Form 990
Department of the Treasury
Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning and ending

C Name of organization
COLLEGE OF COASTAL GEORGIA FOUNDATION,
INC.

D Employer identification number
58-6072323

E Telephone number
912-262-2335

G Gross receipts
$12,405,425.

H(a) Is this a group return
for affiliates?
No

H(b) Are all affiliates included?
Yes

H(c) Group exemption number

J Website:
WWW.CCGA.EDU/ADVANCEMENT/FOUNDATION/

K Form of organization:
Corporation

L Year of formation:
1961

M State of legal domicile:
GA

Part I Summary
1 Briefly describe the organization’s mission or most significant activities:
SEE SCHEDULE O FOR COMPLETE DESCRIPTION.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - acid lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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.

Signature of officer
REES SUMERFORD, CHAIRMAN

Type or print name and title

Date 6/27/13

Print/Type preparer’s name
JEFF T. FUCITO

Preparer’s signature

Date 6/27/13

Check if self-employed
X

PTIN P00120748

Preparer’s EIN 58-0692043

Firm’s name MAULDIN & JENKINS LLC

Firm’s address 200 GALLERIA PKWY SE STE 1700

ATLANTA, GA 30339-5946

Phone no. 770-955-8600

May the IRS disclose this return with the preparer shown above? (see instructions)
Yes
No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2012)