

Form **990**

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

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

C Name of organization
Coastal Bend Community Foundation

Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
555 N. Carancahua Street Suite 900

City or town, state or province, country, and ZIP or foreign postal code
Corpus Christi TX 78401-0834

D Employer identification number
74-2190039

E Telephone number
361-882-9745

G Gross receipts\$ **35,535,691**

F Name and address of principal officer:
Karen W. Selim
555 N Carancahua, Ste 900
Corpus Christi TX 78401

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

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

J Website: **www.cbcfoundation.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1980** **M** State of legal domicile: **TX**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To enhance the quality of life in the Coastal Bend area of Texas through charitable and educational grants.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,848
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,365,980	10,369,948
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,363,797	9,921,515
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,075,138	1,923,797
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,804,915	22,215,260
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,948,062	7,653,602
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	568,307	592,903
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 133,112		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,463,766	1,576,674
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,980,135	9,823,179	
19 Revenue less expenses. Subtract line 18 from line 12	-175,220	12,392,081	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	108,771,206	128,572,059
	22 Net assets or fund balances. Subtract line 21 from line 20	9,944,005	11,695,825

Part II Signature Block

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

Sign Here

Signature of officer: **Karen W. Selim** Date: _____
 Type or print name and title: **President and CEO**

Paid Preparer Use Only

Print/Type preparer's name: **David J. Morales** Preparer's signature: **David J. Morales** Date: **11/17/22** Check if self-employed PTIN: **P00029057**

Firm's name: **Gowland, Morales & Smith, PLLC** Firm's EIN: **87-3876083**
 Firm's address: **555 N Carancahua, Suite 1040**
Corpus Christi, TX 78401 Phone no.: **361-993-1000**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
To enhance the quality of life in the Coastal Bend area of Texas through charitable and educational grants.

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

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

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

4a (Code:) (Expenses \$ **5,218,223** including grants of \$ **3,693,576**) (Revenue \$)
The Foundation makes grants to nonprofit organizations to improve the quality of life in the Coastal Bend area of Texas from unrestricted, field-of-interest, designated, special project and donor advised funds.

4b (Code:) (Expenses \$ **452,950** including grants of \$ **414,864**) (Revenue \$)
The Foundation provides scholarships and fellowships to students in accordance with the terms of the approximate 100 scholarship and fellowship funds.

4c (Code:) (Expenses \$ **3,583,248** including grants of \$ **3,545,162**) (Revenue \$)
On November 9, 2021 the Foundation had a one 24 hour period of online giving of donations called the "Coastal Bend Day of Giving", where donors matched the first \$1.2 million collected for 56 nonprofits in the Coastal Bend service area. The total amount granted to the 56 nonprofits was \$3,545,162 which provided assistance to over 115,600 Coastal Bend residents.

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

4e Total program service expenses **9,254,421**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			10
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a 25		
b Enter the number of voting members included on line 1a, above, who are independent	1b 25		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X	

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

Alyssa Monette
Corpus Christi

555 N Carancahua, Ste 900

TX 78401

361-882-9745

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jennifer Vogt Chair	1.00 0.00	X		X				0	0	0
(2) Ricki Cunningham Vice Chair	1.00 0.00	X		X				0	0	0
(3) Mike Carrell Past Chair	1.00 0.00	X		X				0	0	0
(4) Omar Leal Treasurer/Finance Chair	1.00 0.00	X		X				0	0	0
(5) Karen O'Connor Urban Secretary	1.00 0.00	X		X				0	0	0
(6) Michelle Unda Grants Chair	1.00 0.00	X						0	0	0
(7) Richard Scanio Investment Chair	1.00 0.00	X						0	0	0
(8) Sarah Fisher Scholarships Chair	1.00 0.00	X						0	0	0
(9) Nan Linney Director	1.00 0.00	X						0	0	0
(10) Paula Dean Director	1.00 0.00	X						0	0	0
(11) Richard Leshin Director	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Bill Maxwell	1.00									
Director	0.00	X						0	0	0
(13) John Martinez	1.00									
Director	0.00	X						0	0	0
(14) Amanda Kellar	1.00									
Director	0.00	X						0	0	0
(15) Betty Stiles	1.00									
Director	0.00	X						0	0	0
(16) Laura Fischer	1.00									
Director	0.00	X						0	0	0
(17) Kirkby Townsend	1.00									
Director	0.00	X						0	0	0
(18) Karin Knolle	1.00									
Director	0.00	X						0	0	0
(19) David Towler	1.00									
Director	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								348,400		38,318
d Total (add lines 1b and 1c)								348,400		38,318

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	3,310,232				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,059,716				
	g Noncash contributions included in lines 1a-1f	1g	\$ 443,004				
	h Total. Add lines 1a-1f		10,369,948				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,268,731			1,268,731	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		906,249			906,249	
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	18,858,840	2,966,738		
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	13,172,794				
	c Gain or (loss)	7c	5,686,046	2,966,738			
	d Net gain or (loss)		8,652,784			8,652,784	
8a Gross income from fundraising events (not including \$ 3,310,232 of contributions reported on line 1c). See Part IV, line 18	8a		14,562				
		b Less: direct expenses	8b	147,637			
		c Net income or (loss) from fundraising events		-133,075		-133,075	
9a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a Administrative Fee Income	Business Code	900099 1,037,365	1,037,365			
	b Partnership Income		109,751		109,751		
	c Other Income		3,507		3,507		
	d All other revenue			2,848	-2,848		
	e Total. Add lines 11a-11d		1,150,623				
12 Total revenue. See instructions		22,215,260	1,037,365	2,848	10,805,099		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,238,738	7,238,738		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	414,864	414,864		
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	386,718	114,258	174,023	98,437
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	148,088	74,044	66,640	7,404
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,232	1,616	1,454	162
9 Other employee benefits	15,592	7,796	7,016	780
10 Payroll taxes	39,273	15,051	17,673	6,549
11 Fees for services (nonemployees):				
a Management	8,898		8,898	
b Legal	2,640		2,640	
c Accounting	30,085		30,085	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	195,472	195,472		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	6,800			6,800
13 Office expenses	37,393	16,827	16,827	3,739
14 Information technology	50,793	22,857	22,857	5,079
15 Royalties				
16 Occupancy	40,776	18,349	18,349	4,078
17 Travel	90	41	40	9
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,528		5,528	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,998		1,998	
23 Insurance	8,265		8,265	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Administrative Fees	1,065,087	1,065,087		
b Other Expenses	46,809	35,767	10,967	75
c Foreign Tax Withholding	37,379		37,379	
d Educational projects	33,654	33,654		
e All other expenses	5,007		5,007	
25 Total functional expenses. Add lines 1 through 24e	9,823,179	9,254,421	435,646	133,112
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	721,899	1	1,381,158
	2 Savings and temporary cash investments	96	2	95
	3 Pledges and grants receivable, net	105,150	3	66,797
	4 Accounts receivable, net	62,307	4	82,005
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	54,835	9	58,291
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,260,440		
	b Less: accumulated depreciation	10b 68,543	4,182,452	10c 4,191,897
	11 Investments—publicly traded securities	103,629,217	11	122,776,566
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,250	15	15,250
16 Total assets. Add lines 1 through 15 (must equal line 33)	108,771,206	16	128,572,059	
Liabilities	17 Accounts payable and accrued expenses	86,461	17	130,055
	18 Grants payable	483,847	18	436,178
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,373,697	25	11,129,592
	26 Total liabilities. Add lines 17 through 25	9,944,005	26	11,695,825
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,825,039	27	9,480,268
	28 Net assets with donor restrictions	93,002,162	28	107,395,966
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	98,827,201	32	116,876,234
33 Total liabilities and net assets/fund balances	108,771,206	33	128,572,059	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,215,260
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,823,179
3	Revenue less expenses. Subtract line 2 from line 1	3	12,392,081
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	98,827,201
5	Net unrealized gains (losses) on investments	5	5,656,952
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	116,876,234

Part XII Financial Statements and Reporting

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Brad Womack	1.00									
Director	0.00	X						0	0	
(21) Louise Aduddell	1.00									
Director	0.00	X						0	0	
(22) Wes Hoskins	1.00									
Director	0.00	X						0	0	
(23) Irene Irej	1.00									
Director	0.00	X						0	0	
(24) Pamela Brower	1.00									
Director	0.00	X						0	0	
(25) Patricia Eisenhauer	1.00									
Director	0.00	X						0	0	
(26) Karen W. Selim	40.00									
President and CEO	0.00			X				178,500	0	
(27) Tracy Ramirez	40.00									
Director of Comm	0.00			X				75,300	0	
1b Subtotal								253,800	25,054	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) Alyssa Monette Director of Finance	40.00 0.00			X				94,600	0	13,264
1b Subtotal								94,600		13,264
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A (Form 990)

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.

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Coastal Bend Community Foundation

Employer identification number

74-2190039

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions).

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 71.42%. Row 15: Public support percentage from 2020 Schedule A, Part II, line 14 70.66%.

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]

b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Table with 3 columns: Section A - Adjusted Net Income, (A) Prior Year, (B) Current Year (optional). Rows include Net short-term capital gain, Recoveries of prior-year distributions, Other gross income, Add lines 1 through 3, Depreciation and depletion, 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), Other expenses (see instructions), and Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).

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

Table with 3 columns: Section C - Distributable Amount, (A) Prior Year, (B) Current Year. Rows include Adjusted net income for prior year (from Section A, line 8, column A), Enter 0.85 of line 1, Minimum asset amount for prior year (from Section B, line 8, column A), Enter greater of line 2 or line 3, Income tax imposed in prior year, and Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

7 [] Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Table with 2 columns: Section D - Distributions and Current Year. Rows 1-10 detailing distribution amounts and calculations.

Table with 4 columns: Section E - Distribution Allocations, (i) Excess Distributions, (ii) Underdistributions Pre-2021, and (iii) Distributable Amount for 2021. Rows 1-8 detailing allocation details.

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 II, Line 10 - Other Income Detail

Other Income - prior years	\$	0
Gross receipts from fundraising	\$	139,525
Administrative fee income	\$	1,526,902
Class action lawsuit	\$	0

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

Coastal Bend Community Foundation

74-2190039

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and compliance questions.

Part II Conservation Easements.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for purposes and a table for held easements.

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

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

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	76,273,624	68,373,637	47,811,940	51,199,233	47,514,058
b Contributions	2,779,903	3,396,847	1,440,030	868,540	995,521
c Net investment earnings, gains, and losses	13,406,835	5,927,811	12,051,882	-993,525	5,461,731
d Grants or scholarships	1,312,856	1,424,670	1,770,812	1,948,661	1,221,757
e Other expenditures for facilities and programs	-915,356	-718,580	509,352	650,806	903,576
f Administrative expenses	915,356	718,580	668,851	662,841	646,744
g End of year balance	91,147,506	76,273,624	58,354,837	47,811,940	51,199,233

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

- a** Board designated or quasi-endowment ▶ **6.23 %**
- b** Permanent endowment ▶ **69.65 %**
- c** Term endowment ▶ **24.12 %**

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

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

	Yes	No
(i) Unrelated organizations		X
(ii) Related organizations		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,088,676			4,088,676
b Buildings				
c Leasehold improvements	69,200			69,200
d Equipment				
e Other	102,564		68,543	34,021
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,191,897

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Funds Held as Agency Endowments	11,129,592
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,129,592

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	28,088,815
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,656,952
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	216,603
e	Add lines 2a through 2d	2e	5,873,555
3	Subtract line 2e from line 1	3	22,215,260
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,215,260

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

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

1	Total expenses and losses per audited financial statements	1	10,039,782
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	216,603
e	Add lines 2a through 2d	2e	216,603
3	Subtract line 2e from line 1	3	9,823,179
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,823,179

Part XIII Supplemental Information.

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Reclassifications Book vs Tax \$ **216,603**

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Reclassifications Book vs Tax \$ **216,603**

**SCHEDULE G
(Form 990)**

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

2021

Open to Public Inspection

Name of the organization

Coastal Bend Community Foundation

Employer identification number

74-2190039

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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						

Total

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Day of Giving</u> (event type)	<u>Harvey Weil Din</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	3,281,347	43,447	3,324,794
	2	Less: Contributions	3,281,347	28,885	3,310,232
	3	Gross income (line 1 minus line 2)		14,562	14,562
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages		68,925	68,925
	8	Entertainment			
	9	Other direct expenses	7,375	71,337	78,712
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-133,075

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Coastal Bend Community Foundation

Employer identification number

74-2190039

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	African Children's Choir PO Box 29690 Bellingham WA 98228	31-1746269	501c3	10,000				Program support
(2)	Alice Episcopal Church of the Adven 200 North Wright Street Alice TX 78332	74-6022217	501c3	12,659				Program Support
(3)	American Cancer Society 210 S Carancahua St Corpus Christi TX 78411	74-1185665	501c3	25,200				Program support
(4)	American Heart Association 7272 Greenville Avenue Dallas TX 75231	13-5613797	501c3	13,500				Program Support
(5)	American Red Cross-Coastal Bend 1721 S Brownlee Boulevard Corpus Christi TX 78404	74-1207551	501c3	15,000				Program support
(6)	Art Community Center of Corpus Chri 100 N Shoreline Boulevard Corpus Christi TX 78401-2809	74-1716003	501c3	12,500				Program support
(7)	Asbury United Methodist Church 7501 S Staples Street Corpus Christi TX 78413	74-2131185	501c3	55,500				Program support
(8)	Boys & Girls Club of Beeville Inc Box 131 Beeville TX 78104	51-0211273	501c3	6,000				Program support
(9)	Boys & Girls Club of Refugio County PO Box 131 Beeville TX 78104	51-0211273	501c3	7,000				Program support

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 138
- 3 Enter total number of other organizations listed in the line 1 table ▶ 2

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Coastal Bend Community Foundation

Employer identification number

74-2190039

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Boy Scouts of America South Texas 700 Everhart Terrace, Suite A Corpus Christi TX 78411-1939	74-1143068	501c3	23,033				Program support
(2)	Cenikor PO Box 4996 Corpus Christi TX 78469	74-1595867	501c3	12,000				Program support
(3)	Centerpoint Chapel 6730 Hunt Drive Corpus Christi TX 78413	47-3252010	501c3	6,000				Program support
(4)	Children's Coalition of Aransas Cou 401-B W. Market Street Rockport TX 78382	82-5350835	501c3	10,000				Program support
(5)	CHRISTUS Spohn Health System Dev Fd 600 Elizabeth Street Corpus Christi TX 78404	74-1906005	501c3	38,250				Program support
(6)	Church of the Good Shepherd Episcop 700 South Upper Broadway Corpus Christi TX 78401	74-2471646	501c3	35,058				Program Support
(7)	Coastal Bend Bays & Estuaries Prog 615 N Upper Broadway Ste 1200 Corpus Christi TX 78401	74-2924909	501c3	6,000				Program support
(8)	Coastal Bend Disaster Recovery Grou 111 N Odem, Suite 4 Sinton TX 78387	47-5463138	501c3	625,824				Program support
(9)	Coastal Bend Food Bank 826 Krill Street Corpus Christi TX 78408	74-2234089	501c3	189,811				Hunger support

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

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**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.**

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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Coastal Bend Community Foundation

Employer identification number

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(1)	Coastal Bend Wellness Foundation 2882 Holly Road Corpus Christi TX 78415	74-2429518	501c3	8,500				Program support
(2)	Communities in Schools of the PO Box 331203 Corpus Christi TX 78463	74-2429445	501c3	20,000				Educational support
(3)	Congregation Beth Israel 4402 Saratoga Boulevard Corpus Christi TX 78413	74-6000619	501c3	18,220				Program support
(4)	Corpus Christi Area Heritage Society PO Box 2532 Corpus Christi TX 78403	74-1502697	501c3	6,649				Program support
(5)	Corpus Christi Ballet 1621 N Mesquite Corpus Christi TX 78401	51-0168662	501c3	11,500				Program support
(6)	Corpus Christi Chamber Music PO Box 60124 Corpus Christi TX 78466-1024	74-2217829	501c3	6,000				Program support
(7)	Corpus Christi Education Foundation PO Box 2822 Corpus Christi TX 78403	74-2711535	501c3	7,000				Program support
(8)	Corpus Christi Metro Ministries PO Box 4899 Corpus Christi TX 78469	74-2247261	501c3	6,500				Shelter support
(9)	Corpus Christi Montessori School 901C Brawner Parkway Corpus Christi TX 78411	80-0667918	501c3	8,000				Program Support

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	Corpus Christi Museum of Science & 1900 N Chaparral Street Corpus Christi TX 78401	74-2032535	501c3	6,500				Educational programs
(2)	Corpus Christi Police Foundation PO Box 803 Corpus Christi TX 78403	47-0990452	501c3	6,000				Program support
(3)	Corpus Christi Symphony Society Inc PO Box 495 Corpus Christi TX 78401	74-6011470	501c3	6,758				Musical programs
(4)	Council on Alcohol & Drug Abuse 1801 S. Alameda Street, Suite 150 Corpus Christi TX 78404	74-1696491	501c3	10,000				Program support
(5)	Craft Training Center of the 7433 Leopard Street Corpus Christi TX 78409	74-2468098	501c3	15,000				Program support
(6)	Del Mar College Foundation Inc 101 Baldwin Boulevard Corpus Christi TX 78404-3805	74-2286234	501c3	181,200				Educational programs
(7)	Driscoll Children's Hospital Devel 3533 South Alameda Corpus Christi TX 78411	74-2358461	501c3	28,000				Program Support
(8)	Education to Employment Pners PO Box 261125 Corpus Christi TX 78426	75-3137924	501c3	7,500				Program Support
(9)	First United Methodist Church 900 S Shoreline Boulevard Corpus Christi TX 78401	74-1166910	501c3	58,100				Program support

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(1)	Food Bank of the Golden Crescent 3809 East Rio Grande Victoria TX 77901	74-2534561	501c3	13,489				Program support
(2)	Foster Angels of South Texas Fdn 800 N Shoreline Blvd Ste 2750-S Corpus Christi TX 78401	74-2917772	501c3	15,250				Foster care support
(3)	Friends of the Museum of Science 1900 N Chaparral St Corpus Christi TX 78401	23-7369035	501c3	39,843				Program support
(4)	Good Samaritan Rescue Mission PO Box 65 Corpus Christi TX 78403-0065	74-1611894	501c3	26,000				Shelter support
(5)	Greenwood-Molina Childrens Center 954 National Drive Corpus Christi TX 78416	74-1492311	501c3	15,000				Program Support
(6)	GROW Local South Texas 710 Buffalo St, STE 802 Corpus Christi TX 78401	46-2315450	501c3	20,004				Program support
(7)	Habitat for Humanity International PO Box 3032 Corpus Christi TX 78463-3032	74-2561473	501c3	100,000				Program support
(8)	Housing and Community Services, Inc 3419 Nacagdoches Rd San Antonio TX 78217	74-2685268	501c3	10,000				Program support
(9)	Humane Society of Aransas County PO Box 1502 Fulton TX 78358	74-2536992	501c3	10,000				Program support

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(1)	International Trumpet Guild PO Box 2688 Davenport IA 52809	54-1030357	501c3	37,000				Program Support
(2)	Lead First Foundation of Corpus Chr 500 N Shoreline, Suite 807 Corpus Christi TX 78407	14-1994953	501c3	5,500				Youth programs
(3)	Make-A-Wish Texas Gulf Coast Inc 12625 Southwest Freeway Stafford TX 77477	76-0116615	501c3	23,218				Program support
(4)	Nueces County Dept. of Human Serv 602 North Staples Suite 180 Corpus Christi TX 78401	74-6000585	501c3	10,000				Program support
(5)	Peewee's Pet Adoption World & 1307 Saratoga Corpus Christi TX 78417	74-2746680	501c3	5,803				Animal shelter suppo
(6)	Randy Charba Classic Inc 4925 Greenbriar Drive Corpus Christi TX 78413	83-1054987	501c3	8,600				Program Support
(7)	Refugio Area TNR 393 FM 2441 S Beeville TX 78102	84-2799173	501c3	6,440				Program Support
(8)	Rob & Bessie Welder Wildlife Fdn PO Box 1400 Sinton TX 78387-1400	74-1381321	501c3	7,500				Environmental educat
(9)	Rockport Art Association 106 S Austin St Rockport TX 78382	74-1652612	501c3	8,725				Program support

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(1)	Rotary Club of Corpus Christi 921 N Chaparral Ste 210 Corpus Christi TX 78401	74-0573976	501c4	15,423				Program support
(2)	Rotary Foundation of Rotary Interna 1560 Sherman Avenue Evanston IL 60201	36-3245072	501c3	12,672				Program Support
(3)	Rural Economic Assistance League In 301 Lucero Street Alice TX 78332	74-1784537	501c3	15,000				Program support
(4)	Sacred Heart Catholic Church 114 North Church Street Rockport TX 78382	74-2592014	501c3	6,000				Program Support
(5)	Salvation Army PO Box 2507 Corpus Christi TX 78403	58-0660607	501c3	146,050				Food/Shelter support
(6)	Sea City Work Camp Inc PO Box 10449 Corpus Christi TX 78460	74-2942873	501c3	7,500				Program support
(7)	Shriners Hospitals for Children 6977 Main Street Houston TX 77030	36-2193608	501c3	15,000				Program support
(8)	South Texas Botanical Gardens & 8545 S Staples Corpus Christi TX 78413	74-2274448	501c3	17,500				Education programs
(9)	South Texas Institute for the Arts 1902 N Shoreline Boulevard Corpus Christi TX 78401	74-6025882	501c3	16,000				Program support

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(1)	South Texas Public Broadcasting 3205 S Staples Street Corpus Christi TX 78411-2524	74-1616224	501c3	15,700				Program support
(2)	Southern Methodist University 3140 Dyer Street, Suite 261 Dallas TX 75205	75-0800689	501c3	25,000				Program Support
(3)	Special Olympics Texas, Inc. 1804 Rutherford Lane Austin TX 78754	74-1998367	501c3	21,500				Program support
(4)	St. Jude's Children's Research 501 St Jude Place Memphis TN 38105	62-0646012	501c3	30,300				Program support
(5)	St. Pius X Catholic Church 737 St. Pius Drive Corpus Christi TX 78412	74-1541523	501c3	10,000				Program support
(6)	Still Water Christian Ministries PO Box 1885 Boerne TX 78006	74-3007857	501c3	20,000				Program support
(7)	Taft Blackland Museum Inc 301 Green Avenue Taft TX 78390	74-2073590	501c3	17,000				Educational support
(8)	Temple Emanu-El 8500 Hillcrest Ave Dallas TX 75225	75-0808773	501c3	10,000				Program support
(9)	Tennis Success Inc PO Box 71647 Corpus Christi TX 78467-1647	06-1725402	501c3	30,500				Youth sports support

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(1)	Texas A&M - CC Foundation 6300 Ocean Drive Unit 5741 Corpus Christi TX 78412	74-2491445	501c3	75,350				Program support
(2)	Texas A&M - Kingsville Foundation I 700 University Blvd MSC 173 Kingsville TX 78363	23-7166534	501c3	100,000				Program support
(3)	Texas A&M University - Corpus Chris 6300 Ocean Drive Unit 5741 Corpus Christi TX 78412-5741	74-1760663	GOV	124,000				Educational support
(4)	Texas Public Policy Foundation 901 Congress Avenue Austin TX 78701	74-2524057	501c3	25,000				Program Support
(5)	Texas Search & Rescue, Inc PO Box 171258 Austin TX 78717	84-1644603	501c3	7,950				Program support
(6)	Texas State Aquarium Association 2710 N Shoreline Drive Corpus Christi TX 78402	23-7044950	501c3	10,109				Sealife support
(7)	The Bakari Foundation 8818 Mountain Path Circle Austin TX 78759	82-4693964	501c3	6,000				Program Support
(8)	The Purple Door PO Box 3368 Corpus Christi TX 78463	74-1943398	501c3	11,000				Program Support
(9)	Triumph Over Kid Cancer Foundation 723 Coleman Corpus Christi TX 78401	27-2224984	501c3	66,000				Program support

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(1)	Women's & Mens's Health Services 3536 Holly Road Corpus Christi TX 78415	74-1460204	501c3	53,500				Program support
(2)	Young Life 5934 S Staples St Ste 216 Corpus Christi TX 78413	84-0385934	501c3	25,000				Program support
(3)	University of Texas Foundation PO Box 250 Austin TX 78767-0250	74-1587488	501c3	499,930				Program support
(4)	Agape Ranch 6537 S Staples St Ste 125 #222 Corpus Christi TX 78413	36-4782852	501c3	64,107				Program support
(5)	Alice Volunteer Services 311 E Main Street Alice TX 78332	74-2268067	501c3	62,011				Program support
(6)	Amistad Community Health Center Inc 1533 Brownlee Ste 100 Corpus Christi TX 78404	20-3008507	501c3	58,766				Program support
(7)	Aransas County Council on Aging 912 S Church Street Rockport TX 78382-2307	74-1796095	501c3	48,070				Program support
(8)	Ark Assessment Center & Emergency 12960 Leopard Street Corpus Christi TX 78410	74-2859907	501c3	98,632				Program support
(9)	Arms Wide Adoption Services 500 N Water Street, Ste 604 Corpus Christi TX 78401	74-2116380	501c3	37,659				Program support

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(1)	Beeville Vineyard Inc 210 N Monroe Beeville TX 78102	74-2314158	501c3	59,029				Program support
(2)	Big Brothers Big Sisters of South T 924 Winnebago St Corpus Christi TX 78401	74-1897630	501c3	61,286				Program support
(3)	Boy Scouts of America South Texas 700 Everhart Terrace, Suite A Corpus Christi TX 78411-1939	74-1143068	501c3	27,234				Program support
(4)	Boys & Girls Club of Alice PO Box 689 Alice TX 78333	74-1463071	501c3	61,315				Program support
(5)	Boys & Girls Club of Coastal Bend 3902 Greenwood Drive Corpus Christi TX 78416	74-1294586	501c3	41,139				Program support
(6)	Boys & Girls Club of Kingsville Inc PO Box 1181 Kingsville TX 78364	74-1499178	501c3	45,026				Program support
(7)	Camp Aranzazu Inc 5420 Loop 1781 Rockport TX 78382	74-3032285	501c3	45,483				Program support
(8)	CASA of Kleberg County PO Box 1658 Kingsville TX 78364	74-2992670	501c3	35,180				Program support
(9)	CASA of Bee, Live Oak and McMullen PO Box 184 Beeville TX 78104	47-2229883	501c3	45,119				Program Support

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Coastal Bend Community Foundation

Employer identification number

74-2190039

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CASA of the Coastal Bend PO Box 4 Corpus Christi TX 78403	74-2631146	501c3	71,375				Program support
(2)	Catholic Charities of Corpus Christi 615 Oliver Court Corpus Christi TX 78408	74-2330464	501c3	75,797				Program support
(3)	Cenikor PO Box 4996 Corpus Christi TX 78469	74-1595867	501c3	44,968				Program support
(4)	Citizens Promoting Medical Excellence 405 North Adams Beeville TX 78102	74-2531617	501c3	21,295				Program Support
(5)	Coastal Bend Food Bank 826 Krill Street Corpus Christi TX 78408	74-2234089	501c3	160,148				Food/education progr
(6)	Coastal Bend Wellness Foundation 2882 Holly Road Corpus Christi TX 78415	74-2429518	501c3	57,025				Program support
(7)	Communities in Schools of the PO Box 331203 Corpus Christi TX 78463	74-2429445	501c3	48,388				Educational support
(8)	Corpus Christi Hope House Inc 658 Robinson Street Corpus Christi TX 78404	74-2480299	501c3	62,800				Shelter support
(9)	Corpus Christi Metro Ministries PO Box 4899 Corpus Christi TX 78469	74-2247261	501c3	118,538				Food/shelter program

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**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.
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OMB No. 1545-0047

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Department of the Treasury
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Name of the organization

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74-2190039

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Corpus Christi Safeplace House Inc 1200 10th Street Corpus Christi TX 78404	20-2171318	501c3	60,887				Program support
(2)	Educating Childrens Future PO Box 5241 Corpus Christi TX 78465	74-2960783	501c3	25,835				After school tutorin
(3)	Family Counseling Service 3833 S Staples St Ste S203 Corpus Christi TX 78411	74-1321308	501c3	38,010				Therapy services
(4)	Family Upreach Inc 3833 S Staples St Ste S101 Corpus Christi TX 78411	75-2172369	501c3	91,964				Program support
(5)	Foster Angels of South Texas Fdn 800 N Shoreline Blvd Ste 2750-S Corpus Christi TX 78401	74-2917772	501c3	85,490				Foster care support
(6)	Good Samaritan Rescue Mission PO Box 65 Corpus Christi TX 78403-0065	74-1611894	501c3	129,003				Shelter support
(7)	Greenwood-Molina Children's Center 954 National Drive Corpus Christi TX 78416	74-1492311	501c3	45,217				Program support
(8)	Habitat for Humanity International PO Box 3032 Corpus Christi TX 78463-3032	74-2561473	501c3	50,558				Program support
(9)	HALO-Flight Inc 1843 FM 665 Corpus Christi TX 78415	75-2235660	501c3	95,765				Program support

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Coastal Bend Community Foundation

Employer identification number

74-2190039

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Hammons Education Leadership Progra 4833 Saratoga, Suite 447 Corpus Christi TX 78413	32-0251199	501c3	58,585				Program support
(2)	Lead First Foundation of Corpus Chr 500 N Shoreline, Suite 807 Corpus Christi TX 78407	14-1994953	501c3	43,598				Youth programs
(3)	Mary McLeod Bethune Day Nursery Inc 900 Kinney Avenue Corpus Christi TX 78401	74-1238426	501c3	42,851				Childcare support
(4)	Mission 911 911 Park Avenue Corpus Christi TX 78401	74-2996340	501c3	63,648				Program support
(5)	Mission of Mercy Inc 2421 Ayers Street Corpus Christi TX 78404	86-0704883	501c3	110,911				Program support
(6)	Mother Teresa Shelter Inc 513 Sam Rankin Street Corpus Christi TX 78401	74-3026147	501c3	81,905				Shelter support
(7)	New Life Refuge Ministries PO Box 9157 Corpus Christi TX 78469	99-0375413	501c3	64,450				Program support
(8)	Nueces Center for Mental Health 1630 South Brownlee Blvd Corpus Christi TX 78404	74-1623759	501c3	59,865				Program Support
(9)	Nueces County Children's Advocacy 5959 S Staples St Ste 228 Corpus Christi TX 78413	74-2700852	501c3	42,832				Program support

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Coastal Bend Community Foundation

Employer identification number

74-2190039

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Odyssey After School PO Box 237 Rockport TX 78381	71-0916426	501c3	54,265				After school program
(2)	Peewee's Pet Adoption World & 1307 Saratoga Corpus Christi TX 78417	74-2746680	501c3	143,565				Animal shelter suppo
(3)	Rockport-Fulton Good Samaritans Inc 507 S Ann Street Rockport TX 78382	74-2592626	501c3	70,504				Program support
(4)	Ronald McDonald House Charities of 3402 Ft Worth St Corpus Christi TX 78411	74-2378671	501c3	79,650				Program support
(5)	Rural Economic Assistance League In 301 Lucero Street Alice TX 78332	74-1784537	501c3	17,294				Program support
(6)	Salvation Army PO Box 2507 Corpus Christi TX 78403	58-0660607	501c3	80,878				Food/Shelter support
(7)	Tennis Success Inc PO Box 71647 Corpus Christi TX 78467-1647	06-1725402	501c3	63,533				Youth sports support
(8)	The Purple Door PO Box 3368 Corpus Christi TX 78463-3368	74-1943398	501c3	92,914				Shelter support
(9)	Timon's Ministries 10501 South Padre Island Drive Corpus Christi TX 78418	31-1638327	501c3	55,652				Program support

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Coastal Bend Community Foundation

Employer identification number

74-2190039

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Wesley Community Center PO Box 7099 Robstown TX 78467-7099	74-1185657	501c3	50,082				Program support
(2)	West Side Helping Hand 301 S Tanchahua Corpus Christi TX 78401	47-5019383	501c3	52,813				Program Support
(3)	YMCA of the Coastal Bend 417 S Upper Broadway Corpus Christi TX 78401	74-1211670	501c3	58,128				Program support
(4)	Youth Odyssey Inc PO Box 331394 Corpus Christi TX 78463	74-2817641	501c3	46,788				Program Support
(5)	YWCA of the Coastal Bend 4601 Corona Drive Corpus Christi TX 78411	74-1157366	501c3	37,332				Program support
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2021)

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

Coastal Bend Community Foundation

Employer identification number

74-2190039

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<p>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</p>	<input checked="" type="checkbox"/>									
<p>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?</p>	<input checked="" type="checkbox"/>									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>										
		<input checked="" type="checkbox"/>								
		<input checked="" type="checkbox"/>								
		<input checked="" type="checkbox"/>								
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.										
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>										
		<input checked="" type="checkbox"/>								
		<input checked="" type="checkbox"/>								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>										
		<input checked="" type="checkbox"/>								
		<input checked="" type="checkbox"/>								
<p>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</p>		<input checked="" type="checkbox"/>								
<p>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</p>		<input checked="" type="checkbox"/>								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Karen W. Selim President and CEO	(i)	178,500	0	0	10,710	8,544	197,754	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0074

2021

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Coastal Bend Community Foundation

Employer identification number

74-2190039

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 is highlighted with 'X', '7', '443,004', and 'Stock Market Quotation'.

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

29

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

Yes/No table for questions 30a, 31, and 32a. 30a: No (X), 31: Yes (X), 32a: Yes (X).

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Part I, Line 32b - Third Party Used to Process Noncash Contributions

Reputable unrelated real estate agent used to sell residential and commercial real estate.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Coastal Bend Community Foundation

Employer identification number

74-2190039

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached

Ricki Cunningham

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A draft copy is then provided to staff for review. Staff then presents it to the Board's Executive Committee for review and discussion. Upon adoption by the Executive Committee, it is then presented to the full Board of Directors for review and approval.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Annually, staff provides copies of the foundation's conflict of interest policy to all Board members and staff. For new Board members, the policy is presented and discussed during their orientation briefing. After review, all Board members sign and submit to the President a certification of compliance with the policy, noting any potential conflicts they may have, if any. During committee meetings, Board members are asked to identify any potential conflicts of interest if they arise and those are dealt with by the committee chairman at that time. All staff must submit to the President a certification of compliance with the policy, noting any potential conflicts they may have, if any on an annual basis.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board Chairman is annually provided with a compensation history for the President/CEO. He/she is also provided with a performance evaluation form to complete for the CEO as well as the most recent salary comparability

Name of the organization

Employer identification number

Coastal Bend Community Foundation

74-2190039

data available from independent sources, like the Council on Foundations. These documents are used by the Chairman to review the President/CEO's performance with the Executive Committee (in executive session) and to determine a compensation amount for the CEO for the upcoming budget year. If an increase in salary is suggested, it is brought before the full Board of Directors (in executive session) for discussion and approval.

Form 990, Part VI, Line 15b - Compensation Process for Officers

For key employees, the process is similar to the President/CEO except that the independent review official is the President/CEO. Comparable salary information provided by the Council on Foundations as well as performance appraisal information is used to evaluate all employees. The total salary budget line is approved by the Finance Committee, Executive Committee and the full Board of Directors. Thereafter the President/CEO determines any salary adjustments.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents, conflict of interest policy and financial statements are available to the public upon request. Financial statements are also published in the foundation's annual report, which is available online.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Reclassifications Book vs Tax	\$ 216,603
Reclassifications Book vs Tax	\$ -216,603

Coastal Bend Community Foundation
555 N. Carancahua Street Suite 900
Corpus Christi, TX 78401-0834

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027



Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection
for 501(c)(3)
Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
		Coastal Bend Community Foundation	74-2190039
		Number, street, and room or suite no. If a P.O. box, see instructions. 555 N. Carancahua Street Suite 900	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code Corpus Christi TX 78401-0834	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year ▶ 128,572,059	

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of ▶ **Alyssa Monette** Telephone number ▶ **361-882-9745**

Part I Total Unrelated Business Taxable income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
1b Other credits (see instructions)
1c General business credit. Attach Form 3800 (see instructions)
1d Credit for prior year minimum tax (attach Form 8801 or 8827)
1e Total credits. Add lines 1a through 1d
2 Subtract line 1e from Part II, line 7
3 Other amounts due. Check if from Form 4255 Form 8611 Form 8697 Form 8866
3 Total tax. Add lines 2 and 3 (see instructions)
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)
6a Payments: A 2020 overpayment credited to 2021
6b 2021 estimated tax payments. Check if section 643(g) election applies
6c Tax deposited with Form 8868
6d Foreign organizations: Tax paid or withheld at source (see instructions)
6e Backup withholding (see instructions)
6f Credit for small employer health insurance premiums (attach Form 8941)
6g Other credits, adjustments, and payments: Form 2439 Form 4136 Other
7 Total payments. Add lines 6a through 6g
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year
4 Enter available pre-2018 NOL carryovers here
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers.
6a Did the organization change its method of accounting? (see instructions)
6b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer: David J. Morales, Title: President and CEO
Date: 11/17/22
Preparer's signature: David J. Morales
Date: 11/17/22
Firm's name: Gowland, Morales & Smith, PLLC
Firm's address: 555 N Carancahua, Suite 1040 Corpus Christi, TX 78401
Firm's EIN: 87-3876083
Phone no.: 361-993-1000

May the IRS discuss this return with the preparer shown below (see instructions)?
[X] Yes [] No

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: Coastal Bend Community Foundation
B Employer identification number: 74-2190039
C Unrelated business activity code: 523000
D Sequence: 1 of 1

E Describe the unrelated trade or business: Unrelated Business Activity

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing income details and totals.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 4 columns: Deduction description, (A) Income, (B) Expenses, (C) Net. Rows 1-18 showing various deductions and their impact on taxable income.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ _____

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
---	--	--	--	--

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ _____

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ _____

9 Allocable deductions. Multiply line 3c by line 6				
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10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ _____

11 **Total dividends-received deductions** included in line 10 ▶ _____

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals ▶

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals ▶

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Federal Statements**Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts**

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
Unrelated Business Activity	523000	\$ 3,957
Total		\$ 3,957

Federal Statements**Unrelated Business Activity****Statement 1 - Schedule A (990T), Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
Amberbrook VI	\$ 385	\$	\$ 385
Amberbrook VII	1,338		1,338
Amberbrook VIII	1,125		1,125
Total	<u>\$ 2,848</u>	<u>\$ 0</u>	<u>\$ 2,848</u>