PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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.

Open to Public

_	Far the O			07/01				\		CCLIOII	
	-		dar year, or tax year beginning		and ending	j	06/30		, 20 25		
В	Check if ap		-	E OF CHARLESTON FOUNDATION	N			D Employ	er identifica		nber
Ш	Address ch	nange	Doing business as						23-70692	:36	
Ш	Name char	nge	·	mail is not delivered to street address)	Ro	oom/suite		•	ne number		
Ц	Initial retur	n	66 GEORGE STREET						(843) 953-3	3130	
Ш	Final return	/terminated		ountry, and ZIP or foreign postal code							
	Amended r	return	CHARLESTON, SC 29424					G Gross r	· ·	40,368	
Ш	Application	n pending	F Name and address of principal off	icer: J. R. BARNHART		H(a) Is th	nis a grou	p return for	subordinates?	Yes _	<u>✓</u> No
			SAME AS C ABOVE						included?		No
<u> </u>	Tax-exemp		✓ 501(c)(3)) (insert no.) 4947(a)(1) or	527	If "	No," att	tach a list	. See instruc	tions.	
J	Website:		COFC.EDU/FOUNDATION			H(c) Gro		emption n			
_			Corporation Trust Associa	tion Other L Ye	ear of format	tion: 197	70 I	M State o	f legal domic	cile: S	SC
Р		Summa									
	1 B	Briefly des	cribe the organization's miss	ion or most significant activities	: TO PRO	MOTE ED	UCAT	ION, RE	SEARCH,	AND	
Se		DEVELOPI	MENT PROGRAMS FOR THE E	XCLUSIVE BENEFIT OF THE COLI	LEGE OF (CHARLES	TON.				
Governance											
Veri	2 C	Check this	box if the organization d	iscontinued its operations or dis	sposed of	more that	an 259	% of its	net asset	S.	
Ĝ	3 N	lumber of	voting members of the gove	rning body (Part VI, line 1a)				3			41
∞	4 N	lumber of	independent voting member	s of the governing body (Part V	I, line 1b)			4			41
Activities &	5 T	otal numb	oer of individuals employed in	n calendar year 2024 (Part V, line	e 2a) .			5			6
ξį	6 T	otal numb	per of volunteers (estimate if	necessary)				6			56
Ac	7a T	otal unrel	ated business revenue from	Part VIII, column (C), line 12 .				7a		162	2,637
	b N	let unrelat	ed business taxable income	from Form 990-T, Part I, line 11				7b		160	0,137
				r Year		Curre	nt Year				
a)	8 C	Contributio	ons and grants (Part VIII, line	1h)	[20,02	6,181		21,920),647
Ž	9 P	rogram se	ervice revenue (Part VIII, line		0			0			
Revenue		_	-	2g)			12	9,327		91	1,649
ď	1		*	es 5, 6d, 8c, 9c, 10c, and 11e) .			1,07	2,654		1,209	9,249
				nust equal Part VIII, column (A), li	_		21,22	8,162		23,221	1,545
				X, column (A), lines 1–3)			6,08	3,673		6,704	
				(, column (A), line 4)			· ·	0			
S		-	-	benefits (Part IX, column (A), lines			3.66	7,346		7,842	2.552
Expenses			-	olumn (A), line 11e)			-,	0			0
þer			aising expenses (Part IX, col								
ŭ			enses (Part IX, column (A), lin		76,364		5.28	9,253		6,616	 6.522
	1			equal Part IX, column (A), line 2	5)			0,272		21,163	
	1	•	•	8 from line 12	· –			7,890		2,058	
es		1010114016	nee experiede. Cabildet iiile 1			Beginning of			End o	of Year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ets c	20 T	otal asset	s (Part X, line 16)				204,28			222,628	 8 887
Ass	21 T		ties (Part X, line 26)			•		4,820		3,266	
Net Assets or Fund Balances	22 N		or fund balances. Subtract I	ine 21 from line 20	· · ·		199,05			219,362	
	art II		re Block				100,00	0,000		210,002	
				return, including accompanying schedule	es and state	ments and	to the l	hest of m	v knowledge	and heli	ef it is
				officer) is based on all information of wh					y itilowiouge	, and bone	01, 11 10
	1	(). A	2. Barnhart				⊢ 1	1/19/	25		
Sig	an	Signature					Date				
	ere	0	NHART, FOUNDATION CFO / C	00							
			int name and title	00							
			preparer's name	Preparer's signature	חר	ate		–] if PTIN		
Pa	id	1						Check _ self-emplo	' ".	0044590	14
Pr	eparer	parer AMY BIBBY AMO, 81884 11/19/2025							- '	0044589	
Us	e Only	Firm's nan		T ASHEVILLE NO 2002			Firm's E		44-016		
N 4 c	v the IDO	Firm's add		T, ASHEVILLE, NC 28806			Phone r	по.	(828) 25		NI-
	•		· · · · · · · · · · · · · · · · · · ·	shown above? See instructions					. 🗸 Y		No
For	Paperwo	rk Reduct	ion Act Notice, see the separa	te instructions.	Cat. No	o. 11282Y			Fo	orm 990	(2024)

Form 990 (2024) Page **2**

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE COLLEGE OF CHARLESTON FOUNDATION IS TO PROMOTE PROGRAMS OF EDUCATION, RESEARCH, STUDENT DEVELOPMENT, AND FACULTY DEVELOPMENT FOR THE EXCLUSIVE BENEFIT OF THE COLLEGE OF CHARLESTON.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,335,903 including grants of \$ 6,347,914) (Revenue \$ 0) SEE SCHEDULE O FOR A COMPLETE DESCRIPTION OF OUR ACCOMPLISHMENTS
4b	(Code:) (Expenses \$ 5,223,472 including grants of \$ 356,326) (Revenue \$ 0) SEE SCHEDULE O FOR A COMPLETE DESCRIPTION OF OUR ACCOMPLISHMENTS
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 13.559.375

Form 990 (2024) Page 3

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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</i> "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	~	
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? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
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>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8	~	
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</i> "Yes," <i>complete Schedule D, Part IV</i>	9		V
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>	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	~	
С	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>	11c	~	
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>	11d		/
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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>	11e	ν ν	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
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>	14b	V	
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>	15		,
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>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		,
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>	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
			000	

Form 990 (2024) Page 4

Part	V 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	22	~	
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	00		
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	23	✓	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		/
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	25b		V
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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			
20	persons? If "Yes," complete Schedule L, Part III	27		~
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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		>
С	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	28c		٧
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	_	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		٧
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	~	
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	34	_	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36	_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	•	V
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O		.,	
Part		38	'	
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 157		168	INO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	

Form 990 (2024)

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

Form 990 (2024)

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 41 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. Enter the number of voting members included on line 1a, above, who are independent . 41 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 ~ 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . 1 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 1 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. J. R. BARNHART, 66 GEORGE ST. CHARLESTON, SC 29424, (843) 953-7458

Part VI

Form 990 (2024) Page **7**

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

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

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

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

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

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

Check this box if neither the organization nor	any relate	d org	aniz			ompe	nsa	ited any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) CHRIS MACK	0.0									
BASKETBALL COACH	40.0					~		373,106	451,727	0
(2) ANDREW HSU	0.0									
PRESIDENT, COFC	40.0				~			470,117	271,274	20,000
(3) SUZANNE AUSTIN	0.0									
PROVOST, COFC	40.0				~			100,000	278,180	0
(4) MATTHEW ROBERTS	0.0									
ATHLETIC DIRECTOR	40.0					~		40,166	317,729	0
(5) PAUL SCHWAGER	0.0									
DEAN OF SCHOOL OF BUSINESS	40.0					~		30,000	298,548	0
(6) DAN FREZZA	10.0									
CHIEF ADVANCEMENT OFFICER, CEO FOUNDATION	30.0			~				78,400	219,873	0
(7) JR BARNHART	20.0									
FOUNDATION CFO	20.0			~				0	131,396	0
(8) JOHNNIE BAXLEY	1.0									
VICE CHAIR	0.0	~		~				0	0	0
(9) KEITH SAULS	1.0									
CHAIR	0.0	~		~				0	0	0
(10) PATRICIA ORY	1.0									
TREASURER	0.0	~		~				0	0	0
(11) SHERRIE SNIPES-WILLIAMS	1.0									
SECRETARY	0.0	~		~				0	0	0
(12) BARTINA EDWARDS	1.0									
DIRECTOR	0.0	~						0	0	0
(13) BETH MEREDITH	1.0									
DIRECTOR	0.0	~						0	0	0
(14) BRADY QUIRK-GARVAN	1.0									
DIRECTOR	0.0	~						0	0	0

Form **990** (2024)

Form 990 (2024)

Part VII Section A. Officers, Directors,	Trustees.	Kev I	Emi	plo	vee	s, an	nd F	lighest Compe	ensated Emplo	vees (age c nued)
,					C)	-,						
(A) Name and title	(B) Average hours per week	box, office	unles	neck ss pe	ersor	e than is both tor/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation from related	0	(F) ted amo f other pensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/ 1099-MISC/ 1099-NEC)	fr	om the ization a	and
(15) CARL BLACKSTONE	1.0											
DIRECTOR	0.0	~						0	0			0
(16) CHAPMAN MCKAY	1.0											
DIRECTOR	0.0	~						0	0			0
(17) CHARLES MOSTELLER	1.0											
DIRECTOR	0.0	~						0	0			0
(18) CHRISTOPHER O'NEAL	1.0											
DIRECTOR	0.0	-				-		0	0			0
(19) CRAIG ENEY	1.0								_			_
DIRECTOR	0.0	'				-		0	0			0
(20) EDWARD TUCCIO	1.0											_
DIRECTOR	0.0	~				-		0	0			0
(21) ERIC COX	1.0	٠,										0
DIRECTOR (00) FRICA RROWAL	0.0	-						0	0			
(22) ERICA BROWN DIRECTOR	1.0	-						_				0
(23) JEAN JOHNSON	1.0					-		0	0			0
DIRECTOR	0.0	·						0	0			0
(24) JOHN CARTER	1.0							-	0			
DIRECTOR	0.0	_						0	0			0
(25) (SEE PART VII CONTINUATION SHEET)		+										
1b Subtotal								1,091,789	1,968,727		2(0,000
c Total from continuation sheets to Part	 VII Sectio	 n Δ	•	•	•		•	0	0			0,000
al . Takal /a dal lluca a Ale and Ale .			•	•	•		•	1,091,789	1,968,727		2(0.000
2 Total number of individuals (including bu							e) w	1 1		of		3,000
reportable compensation from the organ							٠,	3	σα φ .σσ,σσσ	.		
											Yes	No
3 Did the organization list any former employee on line 1a? If "Yes," complete										3	V	
4 For any individual listed on line 1a, is the organization and related organizations												
individual									4	~		
5 Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m anv	/ un	related organiza	tion or individual			
for services rendered to the organization										5		~
Section B. Independent Contractors	,							•				<u> </u>
Complete this table for your five high compensation from the organization. Rep												
	35рог						. , .		- I Sigui			,

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK SERVICES, INC., 65 GEORGE STREET, CHARLESTON, SC 29424	CATERING	524,785
CHARLESTON PLACE ACQUISITION LLC, 205 MEETING STREET, CHARLESTON, SC 29401	EVENTS	315,473
MARKETING COMMUNICATION RESOURCES INC, 4800 EAST 345TH STREET, WILLOUGHBY, OH 44094	MARKETING	158,016
BLACKBAUD, 65 FAIRCHILD STREET, CHARLESTON, SC 29492	SOFTWARE	127,052
FOLK LAND MANAGEMENT, INC., 3415 WHITE HALL ROAD, GREEN POND, SC 29446	FORESTRY / LAND MANAGEMENT	124,106
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	6	

Form 990 (2024) Page 9

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S, S	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
ي ق	С	Fundraising events			1c					
rts,	d	Related organization			1d					
<u>a</u> g	е	Government grants			1e					
ns,	f	All other contribution	ns, git	fts, grants,						
tio er S		and similar amounts no	nd similar amounts not included above 1f							
혈美	g	Noncash contribution	ons in	cluded in		21,920,647				
a d	_	lines 1a–1f 1g				\$ 7,325,710				
Contributions, Gifts, Grants, and Other Similar Amounts	h	Total. Add lines 1a-	-1f .				21,920,647			
						Business Code				
e S	2 a									
ه ≧	b									
gram Ser Revenue	C									
E Š	d									
P. S.	e									
Program Service Revenue	f	All other program se					0	0	0	0
_	g	Total. Add lines 2a-					0			
	3	Investment income	(incl	uding divid	dends	s, interest, and				
		other similar amoun					75,117		162,637	(87,520)
	4	Income from investr	nent o	of tax-exem	npt bo	nd proceeds				, , ,
	5	Danielli's a			-	-				
		,		(i) Real		(ii) Personal				
	6a	Gross rents	6a	69	5,491					
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c	69	5,491	0				
	d	Net rental income o		s)			695,491			695,491
	7a	Gross amount from		(i) Securit		(ii) Other	,			
		sales of assets								
		other than inventory	7a	17,06	4,700					
ø	b	Less: cost or other basis								
Revenue		and sales expenses .	7b	17,04	8,168					
e Ve	С	Gain or (loss)	7c	1	6,532	0				
		Net gain or (loss)	<u> </u>				16,532			16,532
Other		Gross income from								
ŏ∣		events (not including								
		of contributions rep		d on line						
		1c). See Part IV, line			8a	60,400				
	b	Less: direct expens	es .		8b	98,527				
	С	Net income or (loss)) from	n fundraisin	g eve	nts	(38,127)			(38,127)
	9a	Gross income f			Ĭ		<u> </u>			
		activities. See Part I	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
	С	Net income or (loss)) from	n gaming ac	tivitie	es				
	10a	Gross sales of ir		ory, less						
		returns and allowan	ces		10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)			vento	ory				
<u>o</u>		· · · · · ·				Business Code				
e go	11a	OTHER REVENUE				900099	545,965			545,965
scellaneo Revenue	b	LICENSE TAG INCOM	ME			900099	5,920			5,920
ele ye	C						, -			, -
Miscellaneous Revenue	d	All other revenue					0	0	0	0
Σ	e	Total. Add lines 11a	a–11c	1			551,885			
	12	Total revenue. See					23,221,545	0	162,637	1,138,261

Form 990 (2024) Page **10**

Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a response or note to any line in this Part IX									
Do no	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)					
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations		·							
	and domestic governments. See Part IV, line 21 .	6,347,914	6,347,914							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	356,326	356,326							
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	668,517	570,117	19,680	78,720					
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	7,069,468	1,941,748	809,125	4,318,595					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	104,567	104,567							
10	Payroll taxes									
11	Fees for services (nonemployees):									
а	Management									
b	Legal	366,699	180,182	186,517						
С	Accounting									
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	44,391		10,819	33,572					
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A), amount, list line 11g expenses on Schedule O.) .	1,212,007	859,551	258,292	94,164					
12	Advertising and promotion	237,801	89,828	880	147,093					
13	Office expenses	927,041	694,298	41,227	191,516					
14	Information technology	416,014		50,441	365,573					
15	Royalties									
16	Occupancy	248,291	225,046	23,245						
17	Travel	835,339	681,691	25,850	127,798					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	2,045,067	1,306,322	36,032	702,713					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .	158,795	117,498	41,297						
23	Insurance	8,507		8,507						
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.)									
а	PROFESSIONAL DEVELOPMENT	67,775	38,558	15,670	13,547					
b	RECRUITMENT	33,438	30,365		3,073					
C	STUDENT DEVELOPMENT	15,364	15,364							
d	MISCELLANEOUS EXPENSE	(7)		(7)						
е	All other expenses	0	0	0	0					
25	Total functional expenses. Add lines 1 through 24e	21,163,314	13,559,375	1,527,575	6,076,364					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation. Check here [if									
	following SOP 98-2 (ASC 958-720)									
					Form 990 (2024)					

Page **11**

Part X Balance Sheet

Form 990 (2024)

	ai t A	Check if Schedule O contains a response or note to any line in this Par	tX								
			(A) Beginning of year		(B) End of year						
	1	Cash—non-interest-bearing	900,935	1	1,763,060						
	2	Savings and temporary cash investments	13,310	2	1,811,610						
	3	Pledges and grants receivable, net	11,110,477	3	15,103,597						
	4	Accounts receivable, net	1,617,217	4	1,846,682						
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%									
	_	controlled entity or family member of any of these persons	0	5	0						
	6	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 6									
ts	7	Notes and loans receivable, net		7							
Assets	8	Inventories for sale or use		8							
¥	9 10a	Prepaid expenses and deferred charges	2,209,832	9	163,955						
		basis. Complete Part VI of Schedule D 10a 8,413,089									
	b	Less: accumulated depreciation 10b 3,375,317	5,173,014	10c	5,037,772						
	11	Investments—publicly traded securities	4,065,902	11	597,058						
	12	Investments—other securities. See Part IV, line 11	165,656,602	12	182,262,114						
	13	Investments—program-related. See Part IV, line 11	12,452,823	13	13,072,852						
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11	1,081,667	15	970,187						
	16	Total assets. Add lines 1 through 15 (must equal line 33)	204,281,779	16	222,628,887						
	17	Accounts payable and accrued expenses	541,728	17	557,391						
	18	Grants payable	1,635,924	18	1,720,070						
	19	Deferred revenue		19							
	20	Tax-exempt bond liabilities		20							
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21							
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons									
<u> </u>			0	22	0						
_	23	Secured mortgages and notes payable to unrelated third parties		23							
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		24							
		of Schedule D	3,047,168		989,162						
	26	Total liabilities. Add lines 17 through 25	5,224,820	26	3,266,623						
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.									
ag	27	Net assets without donor restrictions	21,973,055	27	26,780,193						
8	28	Net assets with donor restrictions	177,083,904	28	192,582,071						
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.									
Ō	29	Capital stock or trust principal, or current funds		29							
šet	30	Paid-in or capital surplus, or land, building, or equipment fund		30							
ASS	31	Retained earnings, endowment, accumulated income, or other funds .		31							
et /	32	Total net assets or fund balances	199,056,959	32	219,362,264						
Ž	33	Total liabilities and net assets/fund balances	204,281,779	33	222,628,887						
					Form 990 (2024)						

Form 990 (2024) Page **12**

Par	Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		<u>.</u> .	V				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			23,22	1,545				
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,163,314		3,314				
3	Revenue less expenses. Subtract line 2 from line 1	3			2,05	8,231				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	99,05	6,959				
5	Net unrealized gains (losses) on investments	5			19,51	0,665				
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9			(1,263	,591)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line									
	32, column (B))	10		2	19,36	2,264				
Part	Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII					V				
					Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on									
	Schedule O.		ļ							
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a						
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	l or							
	reviewed on a separate basis, consolidated basis, or both.									
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis									
b	······································			2b	~					
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n a							
	separate basis, consolidated basis, or both.									
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov									
	the audit, review, or compilation of its financial statements and selection of an independent account		L	2c	~					
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain	on							
33	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the							
Jd	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	71 LI II II I	1116	3a		/				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	derac	the	Sa						
J	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			3b						

Form **990** (2024)

(A) Name and Title	(B) Average hours	urs (C) Position (Check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(25) JONATHAN HAYES	1.0	/						0	0	0
DIRECTOR	0.0	•						Ü	0	
(26) JUSTIN MCLAIN	1.0	1						0	0	0
DIRECTOR	0.0	•						V	0	0
(27) KATHERINE WILLIAMS	1.0	/						0	0	0
DIRECTOR	0.0	•						U	0	0
(28) LAURA RICCIARDELLI	1.0	/								0
DIRECTOR	0.0	•						0	0	0
(29) LAURIE MINGES	1.0	/								
DIRECTOR	0.0	•						0	0	0
(30) LESLIE GAMBEE	1.0	/								
DIRECTOR	0.0	•						0	0	0
(31) MARK BUONO	1.0	,								
DIRECTOR	0.0	~						0	0	0
(32) MICHELLE MANGLIM	1.0	,								
DIRECTOR	0.0	~						0	0	0
(33) NEIL DRAISIN	1.0	,								
DIRECTOR	0.0	~						0	0	0
(34) NICHOLAS GLOVER	1.0	,								
DIRECTOR	0.0	~						0	0	0
(35) RICHARD MACLEAN	1.0	,								
DIRECTOR	0.0	~						0	0	0
(36) RICHARD SALMONS	1.0	,								
DIRECTOR	0.0	✓						0	0	0
(37) ROBERT LUKEY	1.0	,								
DIRECTOR	0.0	✓						0	0	0
(38) SABRA HORNE	1.0	-								
DIRECTOR	0.0	~						0	0	0
(39) STEPHEN KERRIGAN	1.0	•								
DIRECTOR	0.0	✓						0	0	0
(40) STEPHEN OSBORNE	1.0									
DIRECTOR	0.0	√						0	0	0
(41) TODD ABEDON	1.0									
DIRECTOR	0.0	√						0	0	0
(42) WILLIAM HASKIN	1.0									
DIRECTOR	0.0	√						0	0	0
(43) WILLIAM PENNEY	1.0	100								
DIRECTOR	0.0	√						0	0	0
DIVECTOR	0.0									

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number						n number			
COL	LLEGE OF CHARLESTON FOUNDATION						23-70	69236	
Pa	tΙ	Reason for Public Char	rity Status. (All	organizations mus	t comple	ete this p	art.) See instructi	ons.	
The	orga	anization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)		
1		A church, convention of church	hes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).		
2		A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)			
3		A hospital or a cooperative hos	spital service org	anization described in	n 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	П	A federal, state, or local govern	nment or govern	mental unit described	in sectio	n 170(b)	(1)(A)(v).		
7		An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public	
8	П	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	_	An agricultural research organi				erated in	conjunction with a l	and-grant college	
		or university or a non-land-gra university:							
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fur t income and unr fter June 30, 197	nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ble incom)(2) . (Cor	eptions; a le (less se nplete Pa	and (2) no more than ection 511 tax) from art III.)	33 ¹ /3% of its	
11		An organization organized and	•		•		. ,, ,		
12	Ш	An organization organized and one or more publicly supported the box on lines 12a through 12	d organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check	
а		☐ Type I. A supporting organ		,, ,,	, 0		•	,	
		the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b		☐ Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same				
c		Type III functionally integ its supported organization(rated. A support	ting organization oper	ated in c			ally integrated with,	
d		☐ Type III non-functionally inthat is not functionally integrequirement (see instructionally integration in the integral integration in the integral integral into the integral integr	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an		
_		_ ` `	•	•		-			
е		Check this box if the organ functionally integrated, or 1	Type III non-func	tionally integrated sup	porting o			e II, Type III	
f		nter the number of supported of	•						
g		rovide the following information							
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you docur	0 0	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									

Schedule A (Form 990) 2024

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) (d) 2023 (a) 2020 **(b)** 2021 (c) 2022 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 9,158,089 10,229,730 12,017,568 20,019,858 21,920,647 73,345,892 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 **Total.** Add lines 1 through 3 9.158.089 10.229.730 12.017.568 20.019.858 21.920.647 73.345.892 4 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) 1,511,488 **Public support.** Subtract line 5 from line 4 71,834,404 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 10,229,730 7 Amounts from line 4 9,158,089 12,017,568 20,019,858 21,920,647 73,345,892 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 697,940 701,053 770,608 783,414 841,935 3,794,950 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 284,047 434,510 446,443 383,486 551,885 2,100,371 Total support. Add lines 7 through 10 79,241,213 11

12	Gross receipts from related activities, etc. (see instructions)	12		0
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax ye organization, check this box and stop here			_
Secti	on C. Computation of Public Support Percentage			_
14	Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	90.65	%
15	Public support percentage from 2023 Schedule A, Part II, line 14	15	87.16	%
16a	33¹/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 35 box and stop here. The organization qualifies as a publicly supported organization			
b	33^{1} /3% support test-2023. If the organization did not check a box on line 13 or 16a, and line 15 this box and stop here. The organization qualifies as a publicly supported organization			
17a	10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 10% or more, and if the organization meets the facts-and-circumstances test, check this box at Part VI how the organization meets the facts-and-circumstances test. The organization qualifies organization	nd st as a	op here. Explain in publicly supported	
b	10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 1 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this bo in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies organization	x and s as a	stop here. Explain publicly supported	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b,			_
	instructions			
			a	

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.)

Secti	on A. Public Support	diadi tilo to	oto notoa ben	ow, piedoe ee	ompioto i art	,	
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2020	(5) 2021	(0) 2022	(a) 2020	(6) 2024	(i) Total
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 7a	Total. Add lines 1 through 5 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						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support		•		•		
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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, check this box and stop he	•	,		or fifth tax ye		(/ (/
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8						%
16	Public support percentage from 2023 Sch					16	%
	on D. Computation of Investment Inc				(f)\	4-	
17	Investment income percentage for 2024 (•	. ,,		<u>%</u>
18	Investment income percentage from 2023 331/3% support tests—2024. If the organ						% and line
19a	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2023. If the organiz		_	-		_	_
D	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di		=		-		_

Part IV **Supporting Organizations**

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

All Supporting Organizations

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
8	with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
0	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
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 Part VI .	9b		
С	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 Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10b		

Schedule A (Form 990) 2024

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
		11a		
	,	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations		24	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 i	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
D	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.	26		
2	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2b		
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	gani	zations	<u> </u>
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (exp	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sec	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function (see instructions).		ntegrated Type III suppo	rting organization

Schedule A (Form 990) 2024

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

Schedule A (Form 990) 2024

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

Part VI

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

Return Reference - Identifier				Explanation			
SCHEDULE A, PART II,	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
LINE 10 - OTHER INCOME	(1) OTHER INCOME	284,047	434,510	446,443	383,486	551,885	2,100,371
	Total	284,047	434,510	446,443	383,486	551,885	2,100,371

Schedule B (Form 990)

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

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Name of the organization 23-7069236 **COLLEGE OF CHARLESTON FOUNDATION** Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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).

For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one

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

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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

Cat. No. 30613X

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

Name of organization

COLLEGE OF CHARLESTON FOUNDATION

23-7069236

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person ~ 1 **Payroll** 1,094,985 Noncash (Complete Part II for noncash contributions.) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 Person ~ **Payroll** Noncash 605,307 (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 Person ~ **Payroll** 525,077 Noncash (Complete Part II for noncash contributions.) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person ~ **Payroll** 500,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization

COLLEGE OF CHARLESTON FOUNDATION

23-7069236

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from **FMV** (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.)

Name of organization **Employer identification number COLLEGE OF CHARLESTON FOUNDATION** 23-7069236 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	of organization	anizations. Complete Fart III.		Employer ide	entification number (EIN)
COLL	EGE OF CHARLESTON FOU				23-7069236
Part	I-A Complete if the	e organization is exempt und	ler section 501(d	c) or is a section 527	organization.
1	definition of "political car		•		rt IV. See instructions for
2	Political campaign activit	ry expenditures. See instructions			\$
3	Volunteer hours for politic	cal campaign activities. See instru	ctions		
Part	I-B Complete if the	e organization is exempt und	ler section 501(d	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under section	n 4955	\$
2	Enter the amount of any	excise tax incurred by organizatio	n managers under	section 4955	\$
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	🗌 Yes 🔲 No
4a					
b	If "Yes," describe in Part				
Part		e organization is exempt und			1(c)(3).
1		ly expended by the filing organizes		•	\$
2		filing organization's funds contril vities	_		\$
3	Total exempt function eline 17b	expenditures. Add lines 1 and 2		on Form 1120-POL,	\$
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	For each organization list contributions received the	ses, and EINs of all section 527 p sted, enter the amount paid fron hat were promptly and directly tical action committee (PAC). If add	n the filing organized	zation's funds. Also en parate political organiza	ter the amount of political ation, such as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)			-		
(2)			_		
(3)					
(4)			-		
(5)			-		
(6)			_		

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

Cat. No. 50084S

Schedule C (Form 990) 2024

Sched	dule C (Form 990) 2024					Page 2
Par	t II-A Complete if the organization section 501(h)).	on is exempt u	under section 50	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check if the filing organization belongs EIN, expenses, and share of exception EIN EIN EIN EIN EIN EIN EIN EI			art IV each affiliat	ed group member's	name, address,
В	Check [] if the filing organization checked	box A and "lim	ited control" provi	sions apply.		
		bying Expendit			(a) Filing	(b)Affiliated
	(The term "expenditures" n)	organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion	(grassroots lobbyi	ng)		
k		•		•		
c		•	• • • • •	-,		
c		· ·				
e	Total exempt purpose expenditures (ac	d lines 1c and 1	d)			
f	Lobbying nontaxable amount. Enter columns.	the amount fi	rom the following	table in both		
	IF the amount on line 1e, column (a) or (b)	s: THEN the lob	bying nontaxable a	mount is:		
	not over \$500,000	20% of the an	nount on line 1e.			
	over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.		
	over \$17,000,000	\$1,000,000.				
ç	•					
r	3					
i	Subtract line 1f from line 1c. If zero or le					
j	If there is an amount other than zero reporting section 4911 tax for this year'			•		☐ Yes ☐ No
	(Some organizations that made a se	ction 501(h) ele	Period Under Sec ection do not have ructions for lines	e to complete all	of the five column	s below.
	Lobbyin	g Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
28	Lobbying nontaxable amount					
k	Lobbying ceiling amount (150% of line 2a, column (e))					
	: Total lobbying expenditures					
C	Grassroots nontaxable amount					
•	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	I filed Form 5768						
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)	(b)				
	iption of the lobbying activity.	Yes	No	A	mount	t		
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:							
а	Volunteers?		V					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		· /					
c	Media advertisements?		·					
d	Mailings to members, legislators, or the public?		·					
e	Publications, or published or broadcast statements?		~					
f	Grants to other organizations for lobbying purposes?		~					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		~					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~					
i	Other activities?	~						
j	Total. Add lines 1c through 1i					0		
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		~					
b	If "Yes," enter the amount of any tax incurred under section 4912							
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .							
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
Part l	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), c	or se	ction				
					Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?			1				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2				
3 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)	_	-		504/	\ (O)		
alt	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes."							
1	Dues, assessments and similar amounts from members		1					
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of						
а	Current year		2a					
b	Carryover from last year		2b					
С	Total		2c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying						
_	and political expenditures next year?		4					
5	Taxable amount of lobbying and political expenditures. See instructions		5					
2 (see	Supplemental Information le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information. EXT PAGE	up list	t); Par	t II-A, I	ines 1	and		

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
LINE 1 - DETAILED	AMOUNTS PAID TO FIRM TO PROVIDE GOVERNMENT RELATIONS SERVICES INCLUDING DISCUSSIONS AND CONTACT WITH LEGISLATORS IN CONNECTION TO OPERATIONS AND INCREASED FUNDING FOR THE COLLEGE OF CHARLESTON.

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	of the organization		Employer i	dentification nu	mber
COLL	EGE OF CHARLESTON FOUNDATION			23-706923	6
Pai	Organizations Maintaining Donor Advi- Complete if the organization answered "		ds or Acc	ounts	
		(a) Donor advised funds	(b)	Funds and other	accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year) .				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor a	advisors in writing that the assets he	eld in donc	or advised	
	funds are the organization's property, subject to the				Yes □ No
6	Did the organization inform all grantees, donors, are only for charitable purposes and not for the benefit conferring impermissible private benefit?	t of the donor or donor advisor, or fo	or any othe	r purpose] Yes □ No
Par	t 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 o				
	☐ Preservation of land for public use (for example, recreation)	ation or education) $\ \ \square$ Preservation $\ \ $	of a historic	ally importan	t land area
	☐ Protection of natural habitat	☐ Preservation of	of a certifie	d historic stru	cture
_	☐ Preservation of open space			_	
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contributio	n in the for	m of a conse	rvation
	easement on the last day of the tax year.			Held at the En	d of the Tax Year
а					
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified hi				
d	Number of conservation easements included on line		d not		
	on a historic structure listed in the National Register		· · 2d		
3	Number of conservation easements modified, tran the organization during the tax year			by	
4	Number of states where property subject to conserv				
5	Does the organization have a written policy rega				
	violations, and enforcement of the conservation eas	ements it holds?		[Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, a	ınd enforci	ng	
	conservation easements during the year				
7	Amount of expenses incurred in monitoring, ins	specting, handling of violations, a	nd enforci	ng	
	conservation easements during the year			. \$	
8	Does each conservation easement reported on line				
	(i) and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports co				
	sheet, and include, if applicable, the text of the footi	•	atements th	nat describes	the
	organization's accounting for conservation easemer				
Par		· · · · · · · · · · · · · · · · · · ·	Other Sir	nilar Assets	•
	Complete if the organization answered "				
1a	If the organization elected, as permitted under FAS	•			
	of art, historical treasures, or other similar assets				ance of public
	service, provide in Part XIII the text of the footnote to				
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or re			
	(i) Revenue included on Form 990, Part VIII, line 1			. \$	627,678
	(ii) Assets included in Form 990, Part X			. \$	13,072,852
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other similar			n, provide the
а	Revenue included on Form 990, Part VIII, line 1 .	-		. \$	
	Assets included in Form 990. Part X			\$	

Part	III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or	Other Similar A	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply).	accession, and oth	ner records, chec	k any of the fo	llowing that make	significant use of its
а	✓ Public exhibition		d 🗌 Loan	or exchange pi	rogram	
b	✓ Scholarly research					
С	✓ Preservation for future generations	•				
4	Provide a description of the organizat XIII.	tion's collections a	nd explain how th	ney further the	organization's ex	empt purpose in Part
5	During the year, did the organization	solicit or receive of	donations of art,	historical treas	sures, or other sim	nilar
	assets to be sold to raise funds rather	than to be maintai	ned as part of the	e organization's	s collection? .	· 🗌 Yes 🗹 No
Part		•				
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Form 990, F	Part IV, line 9,	or reported an a	amount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?		-			
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following ta	able.		
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amoun	nt on Form 990, Pa	rt X, line 21, for e	scrow or custo	dial account liabil	ity? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	n has been pro	vided in Part XIII	
Par	t V Endowment Funds					
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 10	0.	
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance	147,403,292	128,492,068	124,032,2	128,582,2	206 101,377,805
b	Contributions	3,248,306	5,398,159	2,274,7	738 6,681,5	3,700,036
С	Net investment earnings, gains, and					
	losses	15,575,042	16,421,568	8,983,1	(5,821,9	72) 28,376,441
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs	7,438,113	2,908,503	6,798,1	5,409,4	4,872,076
f	Administrative expenses					
g	End of year balance	158,788,527	147,403,292	128,492,0	124,032,2	298 128,582,206
2	Provide the estimated percentage of t			, column (a)) he	eld as:	
а	Board designated or quasi-endowmen	nt 6.22 %	6			
b	Permanent endowment 93.78					
С	Term endowment 0.00 %					
	The percentages on lines 2a, 2b, and					
3a	Are there endowment funds not in the	e possession of the	e organization tha	at are held and	l administered for	the
	organization by:					Yes No
	(i) Unrelated organizations?					. 3a(i) 🗸
	(ii) Related organizations?					. 3a(ii) 🗸
b	If "Yes" on line 3a(ii), are the related o					. 3b
4	Describe in Part XIII the intended uses		n's endowment fu	ınds.		
Part					_	
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 1	1a. See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or oth (investme	` '	r other basis ther)	(c) Accumulated depreciation	(d) Book value
1a	Land			3,793,588		3,793,588
b	Buildings			2,249,254	2,309,866	(60,612)
С	Leasehold improvements					
d	Equipment			1,126,944	742,954	383,990
е	Other			1,243,303	322,497	920,806
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part X, line 10	c, column (B))		5,037,772

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

Part VII	Investments – Other Securities		_	
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
(1) Financial	derivatives			
` '	eld equity interests			
(3) Other				
(A) LIMITE	D PARTNERSHIPS	182,262,114	END OF YEAR MA	RKET VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, line 12, col. (B))	182,262,114		
Part VIII	Investments – Program Related		. 44 . 0	000 D. IV I'. 40
	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value	(- / -	hod of valuation: -of-year market value
(4) COLLEC	TIONS OF ART AND HISTORICAL TREASURES	12.072.052		
	TIONS OF ART AND HISTORICAL TREASURES	13,072,852	COS1	
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))	13,072,852		
Part IX	Other Assets	10,010,000		
	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Description	, , ,		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
	line 25.			.
1.	(a) Description of liability			(b) Book value
(1) Federal in				
	ES PAYABLE			117,070
	CREDIT			0
	IABILITY			872,092
(5)				
(6)				
_(7)				
(8)				
(9)	(h) march a mark France 000 Fr 1 V 1 CF 1 (7)			
	mn (b) must equal Form 990, Part X, line 25, col. (B))		o'o financial state	989,162
Liability for	uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization	ı s ımancıaı stateme	нь наперопутве

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 .

Page 4

Part		Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, I			Return	
1		venue, gains, and other support per audited financial statements			1	41,541,946
2		s included on line 1 but not on Form 990, Part VIII, line 12:			•	41,041,040
a		ealized gains (losses) on investments	2a	19,510,665		
b		d services and use of facilities	2b	10,010,000	-	
C		ries of prior year grants	2c			
d		Describe in Part XIII.)	2d	(1,179,445)		
e	•	s 2a through 2d		<u> </u>	2e	18,331,220
3		t line 2e from line 1			3	23,210,726
4		s included on Form 990, Part VIII, line 12, but not on line 1:	 			20,210,720
a		ent expenses not included on Form 990, Part VIII, line 7b	4a	10,819		
b		Describe in Part XIII.)	4b	0		
C	•	s 4a and 4b		<u> </u>	4c	10,819
5		venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	23,221,545
Part		econciliation of Expenses per Audited Financial Statem				
· art		complete if the organization answered "Yes" on Form 990,			, Hotan	•
1		penses and losses per audited financial statements			1	21,236,641
2		s included on line 1 but not on Form 990, Part IX, line 25:				
а		d services and use of facilities	2a			
b		ar adjustments	2b			
C	-	sses	2c			
d		Describe in Part XIII.)	2d	0		
e		s 2a through 2d	$\overline{}$		2e	0
3		t line 2e from line 1			3	21,236,641
4		s included on Form 990, Part IX, line 25, but not on line 1:	i .			
a		ent expenses not included on Form 990, Part VIII, line 7b	4a	10,819		
b		Describe in Part XIII.)	4b	(84,146)		
C	•	s 4a and 4b		(, ,	4c	(73,327)
5		penses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	21,163,314
Part		upplemental Information	 			21,100,011
		scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Pa	rt IV. lines 1b and 2b	: Part V. I	ine 4: Part X. line
		2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	STATEMEN	•	•	•		
		<u>``</u>				
					-	

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PROMISES TO GIVE	- 1,184,761
	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	5,316
	TOTAL	- 1,179,445
SCHEDULE D, PART XII, LINE	(a) Description	(b) Amount
4(B) - OTHER EXPENSES	CHANGE IN VALUE OF MARINE GENOMICS GRANT	- 84,146
	TOTAL	- 84,146

D۵	rt	ΥI	П

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	THE COLLEGE OF CHARLESTON FRIENDS OF THE LIBRARY'S MISSION IS TO ADVANCE INTELLECTUAL AND CULTURAL EXCELLENCE ON OUR CAMPUS AND THROUGHOUT THE COMMUNITY. PART OF THAT MISSION INCLUDES ENHANCING THE HOLDINGS IN SPECIAL COLLECTIONS AT THE MARLENE AND NATHAN ADDLESTONE LIBRARY. SPECIAL COLLECTIONS IS COMPRISED OF RARE AND VALUABLE BOOKS, MANUSCRIPTS, AND OTHER COLLECTIBLES THAT SUPPORT RESEARCH BY STUDENTS, FACULTY, AND VISITING SCHOLARS. IN RECENT YEARS, SPECIAL COLLECTIONS STAFF IDENTIFIED SEVERAL SIGNIFICANT TITLES THAT WOULD BE STRATEGIC ACQUISITIONS TO CURRENT COLLECTIONS. THE STAFF WAS ABLE TO SECURE THESE ACQUISITIONS AND TO DATE ALL HAVE BEEN USED BY STUDENTS OR FACULTY FOR RESEARCH PAPERS AS PART OF SEVERAL ACADEMIC COURSES TAUGHT AT THE COLLEGE OF CHARLESTON. THESE ACQUISITIONS WOULD NOT HAVE BEEN POSSIBLE WITHOUT PRIVATE SUPPORT. THE IMPACT OF THESE TITLES ON THE ENTIRE CAMPUS AND THE COMMUNITY IS ENDLESS AND IMMEASURABLE. IN TIME, WITH SUPPORT OF THE FRIENDS OF THE LIBRARY, THE STAFF IN SPECIAL COLLECTIONS HOPES TO CONTINUOUSLY GROW THE COLLECTIONS IN THE SAME MANNER.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 700 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING FUNDS ESTABLISHED BY DONORS TO PROVIDE ANNUAL FUNDING FOR SPECIFIC ACTIVITIES AND GENERAL OPERATIONS, AND CERTAIN NET ASSETS WITHOUT DONOR RESTRICTIONS THAT HAVE BEEN DESIGNATED FOR ENDOWMENT BY THE BOARD OF DIRECTORS. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS AND THE FOUNDATION'S INTERPRETATION OF RELEVANT LAW.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2025.
	CONTRIBUTIONS MADE TO THE FOUNDATION QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 509(A)(1) AND 170(B)(1)(A)(IV) OF THE INTERNAL REVENUE CODE.

(Rev. January 2025)

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COLLEGE OF CHARLESTON FOUNDATION

Employer identification number 23-7069236

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Con	nplete if the organization a	inswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility		ts or assistance, and the	selection criteria used to	☐ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorir	ng the use of its grants an	d other assistance
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	0	PROGRAM SERVICES	(SEE STATEMENT)	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	1	0			0
b	Total from continuation sheets to Part I	0	0			0
С	Totals (add lines 3a and 3b)	1	0			0

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

Cat. No. 50082W

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

1	(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	n be duplicated if a	(g) Amount of	(h) Description	(i) Method of
_	organization	section and EIN (if applicable)	(7 - 3	grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

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

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

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

	of the organization	ONI				Employer identifie	
	EGE OF CHARLESTON FOUNDATION				1.07		7069236
Par	Form 990-EZ filers are r	not required to	complete	this part.			line 17.
1	Indicate whether the organization	on raised funds	through any				
а	☐ Mail solicitations		e		ion of nongovernr		
b	Internet and email solicitation	ns	f [ion of governmen	•	
С	Phone solicitations		g □	Special •	fundraising events	3	
d	☐ In-person solicitations						
2a	Did the organization have a wri						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	l individuals or	entities (fund		· · · · · · · · · · · · · · · · · · ·	=	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
T-1-1							
Total 3	List all states in which the orga	nization is regi	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
	registration or licensing.						

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.

		gross receipts greater tha	n \$5,000.			
			(a) Event #1 INVESTMENT SYMPOSIUM	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
une			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	60,400			60,400
Ш	2	Less: Contributions				0
	3	Gross income (line 1 minus				
		line 2)	60,400	0	0	60,400
	4	Cash prizes				0
	5	Noncash prizes				0
sesu	6	Rent/facility costs	98,527			98,527
Direct Expenses	7	Food and beverages				0
Direc	8	Entertainment				0
	9	Other direct expenses .				0
	10 11	Direct expense summary. Ad Net income summary. Subtra	ld lines 4 through 9 in co	olumn (d)		98,527 (38,127)
Pa	rt II	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe	ered "Yes" on Form 9	990, Part IV, line 19,	
Φ		. ,		(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev		0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes %☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
_				andron and the state of the sta		
	a l b l	Enter the state(s) in which the or is the organization licensed to co	ganization conducts ga onduct gaming activities	ming activities:s in each of these states	s?	Yes No
	-					
10		Were any of the organization's g	aming licenses revoked	, suspended, or termina		? .
	_					

Schedu	ile G (Form 990) (Rev. 1-2025)		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?		☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
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		
h	revenue?	☐ Yes	∐ No
D	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С	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:		
а	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

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

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identific	cation number
COLLEGE OF CHARLESTON FOUNDA	TION						23-	7069236
Part I General Information	on Grants and	l Assistance						
 Does the organization mainta and the selection criteria used Describe in Part IV the organi 	d to award the grazation's procedu	ants or assistance res for monitoring	? the use of grant fu	nds in the United	States.			✓ Yes □ No
Part II Grants and Other As Part IV, line 21, for any								res" on Form 990,
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 noncash assista	,	h) Purpose of grant or assistance
(1) COLLEGE OF CHARLESTON 66 GEORGE ST, CHARLESTON, SC 29424	57-6000265	IRC 115	6,462,722				(SEE !	STATEMENT)
(2) (SEE STATEMENT)	57-0760038	501C3	150,000				(SEE !	STATEMENT)
(3) CHARLESTON ATHLETIC FUND 307 MEETING ST, CHARLESTON, SC 29401	57-0640443	501C3	59,949				(SEE	STATEMENT)
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section		_		ine 1 table				3
3 Enter total number of other or For Paperwork Reduction Act Notice, s			;		No. 50055P		Schedule I	(Form 990) (Rev. 12-2024)

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

					_
Part III Grants and Other Assistance to D Part III can be duplicated if addition	omestic Individua al space is needed	als. Complete if the d.	organization answ	vered "Yes" on Form 990,	Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ACADEMIC & ACHIEVEMENT AWARDS	1,000	356,326			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	e the information r	equired in Part I. lin	e 2: Part III. colum	n (b): and any other addit	ional information.
(SEE STATEMENT)				(2),	
<u> </u>					

Pa	rt	١	V

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	GRANTS TO ORGANIZATIONS: THROUGH ITS REPRESENTATIVES ON THE ALUMNI BOARD AND THE COUGAR CLUB BOARD, THE FOUNDATION IS ABLE TO MONITOR FINANCIAL AND PROGRAM ACTIVITY FOR EACH OF THESE RESPECTIVE ORGANIZATIONS. WITH REGARD TO THE COLLEGE OF CHARLESTON, THE FOUNDATION WAS ESTABLISHED TO PROMOTE PROGRAMS OF EDUCATION, RESEARCH, STUDENT DEVELOPMENT, AND FACULTY DEVELOPMENT FOR THE EXCLUSIVE BENEFIT OF THE COLLEGE OF CHARLESTON. IN ADDITION, THE FOUNDATION AND THE COLLEGE OF CHARLESTON HAVE EXECUTED A MEMORANDUM OF AGREEMENT TO GUIDE EXPECTATIONS BETWEEN THE TWO ORGANIZATIONS.
	GRANTS/ASSISTANCE TO INDIVIDUALS: ACADEMIC & ACHEIVEMENT AWARDS ARE DISTRIBUTED BASED ON SPECIFIC CRITERIA ESTABLISHED IN DONOR GIFT AGREEMENTS AS WELL AS BY ACADEMIC UNITS AT THE COLLEGE OF CHARLESTON. THE ACADEMIC UNITS ARE RESPONSIBLE FOR SELECTING RECIPIENTS BASED ON ESTABLISHED CRITERIA. STUDENT EMERGENCY ASSISTANCE IS PROVIDED BASED ON AN APPLICATION PROCESS MANAGED BY THE COLLEGE OF CHARLESTON DIVISION OF STUDENT AFFAIRS, WHO SHALL SUBMIT APPROVED REQUESTS TO THE FOUNDATION FOR DISTRIBUTION TO A STUDENT.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR	COLLEGE OF CHARLESTON ALUMNI ASSOCIATION PO BOX 20216, CHARLESTON, SC 29413
GOVERNMENT	· · · ·
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	COLLEGE OF CHARLESTON: COLLEGE OF CHARLESTON: GRANTS PROVIDED TO THE COLLEGE OF CHARLESTON ARE USED TO PROMOTE PROGRAMS OF EDUCATION, RESEARCH, STUDENT DEVELOPMENT, AND FACULTY DEVELOPMENT IN ACCORDANCE WITH THE MISSION STATEMENT OF THE FOUNDATION.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	COLLEGE OF CHARLESTON ALUMNI ASSOCIATION: COLLEGE OF CHARLESTON ALUMNI ASSOCIATION: PER A MEMORANDUM OF UNDERSTANDING (MOU) WITH THE ALUMNI ASSOCIATION OF THE COLLEGE OF CHARLESTON, THE COLLEGE OF CHARLESTON FOUNDATION SHALL PROVIDE AN AGREED UPON AMOUNT OF ANNUAL SUPPORT TO ENHANCE ALUMNI ENGAGEMENT AND PROGRAMS, WITH PAYMENTS DUE AT THE BEGINNING OF EACH QUARTER. THE MOU WAS EXECUTED ON DECEMBER 7, 2012 AND EFFECTIVE RETROACTIVELY TO JULY 1, 2012 FOR A THREE-YEAR PERIOD WITH THE APPROVAL OF THE FOUNDATION BOARD OF DIRECTORS AND THE ALUMNI ASSOCIATION BOARD OF DIRECTORS. THE MOU WAS RENIGOTIATED IN 2015 FOR AN ADDITIONAL THREE YEARS. FOR THE FISCAL YEAR JULY 1, 2024 - JUNE 30, 2027 THE FOUNDATION PAID THE ALUMNI ASSOCIATION \$150,000 IN ACCORDANCE WITH THE MOU.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CHARLESTON ATHLETIC FUND: COLLEGE OF CHARLESTON COUGAR CLUB: OPERATIONAL SUPPORT

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization **COLLEGE OF CHARLESTON FOUNDATION** 23-7069236 Part I Questions Regarding Compensation

	and a second conference of the second conferen		Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ 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	1b		
•				
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?	2		
_				
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.			
	☐ Compensation committee ☑ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		~
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		~
	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:			
а	The organization?	5a		~
b	Any related organization?	5b		~
	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:			
а	The organization?	6a		~
b	Any related organization?	6b		~
-	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	7		~
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	8		~
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

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

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

		(B) Breakdown of W-2 ar		1099-NEC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
CHRIS MACK	(i)	373,106	0	0	0	0	373,106	0
1 BASKETBALL COACH	(ii)	451,727	0	0	0	0	451,727	0
ANDREW HSU	(i)	470,117	0	0	0	0	470,117	0
2 PRESIDENT, COFC	(ii)	271,274	0	0	20,000	0	291,274	0
SUZANNE AUSTIN	(i)	100,000	0	0	0	0	100,000	0
3 PROVOST, COFC	(ii)	278,180	0	0	0	0	278,180	0
MATTHEW ROBERTS	(i)	40,166	0	0	0	0	40,166	0
4 ATHLETIC DIRECTOR	(ii)	317,729	0	0	0	0	317,729	0
PAUL SCHWAGER	(i)	30,000	0	0	0	0	30,000	0
5 DEAN OF SCHOOL OF BUSINESS	(ii)	298,548	0	0	0	0	298,548	0
DAN FREZZA CHIEF ADVANCEMENT OFFICER, CEO FOUNDATION	(i)	78,400	0	0	0	0	78,400	0
6	(ii)	219,873	0	0	0	0	219,873	0
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

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

Employer identification number

COLLE	COLLEGE OF CHARLESTON FOUNDATION 23-7069236								
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts report Form 990, Part V	rted on	Method o			
1	Art—Works of art	V	4		615,178	MARKET VA	LUE		
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								
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
40									
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								
	Taxidermy								
22	Historical artifacts								
23 24	Scientific specimens								
26	Other () Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received	by the org	ganization during the tax	ear for contribu	tions for				
	which the organization completed	Form 8283	3, Part V, Donee Acknowled	lgement		29	0		
							\	Yes	No
30a	During the year, did the organizat								
	28, that it must hold for at least 3								
	used for exempt purposes for the		ing period?				30a		
	If "Yes," describe the arrangemen								
31	Does the organization have a	gift accep	stance policy that require	es the review of	ot any no	onstandard			
20-	contributions?	 ساماناها مدناها					31	•	
32a	Does the organization hire or use contributions?		•			en noncash	00-		
l.							32a		
	If "Yes," describe in Part II. If the organization didn't report an	amount in	column (c) for a type of pro	nerty for which o	oluma (a)	is chacked			
00	describe in Part II.	amount iii	ocianin (c) for a type of pro	perty for willer C	olullili (d)	io dileckeu,			

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COLLEGE OF CHARLESTON FOUNDATION

23-7069236

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A -	THE COLLEGE OF CHARLESTON FOUNDATION HAS BEEN DEDICATED TO SUPPORTING THE ACTIVITIES AND GOALS OF THE COLLEGE FOR MORE THAN 50 YEARS. DURING THE FISCAL YEAR ENDING JUNE 30, 2025, THE FOUNDATION GARNERED APPROXIMATELY \$29 MILLION FROM NEARLY 9,500 DONORS.
	SOME HIGHLIGHTS OF THE FOUNDATION'S FY25 ACCOMPLISHMENTS INCLUDE THE FOLLOWING:
	*3,748 NEW DONORS GAVE TO THE COLLEGE; *\$16.03 MILLION IN CASH, STOCK AND IN-KIND RECEIPTS; *25 NEW ENDOWED FUNDS WERE CREATED, ADDING TO THE COLLEGE'S MORE THAN 735 ACTIVE ENDOWED FUNDS; *MORE THAN \$836,000 WAS SECURED IN UNRESTRICTED COMMITMENTS, WHICH ALLOWS THE COLLEGE TO FOCUS ON AREAS OF GREATEST NEED; *20 NEW RESTRICTED SCHOLARSHIP FUNDS WERE CREATED FOR A TOTAL OF 534 ACTIVE SCHOLARSHIPS; *THE 1770 SOCIETY, WHICH RECOGNIZES DONORS WHO GIVE \$1,000 OR MORE ANNUALLY, SAW AN INCREASE OF 643 DONORS, BRINGING THE NUMBER OF 1770 SOCIETY DONORS TO 2,704; *CORPORATIONS AND FOUNDATIONS CONTRIBUTED \$8.51 MILLION; *THE COLLEGE RECEIVED FIVE SEVEN-FIGURE GIFTS; AND *488 SCHOLARSHIPS, WITH A VALUE OF \$4.6 MILLION, WERE AWARDED TO 1,200 STUDENTS. THE FIFTH ANNUAL COFC DAY TOOK PLACE ON MARCH 20, 2025. THE DAY CELEBRATING PHILANTHROPY RAISED \$710,533 FROM 1,524 DONORS, IMPACTING 150 AREAS OF CAMPUS. COFC DAY IS NOT ONLY A SUCCESSFUL FUNDRAISING DRIVE, BUT IT IS ALSO A WAY TO INSTILL PRIDE AND SPIRIT IN THE HEARTS AND MINDS OF ALUMNI, PARENTS, FRIENDS, FACULTY, STAFF AND STUDENTS.

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COLLEGE OF CHARLESTON FOUNDATION

Employer identification number
23-7069236

Batters Bafaranaa Hantiffan	
Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B -	STORIES OF INSPIRATION AND MOTIVATION THAT THE FOUNDATION SUPPORTS, SHOWCASE HOW PHILANTHROPY IMPACTS THE COLLEGE OF CHARLESTON CAMPUS. FOLLOWING ARE EXAMPLES OF HOW COMMITMENTS TO THE COLLEGE PROVIDE EXCELLENCE IN EDUCATION.
	*THREE DONORS GIFTED \$11.5 MILLION TOTAL TO THE ATHLETICS DEPARTMENT AND CAMPUS INITIATIVES
	*TWO DONORS COMMITTED \$1MILLION TOTAL IN SUPPORT OF THE MACE BROWN MUSEUM OF NATURAL HISTORY
	*A DONOR PLEDGED \$1,550,000 TO ESTABLISH THE CENTER FOR INTENTIONALITY PROGRAM *\$1,094,985 FROM A FOUNDATION SUPPORTED THE COLLEGE'S VETERAN AND MILITARY STUDENTS PROGRAM
	*A DONOR WHO HAS SUPPORTED THE COLLEGE FOR MORE THAN 30 YEARS CONTINUED ITS SUPPORT WITH A PLEDGE OF \$242,000 FOR THE LETTIE PATE WHITEHEAD FOUNDATION SCHOLARSHIP
	*A DONOR GIFTED \$500,000 TO SUPPORT THE WENDY AND KEVIN WELLIN SCHOLARSHIP *A DONOR COMMITTED \$275,000 IN THEIR ESTATE FOR THE JAMES P. AND CAROLYN N. ANDERSON ENDOWED ALUMNI SCHOLARSHIP
	*A DONOR PLEDGED \$50,000 FOR THE ECKLE FAMILY ENDOWED PROGRAM FUND *A DONOR COMMITTED \$50,000 FROM THEIR ESTATE FOR THE WARD B. MILLER '76 SCHOLARSHIP *A DONOR COMMITTED \$200,000 FROM THEIR ESTATE FOR THE DMITAR 'DENNY' CIGANOVIC STAFF SUPPORT FUND
	*A DONOR PLEDGED \$50,000 FOR THE COLLEGIATE RECOVERY PROGRAM FOUNDERS ENDOWED SCHOLARSHIP
	HONORS COLLEGE *A DONOR PLEDGED \$70,000 TO THE HONORS COLLEGE COMMUNITY FUND *A DONOR COMMITTED \$50,000 FROM THEIR ESTATE FOR THE ODELL HERITAGE ENDOWED HONORS SCHOLARSHIP
	SCHOOL OF NATURAL AND ENVIRONMENTAL SCIENCES *A DONOR GIFTED \$100,000 TO THE EARLE D. JENNINGS LABORATORY FUND *A DONOR PLEDGED \$75,000 FOR THE JEFFREY L. WRAGG MEMORIAL ENDOWED SCHOLARSHIP IN PHYSICS
	*A DONOR PLEDGED \$50,000 FOR THE PREYER ENDOWED PHYSICS SCHOLARSHIP
	SCHOOL OF THE ARTS *A DONOR COMMITTED \$100,000 FROM THEIR ESTATE FOR THE EMMETT ROBINSON MEMORIAL SCHOLARSHIP IN THEATRE *A DONOR COMMITTED \$50,000 FOR THE FRANK XAVIER BURKART ENDOWED SCHOLARSHIP *A DONOR GIFTED \$50,000 FOR THE VOICE/OPERA FUND *A DONOR PLEDGE \$60,000 FOR THE LONG FAMILY ARTS MANAGEMENT ENRICHMENT SCHOLARSHIP
	SCHOOL OF HUMANITIES AND SOCIAL SCIENCES *A DONOR PLEDGED \$60,000 FOR THE CIVILITY INITIATIVE FUND *A DONOR COMMITTED \$50,000 IN THEIR ESTATE TO SUPPORT THE CHARLES KAISER ENDOWED AWARD FOR OUTSTANDING PSYCHOLOGY GRADUATES *A DONOR PLEDGED \$50,000 FOR THE JOHN L. COVINGTON, JR. AND ROBERT J. LUKEY ENDOWED SCHOLARSHIP FOR POLITICAL SCIENCE
	SCHOOL OF LANGUAGES, CULTURES, AND WORLD AFFAIRS *A DONOR GAVE \$100,000 FOR THE ESTHER B. FERGUSON ENDOWED STUDY ABROAD
	SCHOLARSHIP *A DONOR COMMITTED \$75,000 FROM THEIR ESTATE FOR THE JOHN EDWIN MROZ GLOBAL LEADERSHIP INSTITUTE ENDOWMENT *A DONOR COMMITTED \$50,000 FROM THEIR ESTATE FOR THE KIRKLAND FAMILY ENDOWED SCHOLARSHIP FOR INTERNATIONAL SCHOLARS
	SCHOOL OF BUSINESS *A DONOR PLEDGED \$217,753 TO THE CENTER FOR PUBLIC CHOICE AND MARKET PROCESS *A DONOR PLEDGED \$140,000 FOR THE HAROLD J. BOWEN, JR. MARKET PROCESS SCHOLARS
	ENDOWED AWARD *A DONOR DONATED \$50,109.20 IN STOCK/PROPERTY TO THE CRACRAFT FAMILY ENDOWED SCHOLARSHIP
	*A DONOR GIFTED \$50,000 FOR THE RICHARD J. SANDERS AND DOROTHY M. SANDERS ENDOWED SCHOLARSHIP *A FOUNDATION PLEDGED \$50,000 FOR TEACHING WITH AI (TWAI) PROFESSIONAL LEARNING
	COMMUNITY (PLC) PROGRÂM SUPPORT FUND
	SCHOOL OF EDUCATION *A DONOR GIFTED \$50,000 FOR THE NANCY LIMEHOUSE MORROW '73 ENDOWED SCHOLARSHIP *A DONOR GIFTED \$50,000 TO THE SCHOOL OF EDUCATION - DEAN'S EXCELLENCE FUND
	SCHOOL OF HEALTH SCIENCES

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number COLLEGE OF CHARLESTON FOUNDATION 23-7069236

COLLEGE OF CHARLESTON FOUN		23-7069236						
Return Reference - Identifier	Explanation							
	*A DONOR PLEDGED \$50,000 FOR THE ROSEMARY K. BOUVETTE MEMORIAL E SCHOLARSHIP	ENDOWED						
	*A DONOR PLEDGED \$204,000 FOR THE HEALTH SCIENCES CAPITAL IMPROVEMENT FUND							
	SCHOOL OF ENGINEERING, COMPUTING, AND MATHEMATICS *A DONOR PLEDGED \$50,000 TO THE C. RICHARD AND WYNONA CROSBY END SCIENCE SCHOLARSHIP	DOWED COMPUTER						
	GRADUATE SCHOOL *A DONOR PLEDGED \$50,000 FOR THE CHICK-FIL-A GRADUATE LEADERSHIP ISCHOLARSHIP	ENDOWED						
	LIBRARIES *A DONOR GAVE AN IN-KIND GIFT OF 10 ORIGINAL WATERCOLORS BY CAROL COMPLETED FOR MAURICE MAETERLINCK'S "PELLEAS ET MELISANDE" VALU							
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASS OVERSIGHT BY MANAGEMENT. THE FULL BOARD WAS PROVIDED A LINK TO COMPLETE FORM 990, ONLINE, PRIOR TO THE PRESENTATION TO THE MEME COMMITTEE. THE FORM 990 IS FILED WITH THE IRS FOLLOWING THE BOARD AUDIT AND FINANCE COMMITTEES MEMBERS REVIEW THE FORM AND SUPPORTURING REVIEW BY THE COMMITTEES, THE CHAIR OF THE AUDIT COMM SUMMARY REVIEW OF THE 990 TO THE BOARD. THE BOARD DOCUMENTS THE MEETING MINUTES.	ACCESS THE BERS OF THE AUDIT REVIEW ONLINE. THE DRTING SCHEDULES. ITTEE PRESENTS A						
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	A COPY OF THE CONFLICT OF INTEREST POLICY ALONG WITH A QUESTIONN. ANNUALLY TO EACH BOARD MEMBER. BOARD MEMBERS COMPLETE THE QU RETURN THEM TO THE ORGANIZATION.							
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE FOUNDATION'S EMPLOYEES ARE HIRED AND PAID BY THE COLLEGE OF FOUNDATION THEN REIMBURSES THE COLLEGE FOR PORTIONS OF THE EME COSTS. THE HIRING PROCESS IS MONITORED BY THE HUMAN RESOURCES IS COLLEGE OF CHARLESTON AND IS SUBJECT TO THE COLLEGE'S POLICIES AN RECENT YEARS WHEN HIRING OFFICERS AND KEY EMPLOYEES, THE COLLEGE WITH AN OUTSIDE EXECUTIVE SEARCH FIRM WHO ASSISTS IN LOCATING AN CANDIDATES. THE FOUNDATION CONSULTS WITH THE SEARCH FIRM AND US EXPERIENCE AND EXPERTISE IN DETERMINING COMPENSATION PACKAGES INDIVIDUALS THAT ARE COMPARABLE TO THOSE OF SIMILAR ORGANIZATION FOR THE TOP EXECUTIVE, THE EXECUTIVE DIRECTOR OF THE FOUNDATION, CHAIR OF THE BOARD, PRIOR TO HIRING.	PLOYEES' SALARY DEPARTMENT OF THE ND PROCEDURES. IN GE HAS CONTRACTED D INTERVIEWING SES THE FIRM'S FOR THESE IS. COMPENSATION						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE FOUNDATION'S EMPLOYEES ARE HIRED AND PAID BY THE COLLEGE OF FOUNDATION THEN REIMBURSES THE COLLEGE FOR PORTIONS OF THE EMPLOYEES. THE HIRING PROCESS IS MONITORED BY THE HUMAN RESOURCES IS COLLEGE OF CHARLESTON AND IS SUBJECT TO THE COLLEGE'S POLICIES AT RECENT YEARS WHEN HIRING OFFICERS AND KEY EMPLOYEES, THE COLLEGE WITH AN OUTSIDE EXECUTIVE SEARCH FIRM WHO ASSISTS IN LOCATING AND CANDIDATES. THE FOUNDATION CONSULTS WITH THE SEARCH FIRM AND US EXPERIENCE AND EXPERTISE IN DETERMINING COMPENSATION PACKAGES INDIVIDUALS THAT ARE COMPARABLE TO THOSE OF SIMILAR ORGANIZATION FOR THE TOP EXECUTIVE, THE EXECUTIVE DIRECTOR OF THE FOUNDATION, CHAIR OF THE BOARD, PRIOR TO HIRING.	PLOYEES' SALARY DEPARTMENT OF THE ND PROCEDURES. IN GE HAS CONTRACTED D INTERVIEWING SES THE FIRM'S FOR THESE IS. COMPENSATION						
FORM 990, PART VI, LINE 18 - HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC	PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE OF ACCOUNTING OFFICE. IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE WWW.GUIDESTAR.ORG AND ON THE FOUNDATION'S WEBSITE.							
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF IN AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WE REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICES.							
FORM 990, PART XI, LINE 9 -	(a) Description	(b) Amount						
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	CHANGE IN VALUE OF SPLIT INTEREST	5,316						
	CHANGE IN ALLOWANCE OF UNCOLLECTIBLE PROMISES TO GIVE	- 1,184,761						
	CHANGE IN VALUE OF MARINE GENOMICS GRANT	- 84,146						
	TOTAL	- 1,263,591						

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COLLEGE OF CHARLESTON FOUNDATION

23-7069236

Return Reference - Identifier	Explanation
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THERE HAS BEEN NO CHANGE IN THE FOUNDATION'S OVERSIGHT OR SELECTION PROCESSES FROM PRIOR YEARS.

Related Organizations and Unrelated Partnerships

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COLLEGE OF CHARLESTON FOUNDATION

23-7069236

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BLACKLOCK HOUSE EDUCATIONAL HOLDINGS, LLC 66 GEORGE STREET, CHARLESTON, SC 29401	HOLDS REAL ESTATE USED BY THE COLLEGE OF CHARLESTON FOR PROGRAMS	SC	82,580	320,573	COLLEGE OF CHARLESTON FOUNDATION
(2) BULL AND WENTWORTH STUDENT HOUSING, LLC 66 GEORGE STREET, CHARLESTON, SC 29401	HOLDS REAL ESTATE USED FOR STUDENT HOUSING	SC	188,943	85,689	COLLEGE OF CHARLESTON FOUNDATION
(3) BULL STREET STUDENT HOUSING, LLC 66 GEORGE STREET, CHARLESTON, SC 29401	HOLDS REAL ESTATE USED FOR STUDENT HOUSING	SC	134,680	24,353	COLLEGE OF CHARLESTON FOUNDATION
(4) COMING WENTWORTH AND KING EDUCATIONAL HOLDINGS, LLC 66 GEORGE STREET, CHARLESTON, SC 29401	HOLDS REAL ESTATE USED BY THE COLLEGE OF CHARLESTON FOR PROGRAMS	SC	129,288	93,121	COLLEGE OF CHARLESTON FOUNDATION
(5) STONO PRESERVE EDUCATIONAL HOLDINGS LLC 66 GEORGE STREET, CHARLESTON, SC 29401	HOLDS REAL ESTATE USED BY THE COLLEGE OF CHARLESTON FOR PROGRAMS	SC	100,000	3,875,356	COLLEGE OF CHARLESTON FOUNDATION
(6) THE COLLEGE OF CHARLESTON FOUNDATION PUBLISHING COMPANY, LLC 66 GEORGE STREET, CHARLESTON, SC 29401	PUBLISHING	SC	0	0	COLLEGE OF CHARLESTON FOUNDATION

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	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) COLLEGE OF CHARLESTON (57-6000265) 66 GEORGE ST, CHARLESTON, SC 29424	HIGHER EDUCATION	SC	501(C)(3)	2	N/A		~
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(g) Share of end-of- year assets	Dispropalloca	h) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) eral or aging ner?	(k) Percentage ownership
		country)		sections 512-514)		Yes	No		Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

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

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

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

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?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		~			
b	Gift, grant, or capital contribution to related organization(s)	1b	/				
С	Gift, grant, or capital contribution from related organization(s)	1c		<u> </u>			
d	Loans or loan guarantees to or for related organization(s)	1d		~			
е	Loans or loan guarantees by related organization(s)	1e	/				
f	Dividends from related organization(s)	1f		'			
g	Sale of assets to related organization(s)	1g		~			
h	Purchase of assets from related organization(s)	1h		~			
i	Exchange of assets with related organization(s)	1i		~			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	~				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		~			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		~			
m		1m		~			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		~			
0	Sharing of paid employees with related organization(s)	10	~				
р	Reimbursement paid to related organization(s) for expenses	1p	~				
q	Reimbursement paid by related organization(s) for expenses	1q		~			
r	Other transfer of cash or property to related organization(s)	1r	~				
s		1s		'			
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	thre	shol	ds.			
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) Amount involved Method of determining a	amoun	nt invol	ved			

(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved
COLLEGE OF CHARLESTON (1)	Е	1,720,070	
COLLEGE OF CHARLESTON (2)	J	695,491	
COLLEGE OF CHARLESTON (3)	0	1,272,968	
COLLEGE OF CHARLESTON (4)	Р	2,008,385	
COLLEGE OF CHARLESTON (5)	R	4,454,337	
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													