

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

## Part I Summary

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

## Part II Signature Block

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

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

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

☒ Yes ☐ No

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**Part III** Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code: ) (Expenses \$ 10,687,982. including grants of \$ 7,939,448. ) (Revenue \$ 1,399,103. )

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

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

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

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

THE FOUNDATION'S ADDITIONAL PROGRAM EXPENSES AID THE FOUNDATION IN  
ALIGNING THEIR FUNCTIONS WITH THE MISSION.

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

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

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

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**Part IV Checklist of Required Schedules**

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

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

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see 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? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	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	32	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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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**

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

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	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?	10b	
<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?	11a	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	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	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	15a	X
<b>b</b> Other officers or key employees of the organization	15b	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?	16a	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?	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 843.681.9100**  
**4 NORTHRIDGE DRIVE, STE A, HILTON HEAD ISLAND, SC 29925**

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

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

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

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

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

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

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

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

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

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

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

**Section B. Independent Contractors**

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

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

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

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

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

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

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

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

Form 990 (2021)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Form 990 (2021)

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**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

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

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 **COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

Employer identification number  
**57-0756987**

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

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

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

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

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
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Schedule A (Form 990) 2021

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	62.00 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	80.40 %
16a <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"/>		

Schedule A (Form 990) 2021

## COMMUNITY FOUNDATION OF THE LOWCOUNTRY,

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule A (Form 990) 2021

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**Part IV Supporting Organizations** (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

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

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

	Yes	No
1		
2		
3		

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

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

	Yes	No
2a		
2b		
3a		
3b		

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
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**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).		

Schedule A (Form 990) 2021

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
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Schedule A (Form 990) 2021

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**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 - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). 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 ( <i>provide details in Part VI</i> ). 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 - <i>explain in Part VI</i> ). 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 of lines 3a through 3e</b>		
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, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	<b>Breakdown of line 7:</b>		
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

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

# Schedule B

(Form 990)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

# 2021

Name of the organization

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Employer identification number

**57-0756987**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

## General Rule

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

## Special Rules

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

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

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

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

Name of organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

Employer identification number

57-0756987

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,074,612.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 14,296,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 567,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

57-0756987

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

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

Name of organization

Employer identification number

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

57-0756987

**Part III**

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

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

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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

Employer identification number  
**57-0756987**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	107	
2 Aggregate value of contributions to (during year)	2,389,681.	
3 Aggregate value of grants from (during year)	2,167,158.	
4 Aggregate value at end of year	10,081,581.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☒ No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2021

132051 10-28-21

## COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Schedule D (Form 990) 2021

57-0756987 Page 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (i) Unrelated organizations  
 (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Schedule D (Form 990) 2021

## COMMUNITY FOUNDATION OF THE LOWCOUNTRY,

Schedule D (Form 990) 2021

INC

57-0756987 Page 3

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

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

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

Schedule D (Form 990) 2021

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule D (Form 990) 2021

57-0756987 Page 4

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

OMB No. 1545-0047

2021

### Open to Public Inspection

▶ **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.

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

Employer identification number  
57-0756987

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

**Total** ..... 

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule G (Form 990) 2021

57-0756987 Page 2

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No  
 b If "Yes," explain: \_\_\_\_\_

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Schedule G (Form 990) 2021

57-0756987 Page 3

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

Employer identification number  
**57-0756987**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**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
A CALL TO ACTION 21 BOUNDARY STREET BLUFFTON, SC 29910	47-3057571	501(C)(3)	7,070.	0.			A CALL TO ACTION
AGAPE FAMILY LIFE CENTER, INC. 5855 SOUTH OKATIE HIGHWAY HARDEEVILLE, SC 29927	57-1106874	501(C)(3)	10,000.	0.			OPPORTUNITY GRANT 2022: FINANCIAL WELLNESS
AGAWAM COUNCIL 6 FUNDY ROAD, SUITE 100 PALMOUTH, ME 04105	22-2577250	501(C)(3)	50,000.	0.			CAPITAL FUND DRIVE
ALL ABOUT CATS 4 MAGAZINE PLACE HILTON HEAD ISLAND, SC 29928	38-3909521	501(C)(3)	15,174.	0.			GENERAL SUPPORT
ALL SAINTS EPISCOPAL CHURCH 3001 MEETING STREET HILTON HEAD ISLAND, SC 29926	57-0764909	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
ALLIANCE DEFENDING FREEDOM 15100 N. 90TH STREET SCOTTSDALE, AZ 85260	54-1660459	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			169.				
3 Enter total number of other organizations listed in the line 1 table							

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.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC**

57-0756987

Schedule I (Form 990) Page 1

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

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

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BROOKE'S HAVEN ANIMAL RESCUE 25 BUCK ISLAND BLUFFTON, SC 29910	27-1778863	501(C)(3)	5,109.	0.			GENERAL SUPPORT IN MEMORY OF GABBY
CENTRAL OAK GROVE BAPTIST CHURCH 161 MATHEWS DRIVE, POST OFFICE BOX 21702 - HILTON HEAD ISLAND, SC 29925	57-0805691	501(C)(3)	9,900.	0.			COG HILTON HEAD ISLAND (HHI) FOOD DISTRIBUTION PILOT PROGRAM
CHILD ABUSE PREVENTION ASSOCIATION PO BOX 531 BEAUFORT, SC 29901	57-0722206	501(C)(3)	24,000.	0.			CHILD ABUSE PREVENTION ASSOC
CHURCH OF THE CROSS 110 CALHOUN STREET, POST OFFICE BOX BLUFFTON, SC 29910	57-0684046	501(C)(3)	20,000.	0.			THE CHURCH OF THE CROSS FOOD BANK
COASTAL DISCOVERY MUSEUM POST OFFICE BOX 23497 HILTON HEAD ISLAND, SC 29925	57-0801415	501(C)(3)	155,000.	0.			TEACHING DIVERSE NARRATIVES - HISTORY EDUCATOR
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW, SUITE 200 WASHINGTON, DC 20037	41-1239275	501(C)(3)	5,750.	0.			2021 MEMBERSHIP
CROSSROADS COMMUNITY SERVICES BACKPACK BUDDIES OF BLUFFTON - PO BOX 3525 - BLUFFTON, SC 29910	27-0536683	501(C)(3)	39,625.	0.			BACKPACK BUDDIES OF GREATER BLUFFTON AND HARDEEVILLE
CURE ALZHEIMER'S FUND 34 WASHINGTON STREET, SUITE 310 WELLESLEY HILLS, MA 02481	52-2396428	501(C)(3)	132,000.	0.			JOEL BLANCHARD PH.D - MOLECULAR AND CELLULAR MECHANISMS AND BIOMARKERS OF APOE4
DANA FARBER CANCER INSTITUTE POST OFFICE BOX 849168 BOSTON, MA 02284	04-2263040	501(C)(3)	8,000.	0.			CANCER RESEARCH

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DAUFUSKIE ISLAND HISTORICAL FOUNDATION - 44 OLD HAIG POINT ROAD - DAUFUSKIE ISLAND, SC 29915	31-1752504	501(C)(3)	10,000.	0.			OPPORTUNITY GRANT 2022: BROTHERS AND SISTERS OYSTER HALL RESTORATION
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	10,000.	0.			SUPPORT EFFORTS IN UKRAINE
DUKE CANCER INSTITUTE 300 W. MORGAN STREET DURHAM, NC 27701	56-0532129	501(C)(3)	10,000.	0.			DR. PETER ALLEN RESEARCH
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON RD., D101 BLUFFTON, SC 29910	20-5647589	501(C)(3)	55,600.	0.			A SAFE NIGHT'S SLEEP
FIRST PRESBYTERIAN CHURCH OF HILTON HEAD ISLAND - 540 WILLIAM HILTON PKWY - HILTON HEAD ISLAND, SC 29928	57-0470141	501(C)(3)	28,000.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH OF METUCHEN - POST OFFICE BOX 385 - METUCHEN, NJ 08840	22-1667601	501(C)(3)	8,000.	0.			OPERATING BUDGET
FIRST PRESBYTERIAN DAY SCHOOL 540 WILLIAM HILTON PARKWAY HILTON HEAD ISLAND, SC 29928	57-0777216	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR EDUCATIONAL EXCELLENCE - POST OFFICE BOX 22474 - HILTON HEAD ISLAND, SC 29925	61-1691233	501(C)(3)	8,000.	0.			MARKETING EXPENSES 2021

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FOUNDATION FOR METROWEST, INC. 3 ELIOT STREET NATICK, MA 01760	04-3266789	501(C)(3)	6,000.	0.			GREATEST NEED
FRIENDS OF CAROLINE HOSPICE 1110 13TH STREET PORT ROYAL, SC 29935	57-0725866	501(C)(3)	215,000.	0.			TO SUPPORT THEIR CAPITAL CAMPAIGN FOR CAROLINE'S COTTAGE
FRIENDS OF HH LIBRARY 9 GANNET STREET HILTON HEAD ISLAND, SC 29926	23-7208194	501(C)(3)	40,592.	0.			DONOR ADVISOR DISBURSEMENT
GOOD NEIGHBOR FREE MEDICAL CLINIC OF BEAUFORT - 974 RIBAUT ROAD - BEAUFORT, SC 29902	26-0335357	501(C)(3)	25,000.	0.			PRIMARY FAMILY CARE
GOOD SHEPHERD LUTERAN CHURCH 106 MAY STREET WALTERBORO, SC 29488	57-0419907	501(C)(3)	7,441.	0.			FOOD PANTRY
GULLAH MUSEUM OF HILTON HEAD ISLAND - 3 FARMERS CLUB ROAD - HILTON HEAD ISLAND, SC 29926	42-1603322	501(C)(3)	10,000.	0.			SUMMER GULLAH MUSEUM ENRICHMENT CAMP
HELP OF BEAUFORT P. O. BOX 472 BEAUFORT, SC 29901	57-0721545	501(C)(3)	30,000.	0.			OPPORTUNITY GRANT 2022: PRODUCE GARDEN FOR NEW FACILITY
HELPING HAND CENTER, INC. 1263 COHEN ROAD PINELAND, SC 29934	80-0751064	501(C)(3)	17,500.	0.			OPPORTUNITY GRANT 2022: HOME SAFETY/ HANDICAP ACCESSIBLE BATHROOMS
HERITAGE CLASSIC FOUNDATION POST OFFICE BOX 3244 HILTON HEAD ISLAND, SC 29928	57-0835114	501(C)(3)	28,500.	0.			CHAMPIONS FORE CHARITY: HILTON HEAD DEEP WELL PROJECT

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HEROES OF THE LOWCOUNTRY PO BOX 3712 BLUFFTON, SC 29910	36-4725321	501(C)(3)	7,500.	0.			HEROES OF THE LOWCOUNTRY EQUINE THERAPY FOR DISABLED VETERANS, GOLD STAR FAMILIES, AND EMERGENCY RESPONDERS
HEROES ON HORSEBACK P.O. BOX 3678 BLUFFTON, SC 29910	57-1099345	501(C)(3)	20,000.	0.			
HILTON HEAD CHRISTIAN ACADEMY 3088 BLUFFTON PARKWAY BLUFFTON, SC 29910	57-0757671	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HILTON HEAD FOUNDATION TO SUPPORT YOUTH SPORTS, INC. DBA FIRST TEE THE LOWCOUNTRY - P.O. BOX 23334 - HILTON HEAD ISLAND, SC 29925	46-5117877	501(C)(3)	10,000.	0.			GENERAL OPERATING COSTS
HILTON HEAD ISLAND COMMUNITY CHURCH - PO BOX 4962 - HILTON HEAD ISLAND, SC 29938	45-2786644	501(C)(3)	49,380.	0.			GENERAL OPERATING SUPPORT
HILTON HEAD ISLAND DEEP WELL PROJECT FUND - C/O COMMUNITY FOUNDATION OF THE LOWCOUNTRY, POST OFFICE BOX 23019 - HILTON HEAD	57-0756987	501(C)(3)	15,592.	0.			ENDOWED SPENDABLE DISTRIBUTION
HILTON HEAD ISLAND RECREATION ASSOCIATION - PO BOX 22593 - HILTON HEAD ISLAND, SC 29925	57-0827128	501(C)(3)	18,750.	0.			DAVID M. CARMINE CHILDREN'S SCHOLARSHIP FUND-CHILDCARE
HILTON HEAD PUBLIC SERVICE DISTRICT - POST OFFICE BOX 21264 - HILTON HEAD ISLAND, SC 29925	57-0680099	GOVT	256,665.	0.			3 HOUSEHOLD CONNECTIONS INV 2705, 2706, 2709
HILTON HEAD REGIONAL HABITAT FOR HUMANITY - PO BOX 2747, 90 MAIN ST, STE C, HILTON HEAD - BLUFFTON, SC 29910	57-0916245	501(C)(3)	85,000.	0.			HABITAT FOR HUMANITY REPAIR PROGRAM

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HILTON HEAD SYMPHONY ORCHESTRA, INC. - POST OFFICE DRAWER 5757 - HILTON HEAD ISLAND, SC 29938	57-0761297	501(C)(3)	71,647.	0.			100% FOR THE HILTON HEAD SYMPHONY ORCHESTRA FOR ANNUAL SUPPORT
HOPEFUL HORIZONS P.O. BOX 1775, 1212 CHARLES STREET BEAUFORT, SC 29901	57-1063332	501(C)(3)	76,725.	0.			HOPEFUL HORIZONS 2022 GRANT
HOSPICE CARE OF THE LOWCOUNTRY 7 PLANTATION PARK DR. UNIT 4, PO BOX BLUFFTON, SC 29910	57-0774530	501(C)(3)	342,330.	0.			DONOR ADVISOR DISBURSEMENT
HUNGER COALITION OF THE LOWCOUNTRY POST OFFICE BOX 22738 HILTON HEAD ISLAND, SC 29925	27-3106509	501(C)(3)	34,450.	0.			BACKPACK BUDDIES NEIGHBORHOOD OUTREACH FRESH PRODUCE PROJECT
J M SMITH FOUNDATION 101 WEST ST. JOHN STREET, SPARTAN CENTRE, SUITE 305 - SPARTANBURG, SC 23906	57-1046595	501(C)(3)	7,000.	0.			MATCH GIFT PROGRAM—PAULA HARPER BETHEA
JASPER COUNTY COUNCIL ON AGING POST OFFICE BOX 641 RIDGELAND, SC 29936	57-0564656	501(C)(3)	10,000.	0.			2021 HARGRAY CARING COINS GRANT
JASPER COUNTY SCHOOL DISTRICT 10942 NORTH JACOB SMART BOULEVARD, POST OFFICE BOX 848 - RIDGELAND, SC 29936	57-6000367	GOVT	10,000.	0.			OPPORTUNITY GRANT 2022: FROM DUAL ENROLLMENT TO EARLY COLLEGE PROGRAM
JEWES FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464	501(C)(3)	30,000.	0.			UKRAINE RELIEF
JILL'S HOUSE 9011 LEESBURG PIKE VIENNA, VA 22182	37-1465256	501(C)(3)	250,000.	0.			CAPITAL FUND DRIVE

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	JUNIOR JAZZ FOUNDATION 1000 WILLIAM HILTON PARKWAY, SUITE C-1 - HILTON HEAD ISLAND, SC 29926	27-1347606	501(C)(3)	75,000.	0.			SCHOOL GRANTS FOR MUSIC PROGRAMS
	LOVE HOUSE LEARNING ACADEMY POST OFFICE BOX 4132 BEAUFORT, SC 29903	82-5305685	501(C)(3)	10,150.	0.			LOVE HOUSE LEARNING - SPECIAL PROJECT SUMMER READING PROGRAM
	LOW COUNTRY PRESBYTERIAN CHURCH 10 SIMMONSVILLE ROAD BLUFFTON, SC 29910	47-5401452	501(C)(3)	10,000.	0.			AUDIO VISUAL SYSTEM PROJECT - ENVELOPE 47
	LOWCOUNTRY AUTISM FOUNDATION P.O. BOX 31874 CHARLESTON, SC 29417	26-0805420	501(C)(3)	17,000.	0.			LAP AID (AUTISM IDENTIFICATION) PROGRAM
	LOWCOUNTRY COMMUNITY CHURCH 801 BUCKWALTER PARKWAY BLUFFTON, SC 29910	57-0999533	501(C)(3)	20,000.	0.			DOLLY PARTON IMAGINATION LIBRARY
	LOWCOUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)(3)	81,111.	0.			EXPANDING AND SUSTAINING OUR SERVICE FOOTPRINT
	MAY RIVER MONTESSORI 60 CALHOUN STREET, POST OFFICE BOX BLUFFTON, SC 29910	57-0853132	501(C)(3)	12,500.	0.			LAJUNTA WHITE STOVALL FUND ANNUAL DISTRIBUTION
	MEALS ON WHEELS BLUFFTON HILTON HEAD INC - P.O.BOX 23691 - HILTON HEAD ISLAND, SC 29925	57-0691109	501(C)(3)	65,000.	0.			MEAL PROGRAM
	MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DRIVE, SUITE 60 RESTON, VA 20191	54-1429009	501(C)(3)	25,000.	0.			ANNUAL FUND

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MED-I-ASSIST, INC. P.O. BOX 3164 BLUFFTON, SC 29910	32-0212924	501(C)(3)	27,500.	0.			MED-I-ASSIST, INC. 2022 GRANT
MEMORY MATTERS P.O. BOX 22330, 117 WILLIAM HILTON PARKWAY - HILTON HEAD ISLAND, SC 29925	58-2291775	501(C)(3)	73,480.	0.			MEMORY MATTERS 2022 GRANT
MENTAL HEALTH AMERICA OF BEAUFORT JASPER COUNTIES MHABJ - POST OFFICE BOX 1925 - BLUFFTON, SC 29910	57-0670742	501(C)(3)	69,126.	0.			MENTAL HEALTH AMERICA-BEAUFORT/JASPER DESIGNATED FOR THE LILLIAN PARKER WALLACE ENDOWMENT FUND IN CELEBRATION OF THE 50TH
MEREDITH COLLEGE 3800 HILLSBOROUGH STREET RALEIGH, NC 27607	56-0530242	501(C)(3)	15,000.	0.			MSU - IN SUPPORT OF MEN'S GOLF PROGRAM
MICHIGAN STATE UNIVERSITY 535 CHESTNUT ROAD, ROOM 300 EAST LANSING, MI 48824	38-6005984	501(C)(3)	12,000.	0.			GRIOT'S CORNER AND THE HO'WELL DO YOU KNOW HILTON HEAD HISTORY HIKE ASSISTING SEVERELY INJURED ACTIVE DUTY AND VETERAN MARINES AND NAVY PERSONNEL AND THEIR
MITCHELLEVILLE PRESERVATION PROJECT. INC. - POST OFFICE BOX 21758 - HILTON HEAD ISLAND, SC 29925	27-2308109	501(C)(3)	40,000.	0.			TALBIRD CEMETERY FUND
MOSS CREEK MARINES 91 SAW TIMBER DRIVE HILTON HEAD ISLAND, SC 29926	27-0722721	501(C)(3)	35,000.	0.			MSU - IN SUPPORT OF MEN'S GOLF PROGRAM
MOUNT CALVARY MISSIONARY BAPTIST CHURCH - POST OFFICE BOX 23194 - HILTON HEAD ISLAND, SC 29925	36-4911346	501(C)(3)	20,000.	0.			
MSU SPARTAN FUND 550 S. HARRISON ROAD EAST LANSING, MI 48823	38-6005984	501(C)(3)	12,000.	0.			

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

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POLARIS TECH CHARTER SCHOOL 1508 GRAYS HWY RIDGELAND, SC 29936	81-5150351	501(C)(3)	44,086.	0.			POLARIS TECH CHARTER SCHOOL
PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922	501(C)(3)	80,000.	0.			PORT ROYAL SOUND FOUNDATION IMPLEMENTATION OF MASTER PLAN
PREGNANCY CENTER AND CLINIC OF THE LOW COUNTRY INC - 1 CARDINAL RD SUITE 1&2 - HILTON HEAD ISLAND, SC 29926	57-0923523	501(C)(3)	7,500.	0.			PRENATAL MEDICAL CARE FOR UNINSURED AND UNDERSERVED WOMEN RESIDING IN BEAUFORT COUNTY
PROGRAMS FOR EXCEPTIONAL PEOPLE 39 SHERIDAN PARK CIRCLE SUITE 2 BLUFFTON, SC 29910	57-1036680	501(C)(3)	107,600.	0.			SUPPORT SOCIAL ENGAGEMENT THROUGH RECREATION AND LEISURE ACTIVITIES
REAL CHAMPIONS, INC. 7596 WEST MAIN STREET, SUITE D RIDGELAND, SC 29936	81-3956956	501(C)(3)	8,000.	0.			ADVOCATE MENTORSHIP - CLOSING THE POVERTY GAP IN SC BY ESTABLISHING ADVOCATE MENTOR
RESCUE PAWS INTERNATIONAL, INC. 80 PADDLE BOAT LANE UNIT 723 HILTON HEAD ISLAND, SC 29928	88-1837956	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SAMARITAN MINISTRIES INTERNATIONAL POST OFFICE BOX 3618 PEORIA, IL 61615	37-1295601	501(C)(3)	24,000.	0.			GENERAL OPERATING SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	20,000.	0.			UKRAINE RELIEF
SANDALWOOD COMMUNITY FOOD PANTRY POST OFFICE BOX 5061 HILTON HEAD ISLAND, SC 29938	27-2766571	501(C)(3)	111,000.	0.			2021 HARGRAY CARING COINS GRANT

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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
SANDBOX A HILTON HEAD AREA CHILDREN'S MUSEUM INC - 18 POPE AVE, STE A - HILTON HEAD ISLAND, SC 29928	20-0301794	501(C)(3)	15,000.	0.			THE SANDBOX SCHOLARSHIP PROGRAM
SEA TURTLE PATROL HILTON HEAD ISLAND - POST OFFICE BOX 23434 - HILTON HEAD ISLAND, SC 29925	82-3642853	501(C)(3)	11,500.	0.			OPPORTUNITY GRANT 2022: FEASIBILITY STUDY FOR THE ESTABLISHMENT OF AN ENVIRONMENTAL CO-OP
SEARCH THE SCRIPTURES POST OFFICE BOX 600 SEABROOK, SC 29940	57-1071646	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SECOND HELPINGS 4 NORTHRIDGE DRIVE, SUITE C POST OFFICE BOX 23621 - HILTON HEAD ISLAND, SC 2	57-0938469	501(C)(3)	115,000.	0.			1. HEALTHY FOOD INITIATIVE 2. K-12 PROJECT 3. TRUCK OPERATIONS
SHELTERS TO SHUTTERS 1921 GALLOWS ROAD SUITE 700 VIENNA, VA 22182	47-1004312	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SOUTH CAROLINA BATTLEGROUND PRESERVATION TRUST, INC. - POST OFFICE BOX 80668 - CHARLESTON, SC 29416	57-1004102	501(C)(3)	8,000.	0.			SC BATTLEGROUND PRESERVATION RESEARCH STUDY
SOUTH COASTAL FELLOWSHIP OF CHRISTIAN ATHLETES - POST OFFICE BOX 5192 - HILTON HEAD ISLAND, SC 29938	44-0610626	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
SPECIAL OLYMPICS SOUTH CAROLINA AREA 8 - PO BOX 4641 - HILTON HEAD, SC 29938	57-0680248	501(C)(3)	7,500.	0.			SPECIAL OLYMPICS AREA 8 BOWLING
SPRING ISLAND TRUST 174 CALLAWASSIE DRIVE OKATIE, SC 29909	57-0905093	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

57-0756987

Schedule I (Form 990) Page 1

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

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

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE LOWCOUNTRY,**

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

Schedule I (Form 990)

[illegible]



**Part IV** Supplemental Information

OF 1971

NAME OF ORGANIZATION OR GOVERNMENT: MOSS CREEK MARINES

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

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD OUTREACH CONNECTION

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

NAME OF ORGANIZATION OR GOVERNMENT: REAL CHAMPIONS, INC.

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

Employer identification number  
**57-0756987**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021



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.

PART I, LINE 4B:

THE CEO RECEIVES ADDITIONAL COMPENSATION TO EQUAL \$19,500 BEING DISTRIBUTED

TO A SUPPLEMENTAL NQDA PLAN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Employer identification number  
**57-0756987**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	30	1,064,350.	AVG HIGH/LOW
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

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

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY,  
INC

Employer identification number  
57-0756987

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

AND NEEDS.

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

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

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

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

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

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

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

INCREASES FOR THE CEO ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD  
OF DIRECTORS UPON RECEIVING PERFORMANCE COMMENTARY BY THE BOARD OF  
DIRECTORS AND BEING PRESENTED WITH STUDIES SHOWING COMPARABLE WAGE DATA  
FROM THE COUNCIL ON FOUNDATIONS AND FORM 990 OF COMPARABLE LOCAL

NONPROFITS. APPROVAL OF OTHER KEY EMPLOYEE WAGES FOLLOWS A SIMILAR REVIEW

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

Schedule O (Form 990) 2021

132211 11-11-21

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

Employer identification number  
**57-0756987**

OF COMPARABLES, BUT IS MADE BY THE CEO.

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

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

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

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

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

CHANGE IN VALUE OF SPLIT INTEREST -349,865.

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Name of the organization

COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC

Employer identification number

57-0756987

OMB No. 1545-0047

**2021**

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

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

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

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

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

Schedule R (Form 990) 2021



**COMMUNITY FOUNDATION OF THE LOWCOUNTRY, INC**

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

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

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

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

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

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

[illegible]

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