE OF COASTAL GEORGIA 3700 ALTAMA AVE BRUNSWICK, GA 31520	58-0939565	501(C)(3)	5,250.	0.			SCHOLARSHIPS

Schedule I (Form 990)

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF COASTAL GEORGIA FOUNDATION, INC. - ONE COLLEGE DRIVE - BRUNSWICK, GA 31520	58-6072323	501(C)(3)	114,500.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF GLYNN COUNTY, INC. - P.O. BOX 2318 - BRUNSWICK, GA 31521	20-4477385	501(C)(3)	203,550.	0.			AT RISK YOUTH/COVID RELIEF
DUKE UNIVERSITY 324 BLACKWELL STREET DUKE BOX 10 DURHAM, NC 27701	56-0532129	501(C)(3)	15,800.	0.			GENERAL SUPPORT/ATHLETICS/SCHOOL OF LAW
FAITHWORK MINISTRIES 2911 ALTAMA AVENUE BRUNSWICK, GA 31520	58-2195606	501(C)(3)	61,500.	0.			COVID RELIEF
FIRST UNITED METHODIST CHURCH 1400 NORWICH ST BRUNSWICK, GA 31520	58-0832565	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FREDERICA ACADEMY 200 MURRAY WAY ST. SIMONS ISLAND, GA 31522	58-1093060	501(C)(3)	123,500.	0.			ANNUAL FUND & FRIENDS OF FREDERICA
GEORGIA DEPARTMENT OF NATURAL RESOURCES/NON-GAME DIVISION - 1 CONSERVATION WAY - BRUNSWICK, GA 31520	58-1130945	170(C)(1)	27,432.	0.			EQUIPMENT
GEORGIA PUBLIC BROADCASTING 260 14TH STREET NW ATLANTA, GA 30318	58-1510475	501(C)(3)	10,250.	0.			GENERAL SUPPORT
GEORGIA SOUTHERN UNIVERSITY PO BOX 8053 STATESBORO, GA 30460	58-6034031	501(C)(3)	9,500.	0.			SCHOLARSHIPS

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLYNN VISUAL ARTS, INC. 529 BEACHVIEW DRIVE ST. SIMONS ISLAND, GA 31522	58-0948772	501(C)(3)	9,403.	0.			AT RISK YOUTH
GOLDEN ISLES ARTS AND HUMANITIES ASSOCIATION - 1530 NEWCASTLE ST - BRUNSWICK, GA 31520	58-1822047	501(C)(3)	14,903.	0.			AT RISK YOUTH & GENERAL SUPPORT
GOLDEN ISLES YOUTH ORCHESTRA, INC. P.O. BOX 603 BRUNSWICK, GA 31521	46-5612306	501(C)(3)	12,403.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF GLYNN COUNTY - P.O. BOX 296 - BRUNSWICK, GA 31521	58-1852944	501(C)(3)	8,500.	0.			GENERAL SUPPORT
HAND IN HAND OF GLYNN, INC. PO BOX 2452 BRUNSWICK, GA 31521	83-1620221	501(C)(3)	39,250.	0.			GENERAL SUPPORT/COVID RELIEF
HOPE 1312 COLLECTIVE INC. 1115 SYCAMORE AVE BRUNSWICK, GA 31520	81-4212307	501(C)(3)	13,328.	0.			COVID RELIEF
HOSPICE OF THE GOLDEN ISLES, INC. 1692 GLYNCO PKWY BRUNSWICK, GA 31525	58-1428562	501(C)(3)	31,500.	0.			GENERAL SUPPORT
HOUSE OF HOPE REFUGE OF LOVE PO BOX 21283 ST. SIMONS ISLAND, GA 31522	82-2224796	501(C)(3)	13,000.	0.			COVID RELIEF/GENERAL SUPPORT
HUMANE SOCIETY OF SOUTH COASTAL GEORGIA - 4627 U.S. HIGHWAY 17 NORTH - BRUNSWICK, GA 31525	58-6073265	501(C)(3)	21,220.	0.			GENERAL SUPPORT

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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWNDES COUNTY BOARD OF HEALTH P.O. BOX 5147 VALDOSTA, GA 31603	58-1111978	501(C)(3)	10,000.	0.			HYPERTENSION CLINIC
LSU FOUNDATION 3796 NICHOLSON DR BATON ROUGE, LA 70802	72-6020969	501(C)(3)	18,000.	0.			GENERAL SUPPORT & MECHANICAL ENGINEERING DEPARTMENT
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	20-3021444	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MARSHES OF GLYNN LIBRARIES 208 GLOUCESTER STREET BRUNSWICK, GA 31520	58-6000430	501(C)(3)	18,750.	0.			COVID RELIEF/CHILDHOOD LITERACY
MCCALLIE SCHOOL, INC. 500 DODDS AVE CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MERCER UNIVERSITY 1400 COLEMAN AVE MACON, GA 31207	58-0566167	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MORNINGSTAR CHILDREN AND FAMILY SERVICES, INC. - 1 YOUTH ESTATES DRIVE - BRUNSWICK, GA 31521	58-2314421	501(C)(3)	64,500.	0.			GENERAL SUPPORT/COVID RELIEF
NATIONAL PUBLIC RADIO 1111 NORTH CAPITOL ST. NE WASHINGTON, DC 20002	52-0907625	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ONE HUNDRED MILES, INC. P.O. BOX 2056 BRUNSWICK, GA 31521	45-5260656	501(C)(3)	42,250.	0.			GENERAL SUPPORT

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

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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
PIEDMONT HEALTHCARE FOUNDATION 2001 PEACHTREE RD NE STE 400 ATLANTA, GA 30309	58-1272768	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAFE HARBOR CHILDREN'S CENTER P.O. BOX 1313 BRUNSWICK, GA 31521	58-1907913	501(C)(3)	79,001.	0.			COVID RELIEF & GENERAL SUPPORT
SATILLA RIVERKEEPER ALLIANCE P.O. BOX 159 WAYNESVILLE, GA 31566	51-0491201	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HWY EAST, STE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SHEPHERD CENTER FOUNDATION, INC. 2020 PEACHTREE ROAD ATLANTA, GA 30309	20-1238224	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION - 2415 PARKWOOD DR. - BRUNSWICK, GA 31520	58-2125644	501(C)(3)	82,000.	0.			GENERAL SUPPORT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET, SUITE 14 CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	21,000.	0.			GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ST. FRANCIS XAVIER CATHOLIC CHURCH AND SCHOOL - 1121 UNION ST - BRUNSWICK, GA 31520	58-1584133	501(C)(3)	20,700.	0.			GENERAL SUPPORT

Schedule I (Form 990)



Schedule I (Form 990) **COMMUNITIES OF COASTAL GEORGIA**  
**FOUNDATION, INC.**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARYS UNITED METHODIST CHURCH 106 E. CONYERS STREET ST MARYS, GA 31558	31-1813333	501(C)(3)	15,400.	0.			GENERAL SUPPORT
ST. SIMONS LAND TRUST P.O. BOX 24615 ST. SIMONS ISLAND, GA 31522	58-2598986	501(C)(3)	347,000.	0.			GENERAL SUPPORT
ST. SIMONS PRESBYTERIAN CHURCH 205 KINGS WAY ST. SIMONS ISLAND, GA 31522	58-0909235	501(C)(3)	46,485.	0.			GENERAL SUPPORT
ST. SIMONS UNITED METHODIST CHURCH 624 OCEAN BLVD ST. SIMONS ISLAND, GA 31522	58-0972033	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ST. VINCENT DE PAUL SOCIETY GEORGIA, INC. - 2050-C CHAMBLEE TUCKER ROAD - ATLANTA, GA 30341	58-09667972	501(C)(3)	75,000.	0.			EMERGENCY RELIEF
THE CATHEDRAL OF ST. PHILIP 2744 PEACHTREE RD NW ATLANTA, GA 30305	58-0572411	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE GATHERING PLACE P.O. BOX 772 BRUNSWICK, GA 31521	58-2312223	501(C)(3)	11,750.	0.			YOUTH DEVELOPMENT/ GENERAL SUPPORT
THE SALVATION ARMY P.O. BOX 1375 BRUNSWICK, GA 31521	58-06660607	501(C)(3)	39,000.	0.			GENERAL SUPPORT
THE WOODRUFF ARTS CENTER 1280 PEACHTREE ST N.E. ATLANTA, GA 30309	58-0633971	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) **COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTE FE, NM 87501	31-1611995	501(C)(3)	10,000.	0.			ANNUAL FUND
TIGER ATHLETIC FOUNDATION P.O. BOX 711 BATON ROUGE, LA 70821	72-1004960	501(C)(3)	7,000.	0.			GENERAL SUPPORT
UNITED WAY OF COASTAL GEORGIA, INC. - P.O. BOX 877 - BRUNSWICK, GA 31521	58-0671327	501(C)(3)	58,750.	0.			GENERAL SUPPORT/COVID RELIEF
UNIVERSITY OF GEORGIA FOUNDATION 394 S. MILLEDGE AVE, SUITE 100 ATHENS, GA 30602	58-6033837	501(C)(3)	26,750.	0.			TERRY SCHOOL OF BUSINESS LAW & SCHOLARSHIPS & LIBRARIES, BOTANICAL SUPPORT
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37235	62-0476822	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WASHINGTON AND LEE UNIVERSITY 204 W. WASHINGTON STREET LEXINGTON, VA 24450	54-0505977	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WESTMINSTER SCHOOLS, INC. 1424 WEST PACES FERRY ROAD ATLANTA, GA 30327	58-0566206	501(C)(3)	33,000.	0.			GENERAL SUPPORT
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YMCA OF COASTAL GEORGIA P.O. BOX 14142 SAVANNAH, GA 31416	58-0603160	501(C)(3)	52,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA YOUTH ACADEMIES FOUNDATION INC - 2120 FORREST PARK RD SE - ATLANTA, GA 30315	58-2554519	501(C)(3)	7,500.	0.			GENERAL SUPPORT
BELOVED CHRISTIAN MINISTRIES, INC. 2465 DEMERE ROAD SUITE 210 ST. SIMONS ISLAND, GA 31522	47-2040142	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BRUNSWICK HIGH SCHOOL 3885 ALTAMA AVE BRUNSWICK, GA 31520	58-6000249	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BRUNSWICK-GOLDEN ISLES CHAMBER FOUNDATION, INC. - 1505 RICHMOND STREET, SECOND FLOOR - BRUNSWICK, GA 31520	85-4133468	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CAMDEN COMMUNITY FAMILY CENTER 711 A CHARLES GILMAN JR AVE KINGSLAND, GA 31548	58-2322710	501(C)(3)	11,300.	0.			GENERAL SUPPORT
CANDLER FOUNDATION INC. 5356 REYNOLDS STREET, SUITE 400 SAVANNAH, GA 31405	58-1553254	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHATHAM-SAVANNAH AUTHORITY FOR THE HOMELESS - 761 WHEATON ST - SAVANNAH, GA 31401	58-1928701	501(C)(3)	22,000.	0.			GENERAL SUPPORT
COASTAL GEORGIA INDICATORS COALITION - 110 E STATE STREET - SAVANNAH, GA 31401	47-2371766	501(C)(3)	25,200.	0.			GENERAL SUPPORT
COASTAL SYMPHONY OF GEORGIA, INC. P.O. BOX 21733 ST. SIMONS ISLAND, GA 31522	58-1637768	501(C)(3)	7,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) **COMMUNITIES OF COASTAL GEORGIA**  
**FOUNDATION, INC.**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH DARIEN, GA 201 5TH ST W DARIEN, GA 31305	58-1536841 501(C)(3)		70,000.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF ST SIMONS 729 OCEAN BLVD ST. SIMONS ISLAND, GA 31522	58-0677162 501(C)(3)		30,000.	0.			GENERAL SUPPORT
FORWARD BRUNSWICK, INC. PO BOX 458 BRUNSWICK, GA 31521	84-3251316 501(C)(3)		30,560.	0.			GENERAL SUPPORT
FOUNDATION FOR PRADER WILLI RESEARCH - 340 S. LEMON AVE, #3620 - WALNUT, CA 91789	31-1763110 501(C)(3)		15,000.	0.			GENERAL SUPPORT
GIDEONS INTERNATIONAL PO BOX 140800 NASHVILLE, TN 37214	36-2270051 501(C)(3)		50,000.	0.			GENERAL SUPPORT
GLYNN ACADEMY BAND BOOSTERS, INC. 1001 MANSFIELD STREET BRUNSWICK, GA 31520	83-4419493 501(C)(3)		10,000.	0.			GENERAL SUPPORT
GLYNN COUNTY BOARD OF COMMISSIONERS - 1725 REYNOLDS STREET - BRUNSWICK, GA 31520	58-6000430 501(C)(3)		106,422.	0.			GENERAL SUPPORT
GOLDEN ISLES FELLOWSHIP OF CHRISTIAN ATHLETES - 3228 SHRINE ROAD - BRUNSWICK, GA 31520	44-0610626 501(C)(3)		14,000.	0.			GENERAL SUPPORT
GOLDEN ISLES TECHNICAL AND CAREER LEARNING INC. - 4404 GLYNCO PARKWAY - BRUNSWICK, GA 31525	20-3947219 501(C)(3)		7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITIES OF COASTAL GEORGIA

Schedule I (Form 990)

FOUNDATION, INC.

20 - 2454729

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSIGHT FOR LIVING 5330 PARKWOOD BLVD FRISCO, TX 75034	95-3392299	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JUBILEE KIDS, INC. 139 ALTAMA CONNECTOR, BOX 313 BRUNSWICK, GA 31525	27-2693473	501(C)(3)	5,250.	0.			GENERAL SUPPORT
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55902	41-6011702	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MEDICAL COLLEGE OF GEORGIA FOUNDATION - 720 ST. SEBASTIAN WAY STE 150 - AUGUSTA, GA 30901	58-0706796	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NEW GEORGIA PROJECT INC. 830 GLENWOOD AVE SE STE 510 ATLANTA, GA 30316	82-1348307	501(C)(3)	50,000.	0.			GENERAL SUPPORT
OPERATION BED SPREAD, INC. 1318 OAK STREET ST. SIMONS ISLAND, GA 31522	46-4964925	501(C)(3)	8,750.	0.			GENERAL SUPPORT
RESCUE MISSION OF MIDDLE GEORGIA, INC. - 6601 ZEBULON ROAD - MACON, GA 31220	58-6011446	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE SAMARITAN'S PURSE BOONE, NC 28607	58-1437002	501(C)(3)	31,500.	0.			GENERAL SUPPORT
SAVED BY GRACE 186 CORNERSTONE LANE BRUNSWICK, GA 31523	82-0797090	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANDREW'S EPISCOPAL CHURCH PO DRAWER 929 DARIEN, GA 31305	58-0566215	501(C)(3)	6,750.	0.			GENERAL SUPPORT
STAR FOUNDATION 1612 NEWCASTLE ST SUITE #105 BRUNSWICK, GA 31520	31-1561207	501(C)(3)	22,000.	0.			GENERAL SUPPORT
THE LOVETT SCHOOL 4075 PACES FERRY RD NW ATLANTA, GA 30327	58-0619038	501(C)(3)	15,000.	0.			GENERAL SUPPORT
UNITED WAY OF SOUTHWEST GEORGIA 112 N WESTOVER BLVD ALBANY, GA 31707	58-0655156	501(C)(3)	50,000.	0.			GENERAL SUPPORT
WESLEY ACADEMY OF EARLY LEARNING 6520 FEDERICA ROAD ST. SIMONS ISLAND, GA 31522	58-1735037	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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

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

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

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

**PART I, LINE 2:**

THE GRANT MAKING PROCESS IS WELL DOCUMENTED, BOTH IN POLICIES AND PROCEDURES ADOPTED BY THE BOARD, AND ALSO ON OUR WEBSITE AT WWW.COASTALGEORGIAFOUNDATION.ORG. THERE IS A DEFINED PROCESS FOR RECEIVING LETTERS OF INTENT AND FULL PROPOSALS AS WELL AS REQUESTED FINANCIAL INFORMATION FROM THE GRANT SEEKING NONPROFIT. DECISIONS ARE MADE BY THE COMMUNITY IMPACT COMMITTEE COMPOSED OF BOTH BOARD AND NON-BOARD MEMBERS AND DECISIONS ARE RATIFIED BY THE FULL BOARD.

**Part IV** Supplemental Information

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

(This area contains multiple horizontal lines for supplemental information.)



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

Employer identification number

**20-2454729**

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2021

COMMUNITIES OF COASTAL GEORGIA

Schedule J (Form 990) 2021

20-2454729

Page 2

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAUL WHITE PRESIDENT & CEO	169,950.	0.	0.	0.	0.	169,950.	0.
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
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(iii)							
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(iii)							
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(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

Schedule J (Form 990) 2021

20-2454729

Page 3

**Part III** Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Employer identification number  
**20-2454729**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	26	3,740,571.	HIGH/LOW AVERAGE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2021

**Part II**

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

SCHEDULE M, LINE 32B:

MERRILL LYNCH AND TRUIST ARE USED AS A THIRD PARTY FOR NON-CASH CONTRIBUTIONS OF SECURITIES. THE FOUNDATION UTILIZES A GALLERY AS A THIRD PARTY FOR NON-CASH CONTRIBUTIONS OF ART.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public  
Inspection

Name of the organization

COMMUNITIES OF COASTAL GEORGIA  
FOUNDATION, INC.

Employer identification number  
20-2454729

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

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

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

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

FORM 990, PART III, LINE 4A

WE MEET INDIVIDUALLY WITH OUR DONORS AND FUND HOLDERS, HELPING THEM  
DEFINE THE GOOD THEY WISH TO DO WITH THEIR CHARITABLE DOLLARS, AND THEN  
CONNECTING THEM TO ORGANIZATIONS THAT FOCUS ON THEIR AREA OF INTEREST.  
WE CONDUCT DUE DILIGENCE ON NONPROFITS, TO ENSURE THAT THEY ARE  
CREDIBLE AND COMPLY WITH THE NECESSARY STANDARDS; WE OFFER EDUCATIONAL  
EVENTS TO INFORM DONORS OF COMMUNITY NEEDS. WE CURRENTLY HOLD 59  
FUNDS, THE MAJORITY BEING DONOR ADVISED FUNDS.

FORM 990, PART III, LINE 4B

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

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

Employer identification number  
**20-2454729**

THROUGH THE DONOR FUNDS AND THE ASSOCIATED EXPENSES ARE CONTAINED IN  
 4A. OUR COMPETITIVE GRANT MAKING IS HIGHLIGHTED HERE AND IS FOCUSED ON  
 TWO AREAS: 1) PROGRAMS SERVING AT-RISK YOUTH WHICH SPECIFICALLY ADDRESS  
 ONE OF THE FOLLOWING: EARLY CHILDHOOD LITERACY AND/OR QUALITY-RATED  
 CHILD CARE, TEEN PREGNANCY AND BIRTHS TO UNWED YOUNG MOTHERS, JUVENILE  
 CRIME AND GANG ACTIVITY, HIGH SCHOOL GRADUATION AND/WORKFORCE  
 READINESS, YOUTH DEVELOPMENT AND INNOVATIVE EDUCATION STRATEGIES; OR  
 RISK REDUCTION, INCLUDING CHILD PROTECTIVE, SUBSTANCE ABUSE, AND/OR  
 MENTAL HEALTH SERVICES. 2) OR INTIATIVES WHICH PRESENT A SUBSTANTIVE  
 PARTNERSHIP BETWEEN TWO OR MORE SERVICE PROVIDERS TO PROMOTE  
 TWO-GENERATIONAL APPROACHES TO IMPROVING EDUCATION, SKILLS AND  
 COLLECTIVE WELL-BEING OF CHILDREN, THEIR PARENTS AND/OR GUARDIANS.  
 FOR OUR COMPETITIVE GRANTS, OUR STAFF ISSUES REQUESTS FOR PROPOSALS,  
 REVIEWS PROPOSALS, CONDUCTS DUE DILIGENCE AND SITE VISITS. A COMMITTEE  
 COMPOSED ON BOTH BOARD AND NON-BOARD MEMBERS REVIEWS AND VOTES ON THE  
 PROPOSALS SUBMITTED. ALL GRANTS ARE THEN CONSIDERED AND APPROVED BY  
 THE COMMUNITY FOUNDATION BOARD OF DIRECTORS.

FORM 990, PART III, LINE 4C

BASED UPON A 2015 COASTAL GEORGIA COMMUNITY NEEDS ASSESSMENT, THE DATA  
 REFLECTED THAT THE COMMUNITIES THE FOUNDATION SERVES HAVE GREATER  
 POVERTY, LESS EDUCATION AND MORE AT-RISK CHARACTERISTICS AS COMPARED TO  
 THE STATE AVERAGE. IDENTIFIED WAS THE NEED FOR: INTEGRATED EDUCATIONAL  
 AND WORKFORCE DEVELOPMENT SERVICES FOR AT-RISK YOUTH AND THEIR FAMILIES  
 AND APPLIED TRAINING IN LIFE SKILLS, FINANCIAL LITERACY AND WORKFORCE  
 EDUCATION ACROSS ALL POPULATIONS. THE COMMUNITY FOUNDATON TARGETS ITS  
 COMPETITIVE GRANT CYCLE TOWARD ADDRESSING THESE ISSUES.

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

Employer identification number  
20-2454729

THE FOUNDATION ALSO HELD PUBLIC MEETINGS AROUND ISSUES THAT IMPACT THIS COASTAL COMMUNITY SUCH AS THE RISING SEA LEVEL AND IT'S ECONOMIC AND ENVIRONMENTAL IMPACT IN THE COMING YEARS, AS WELL AS OPPORTUNITIES IN DOWNTOWN REDEVELOPMENT.

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

THE MINUTES OF THE JUNE 2009 MEETING OF THE BOARD OF DIRECTORS OFFICIALLY RECORDS THE BOARD'S UNANIMOUS VOTE TO EMPOWER THE AUDIT COMMITTEE AND THE TREASURER TO REVIEW THE 990 PRIOR TO FILING. THIS COMMITTEE IS COMPOSED OF BOTH BOARD AND NON-BOARD MEMBERSHIP WITH A MAJORITY OF THOSE MEMBERS BEING CPAS. AN ELECTRONIC VERSION OF THE 990 AND ALL SCHEDULES AND ATTACHMENTS WILL BE SENT FOR REVIEW AND POSSIBLE COMMENTS. THE AUDIT COMMITTEE REVIEWS THE 990 AT A CALLED MEETING. FOLLOWING THE RESOLUTION OF ANY QUESTIONS/COMMENTS, A COPY OF THE COMPLETE 990 IS PROVIDED TO THE FULL BOARD. THE AUDIT COMMITTEE RECOMMENDS TO THE FULL BOARD TO ACCEPT THE 990. UPON ACCEPTANCE BY THE FULL BOARD, THE CEO OR BOARD CHAIR WILL SIGN AND FILE.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH BOARD MEMBER IS ASKED TO READ AND RESUBMIT AND SIGN A CURRENT LISTING OF AFFILIATIONS, PROFESSIONAL, PERSONAL, AND NONPROFIT-LINKED, THAT COULD LEAD TO A POTENTIAL CONFLICT OF INTEREST. THESE ARE KEPT ON FILE IN THE CEO'S OFFICE FOR REFERENCE. AT EACH BOARD MEETING, BOARD MEMBERS AND STAFF ARE REMINDED TO DIVULGE POSSIBLE CONFLICTS OF INTEREST IN DISCUSSIONS OF GRANTS, SERVICES, ETC. AND RECUSE THEMSELVES FROM VOTING IF SO REQUESTED BY THE BOARD.



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

Employer identification number  
**20-2454729**

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

THE CEO'S PERFORMANCE IS MEASURED AGAINST THE ANNUAL PLAN ON OR NEAR THE ANNIVERSARY DATE OF HIRING BY BOTH THE BOARD CHAIR AND THE BOARD SECRETARY WHO IS CHARGED WITH ADMINISTRATIVE MATTERS. A REVIEW INSTRUMENT IS COMPLETED BY BOTH, AND ALSO BY THE CEO IN A SELF-EVALUATION. SALARY/COMPENSATION SURVEY INFORMATION COMPILED FOR COMMUNITY FOUNDATIONS BY THE COUNCIL ON FOUNDATIONS, AND SIMILAR INFORMATION FOR FOUNDATIONS COMPILED BY THE SOUTHEASTERN COUNCIL ON FOUNDATIONS ARE ANALYZED, AS ARE 990'S FROM SIMILAR ORGANIZATIONS. THE CEO PERFORMS A SIMILAR REVIEW ON THE STAFF MEMBER AND USES THE SAME SURVEY INFORMATION. DOCUMENTATION IS KEPT IN PERSONNEL FILES MAINTAINED IN THE CEO'S OFFICE.

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

ALL POLICIES AND PROCEDURES OF THE COMMUNITY FOUNDATION ARE KEPT IN A BOUND NOTEBOOK IN THE OFFICE AND AVAILABLE FOR PUBLIC REVIEW. PRIOR YEAR FILINGS OF THE 990, STATE REGISTRATIONS, SIGNED CONFLICT OF INTEREST FORMS, BY-LAWS AND ARTICLES OF INCORPORATION ARE LIKEWISE KEPT IN HARD COPY AND AVAILABLE UPON REQUEST.

ADDITIONALLY, THE FOUNDATION'S WEBSITE AT [WWW.COASTALGEORGIAFOUNDATION.ORG](http://WWW.COASTALGEORGIAFOUNDATION.ORG) HOLDS ELECTRONIC VERSIONS OF CURRENT AND PAST ANNUAL REPORTS, 990 FILINGS, AND AUDITS. ANNUAL REPORTS ARE MAILED TO A MAILING LIST OF SOME 1,000 IN THE COMMUNITY.

FORM 990, PART XII, LINE 2C:

THE BOARD HAS AN AUDIT COMMITTEE COMPOSED OF BOTH BOARD AND NON-BOARD

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

Employer identification number 20-2454729

MEMBERS. THIS SUBCOMMITTEE HAS BEEN IN PLACE FOR SEVERAL YEARS, AND DID NOT CHANGE IN PURPOSE OR STRUCTURE IN THE CURRENT YEAR.

FORM 990, PART 1 - LINE 5, PART V - LINE 2A, AND PART IX - LINES 5 AND 7: WAGES TO PERSONNEL PERFORMING SERVICES FOR COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC. ARE PAID UNDER AN EMPLOYEE LEASING ARRANGEMENT. WAGES REPORTED AND ALLOCATED HEREIN WERE ACTUALLY PAID BY THE PRIVATE EMPLOYMENT ORGANIZATION (PEO) TO WHICH THE FOUNDATION PAID A FEE INTENDED TO COVER SUCH WAGES AND BENEFITS. THE COMMUNITY FOUNDATION AND PEO ARE CONSIDERED "CO-EMPLOYERS," HOWEVER, FOR ADMINISTRATIVE PURPOSES, THE PEO IS CONSIDERED TO BE THE EMPLOYER AND ALL FEDERAL TAX RETURNS ARE FILED IN THE NAME OF THE PEO - TEAMWORK SERVICES, INC., BRUNSWICK, GEORGIA.

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>COMMUNITIES OF COASTAL GEORGIA FOUNDATION, INC.</b>	Taxpayer identification number (TIN) <b>20-2454729</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1626 FREDERICA ROAD, 201</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. SIMONS ISLAND, GA 31522</b>	

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

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

**PAUL WHITE - 1626 FREDERICA ROAD, SUITE 201 - ST. SIMONS ISLAND, GA 31522**

- The books are in the care of ▶ **ISLAND, GA 31522**
- Telephone No. ▶ **(912) 268-4442** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2021** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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