

# 2023 Accommodations Tax Funds Request Application

**Organization Name:** Hilton Head Audubon Society

**Project/Event Name:** ATAX Grant Proposal

## Executive Summary

# 2023 Accommodations Tax Funds Request Application

Date Received: 09/01/2022	Time Received: 04:50 PM	By: Online Submittal
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*Applications will not be accepted if submitted after 4 pm on September 2, 2022*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Hilton Head Audubon Society

**Project/Event Name:** ATAX Grant Proposal

Contact Name: SARAH GUSTAFSON Title: Treasurer

Address: PO Box 6185, Hilton Head Island, SC 29938

Email Address:  
treasurer@hiltonheadaudubon.org

Contact Phone: 703-479-0425

Event Date: Throughout 2023

Event Location: Audubon Newhall  
Preserve and HHI generally

**Total Budget:** \$17,588.00

**Grant Requested:** \$17,588.00

Provide a brief summary on the intended use of the grant and how the money would be used. (100 words or less)

The grant is requested for three purposes that will enhance tourists' and visitors' experience at Audubon Newhall Preserve and increase the number of people visiting the Preserve and HHI: (1) Reprint trail guides for visitors' use of Newhall Preserve, (2) expand social media interaction and advertising to attract more people to Newhall and to birding on the Island, (3) install interpretative signs at Newhall Preserve to improve visitors' understanding and enjoyment of this unique native habitat and its

variety of plant and bird life.

How does the organization/event either drive tourism to Hilton Head Island or enhance the visitor experience on Hilton Head Island? How is this impact being measured? (100 words or less)

HHI Audubon maintains a website and Facebook pages providing interesting, relevant content with visitors in mind, including beautiful imagery of lowcountry birds and lists of local and regional birding hotspots. Tourists interested in birding use our online presence to learn what pristine natural areas with interesting birds and wildlife exist on the Island. We periodically perform website analytics to track the number and location of site visitors.

Through Newhall Preserve, a 50-acre nature preserve, we provide visitors easy access to experience a native maritime forest ecosystem. We maintain a visitor log which we tally monthly visits by location and this summer we conducted an in-person visitor survey.

A. Total Number of Physical Tourists Served: 3,230 per year

*A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.*

B. Total Number of Physical Visitors Served: 240 per year

*A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.*

C. Total Number of Physical Residents Served: 325 per year

*A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.*

D. Total Number of Physical Patrons Served (A+B+C=D): 3,795 per year

How was the Number of Visitors/Tourists Documented? (250 words or less)

Number of Visitors/Tourists includes those people visiting Audubon Newhall Preserve who signed our visitor log and the number of members of HHI Audubon.

For Newhall Preserve, there is a visitor log where people may note their visitation. We capture the state they are from or whether they are a local resident. The number of Visitors/Tourists is based upon an average of 303 visitors per month for January to July 2022, with 95% of those signing the log indicating that they were not local HHI residents. So far in 2022 we've had visitors from 45 states/DC and 8 countries. In July, we conducted a visitor survey over several days. We collected 62 surveys, which included 174 people visiting Newhall Preserve. Of those surveyed, 88% were Tourists, which is consistent with our visitation log, given that those who frequent the Preserve (HHI Residents) are much less likely to sign the log each time.

It should also be noted that we are aware that only a portion of those who visit the Preserve actually sign the visitor log, so the numbers reported above are an undercount of the Physical Tourists that we serve. Based on the observations of volunteers and our actual counts of visitors during survey days, we estimate that this undercount may be as much as 50-70% of the actual visitation.

For members of HHI Audubon, we have 195 members, of which 124 are local HHI residents, 40 people are considered Visitors and 31 people reside out-of-state.

## **B. DESCRIPTION OF OPERATIONS:**

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1. For state reporting purposes, give a brief description of the organization.  
(250 words or less)

Hilton Head Island Audubon is a leading voice for conservation on the Island and the surrounding Lowcountry working to preserve and protect wildlife and natural ecosystems and to encourage responsible environmental stewardship. Our goals include

preservation and protection of our coastal marshes, beaches, maritime forests and other habitats, ensuring they will be available for the continued enjoyment of residents and visitors, and for their use by migrating and resident birds. We actively partner with state and local leaders (conservation) and the community-at large (membership, communications) to promote a positive, forward-looking agenda for people and wildlife.

We are an all-volunteer membership-driven organization. We own and actively manage the Audubon Newhall Preserve, a 50-acre nature preserve on the south end of the Island. We conduct field trips and bird walks for members and visitors, run small-group educational meetings, conduct the annual Christmas Bird Count, publish a monthly on-line newsletter, maintain a dynamic website and Facebook pages that provide resources for birding on the Island, and interact with community and government leaders on conservation issues such as preserving the red-headed woodpecker habitat in Mid-island Tract.

2. Describe in detail how the requested grant funding would be used? (250 words or less)

(1) Reprint trail guides for visitors use of Audubon Newhall Preserve: \$2,500

The trail guide is an important resource for visitors as it provides information about the native plants and birds on the Preserve and a map of the trails. We are requesting \$2,500 to reprint 10,000 trail guides. We do provide the guide online, but have found that a physical copy of the guide is very popular and enhances the visitors' experience at the Preserve.

(2) Expand social media interaction and advertising to attract more people to Newhall and to birding on the Island: \$5,088

Hire an intern for one-year to expand our social media reach by 50% by following, engaging with and scheduling daily and weekly posts on

Instagram and Facebook; \$10 x 5 hours a week: \$200 monthly/12 months = \$2,400

Subscribe to social media management dashboard such as Hootsuite to monitor all social media conversation about HHI and to contribute consistently to the dialogue for promoting our events, bird walks and the Newhall Preserve. One-year subscription to Hootsuite enabling one person access is \$49/month, or \$588 annually along 10 hours of online-training for \$100.

Targeted advertising on Facebook, to test and measure the success rate of advertising Newhall Preserve to visitors, \$2,000.

(3) Install interpretative signs at Newhall Preserve to improve visitors' enjoyment: \$10,000

The interpretative signs will be designed to stimulate visitors' interest and challenge their imaginations and enable visitors to understand more clearly the unique maritime forest environment. Requesting funding for four signs at \$2,500 each.

3. What impact would partial funding have on the activities, if full funding were not received? What would the organization change to account for partial funding? *(100 words or less)*

Our grant request is ordered based upon our priorities. If we received partial funding, we would fund our top priorities first. For our request for social media funding, an option would be to implement this program in quarterly increments, shortening the length of the social media campaign. Additionally for the interpretative signs, we could install less signs.

4. What is expected economic impact and benefit to the Island's tourism? *(100 words or less)*

A 2015 study by the U.S. Fish & Wildlife Service showed \$41 billion annually is spent on equipment and travel for birdwatching. Of this amount \$15 billion is trip related: \$4.5 billion for food, \$3 billion for lodging, and \$5 billion for transportation. The total effective economic impact in the US is \$107 billion.

The Newhall Preserves brings visitors from nearly every state -- it is a destination for those who enjoy birding and nature.

By increasing our social media presence, we can bring more tourists to HHI and with the enhancements to Newhall, we can increase visitor satisfaction.

5. In order to comply with the State's Tourism Expenditure Review Committee annual reporting requirements, **please classify your current grant request into the following authorized categories:**

1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>	29 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	0 %
3 - Tourism-Related Facilities <i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i>	71 %
4 - Tourism-Related Public Services <i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i>	0 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %

7 - Operation of Visitor Information Centers

0 %

*Operating visitor information centers.*

**Total: 100 %**

6. If not covered elsewhere in the application, please describe (a) how the organization will collaborate with other organizations to enhance tourism efforts, and (b) provide a venue or service not otherwise available to visitors to the Town of Hilton Head Island. *(250 words or less)*

Establishing strong partnerships is necessary to enhance our credibility and effectiveness, achieve our policy goals and grow our membership.

We have worked with The Coastal Discovery Museum to jointly develop education and conservation programs. We are working with the Town of Hilton Head to improve signage regarding birds on our beaches to educate tourists. We've developed education material for our local schools on shorebirds and backyard birding and regularly host school field trips to expose the students to the joys of birding. We've worked with the Women's Association of Hilton Head Island to host regular birding and nature walks for their members and guests.

Through the operation of Audubon Newhall Preserve, we provide tourists with a unique, accessible venue to experience the beautiful nature that HHI offers. Throughout the year, our volunteer members host weekly bird and nature walks so that tourists can get a personalized tour of the incredible Preserve.

7. Additional comments. *(250 words or less)*

**C. FUNDING:**

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1. Please describe how the organization is currently funded. (100 words or less)

Hilton Head Island Audubon is primarily funded through membership dues and donations. We also generate some program revenue through field trips and special classes. We also receive a yearly allocation from National Audubon. We occasionally receive grant funding for specific project needs.

2. Please also estimate, as a percentage, the source of the organization's total annual funding.

<u>    </u>	49
Government Sources	Private Contributions, Donations and Grants
<u>    </u>	40
Corporate Support, Sponsors	Membership, Dues, Subscriptions
<u>11</u>	<u>    </u>
Ticket Sales, or Sales and Services	Other

3. Has the organization requested other ATAX or any other funding from other public sources or organizations?

Yes      No   X  

If so, please list top 3 sources and amounts.

**D. FINANCIAL INFORMATION:**

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Fiscal Year Disclosure: Start Month:   May   End Month:   April  

**Financial Statement Requirements:**

1. The upcoming year's **operating budget** for the organization.

Budget Years Provided:

2022-2023

2. The previous two years and current year **profit and loss reports** for the organization.

Profit and Loss Years Provided:

2021 to 2022

2020 to 2021

3. The previous two years and current year **balance sheets**.

Balance Sheet Years Provided:

FYE 2021 and 2022

4. The previous two years and current year **IRS Form 990 or 990T**.

IRS Form 990 or 990T Years Provided:

2018

2020

2021

2019

## E. FINANCIAL GUARANTEES AND PROCEDURES:

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1. Provide a copy of the **official minutes** wherein the organization approves the submission of this application.

An official set of minutes have been attached to this application.

2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.

Follow Town procurement guidelines

Utilize and follow organization's own procurement guidelines

- Our organization does not have or follow procurement guidelines

## F. MEASURING EFFECTIVENESS:

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If you received 2021 or 2022 HHI ATAX funds

1. List any ATAX award amounts received in 2021 and/or 2022.
2. How were the ATAX funds used? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. *(200 words or less)*

No Atax awards were applied for or received for 2021 or 2022. Our last Atax submission was 2020.

3. What impact did this have on the success of the organization/event and how did it benefit the community? *(200 words or less)*

4. How does the organization measure the effectiveness of both the overall activity and of individual programs? *(200 words or less)*

Signature: Sarah Gustafson

Title/Position:

Mailing Address: PO Box 6185, Hilton Head Island, SC 29938

Email Address: sarchrisgus@hotmail.com

Office Phone Number:

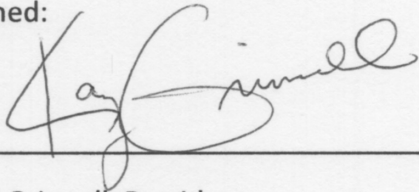
Home Phone Number: 703-479-0425

# Certificate of Resolution

The undersigned as President of the HILTON HEAD ISLAND AUDUBON SOCIETY, INC. certify that the following resolution has been adopted by the Board of Directors and is in full effect:

RESOLVED that the officers of the Hilton Head Island Audubon Society, Inc. (Society) are directed and empowered to complete and submit the materials and application for the Accommodations Tax Grant. The purpose of asking for funds shall be to enable the Society to enhance tourists' experience at Audubon Newhall Preserve and increase the number of people visiting through the following planned actions: reprint trail guides for Audubon Newhall Preserve for visitor use, expand social media interaction and advertising to attract more people to Newhall and to birding on the island, and to install interpretative signs at Newhall Preserve to improve visitors' understanding and enjoyment of this unique native habitat and its variety of plant and bird life. Should the funding be granted, the Society commits to execute the planned actions described above.

Signed:



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Kay Grinnell, President  
Hilton Head Island Audubon Society, Inc.  
Dated: September 1, 2022

**HHI Audubon  
Audubon Newhall Preserve visitor survey  
July 2022**

How did you hear about Newhall?

If online search, what search phrase used?

Where are you from?

Are you a HHI resident or visitor?

If visitor, where are you from?

Is this your first visit?

If no, are you a frequent visitor?

How many are in your party?

How did you arrive?

Did you need handicap accessibility features?

If so, did you find them adequate?

If not, please let us know how we can improve?

How did you enjoy your visit?

What did you enjoy best?

What did you not enjoy?

# Hilton Head Island Audubon Society

## Budget Overview: HHI Audubon Society - FY23 P&L

May 2022 - April 2023

	TOTAL
Revenue	
4010 Memberships	20,000.00
4110 Donations	6,500.00
4310 Field Trips	3,000.00
4420 Grants - Foundation	1,800.00
<b>Total Revenue</b>	<b>\$31,300.00</b>
<b>GROSS PROFIT</b>	<b>\$31,300.00</b>
Expenditures	
8110 Speakers, Presentations	1,150.00
8120 Refreshments	250.00
8130 Technology (Website, Zoom)	4,500.00
8210 Interns	1,200.00
8400 Accounting and Office Supplies	250.00
8510 Rent (Storage)	1,800.00
8520 Utilities	600.00
8530 Rental (Space, Equip)	1,550.00
8540 Equipment, Repairs & Maintenance	5,000.00
8545 Special Projects	1,700.00
8550 Signage	1,400.00
8570 Licenses, Fees and Permits	800.00
8580 Taxes	750.00
8610 Bank and Credit Card Fees	900.00
8620 PO & Safety Deposit Boxes	350.00
8710 Grants to other entities	4,000.00
8810 Insurance	1,950.00
8890 Miscellaneous	1,100.00
<b>Total Expenditures</b>	<b>\$29,250.00</b>
<b>NET OPERATING REVENUE</b>	<b>\$2,050.00</b>
<b>NET REVENUE</b>	<b>\$2,050.00</b>

**Hilton Head Island Audubon Society**  
**Balance Sheets**  
**As of April 30, 2022 and 2021**  
**Cash Basis**

	<u>4/30/22</u>	<u>4/30/2021</u>
Cash	\$ 74,909	\$ 62,578
Total Assests	<u>\$ 74,909</u>	<u>\$ 62,578</u>
Liabilities	\$ -	\$ -
Retained Surplus	74,909	62,578
Total Liabilities and Surplus	<u>\$ 74,909</u>	<u>\$ 62,578</u>



# Hilton Head Island Audubon Society

## Profit and Loss

May 2021 - April 2022

	TOTAL
Revenue	
4010 Memberships	13,083.00
4110 Donations	11,714.35
4310 Field Trips	3,398.00
4420 Grants - Foundation	4,283.75
4500 Miscellaneous Income	30.90
<b>Total Revenue</b>	<b>\$32,510.00</b>
GROSS PROFIT	<b>\$32,510.00</b>
Expenditures	
8020 Membership	100.00
8120 Refreshments	127.89
8130 Technology (Website, Zoom)	2,396.39
8400 Accounting and Office Supplies	178.99
8510 Rent (Storage)	1,498.00
8520 Utilities	545.99
8540 Equipment, Repairs & Maintenance	6,871.94
8545 Special Projects	750.00
8550 Signage	453.67
8580 Taxes	736.12
8610 Bank and Credit Card Fees	944.92
8620 PO & Safety Deposit Boxes	264.00
8710 Grants to other entities	2,500.00
8810 Insurance	1,890.50
8890 Miscellaneous	920.57
<b>Total Expenditures</b>	<b>\$20,178.98</b>
NET OPERATING REVENUE	<b>\$12,331.02</b>
NET REVENUE	<b>\$12,331.02</b>

**Hilton Head Island Audubon Society**  
**Statement of Activity**  
**May 2020 - April 2021**

Revenue	
4010 Memberships	\$9,593
4110 Donations	8,218
4310 Field Trips	2,953
4420 National Audubon	1,786
4500 Miscellaneous Income	1,477
<b>Total Revenue</b>	<u>24,027</u>
Expenditures	
Newhall Preserve maintenance and equipment	6,125
Technology (website, software)	2,353
Insurance	1,891
Meeting expenses	1,454
Storage rental	1,180
Credit card and banking fees	745
Utilities	599
Education	406
CBC - boats, meeting space	300
Miscellaneous	202
PO box rental	168
<b>Total Expenditures</b>	<u>15,423</u>
Net Revenue	<u><u>\$8,604</u></u>

Click on the question-mark icons to display help windows.  
 The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning** May 1, , 2021, and ending April 30 , 20 22

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization **Hilton Head Island Audubon Society**  
 Number and street (or P.O. box if mail is not delivered to street address) **PO Box 6185** Room/suite  
 City or town, state or province, country, and ZIP or foreign postal code **Hilton Head Island SC 29938**

**D** Employer identification number **510168071**  
**E** Telephone number **703-479-0425**  
**F** Group Exemption Number ▶ **?**

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ **HILTONHEADAUDUBON.ORG**

**H** Check  if the organization is not required to attach Schedule B (Form 990). **?**

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **32,510**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **?**

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>16,029</b>
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>3,398</b>
	<b>3</b>	Membership dues and assessments . . . . .	<b>13,083</b>
	<b>4</b>	Investment income . . . . .	
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	
	<b>6</b>	Gaming and fundraising events:	
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	
	<b>6b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	
<b>6c</b>	Less: direct expenses from gaming and fundraising events . . . . .		
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .		
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .		
<b>7b</b>	Less: cost of goods sold . . . . .		
<b>7c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .		
<b>8</b>	Other revenue (describe in Schedule O) . . . . .		
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>32,510</b>
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>2,500</b>
	<b>11</b>	Benefits paid to or for members . . . . .	
	<b>12</b>	Salaries, other compensation, and employee benefits <b>?</b> . . . . .	
	<b>13</b>	Professional fees and other payments to independent contractors <b>?</b> . . . . .	
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>546</b>
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	
	<b>16</b>	Other expenses (describe in Schedule O) <b>?</b> . . . . .	<b>17,133</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>20,179</b>	
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>12,331</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>62,578</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>74,909</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2021)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	62,578	74,909
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe in Schedule O)		
<b>25 Total assets</b>	62,578	74,909
<b>26 Total liabilities</b> (describe in Schedule O)		
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	62,578	74,909

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O, Statement 2

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28</b> MAINTENANCE AND OPERATION OF AUDUBON NEWHALL PRESERVE, A 50 ACRE NATURE PRESERVE. OPEN TO PUBLIC AT NO CHARGE. SEVERAL THOUSAND VISITORS PER YEAR.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	7,168
<b>29</b> CONSERVATION: ADVOCACY, EDUCATION PROGRAMS AND COMMUNITY SCIENCE TO PROMOTE PROTECTION AND RESPECT OF CRITICAL HABITAT FOR THREATENED AND ENDANGERED BIRDS. REACH THOUSANDS THROUGH SIGNAGE ON BEACHES, FIELD TRIPS, CHRISTMAS BIRD COUNT, PROGRAMS.		
(Grants \$ 2,500) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	5,368
<b>30</b> MOTUS: Funding for construction of antenna on HHI for Motus Wildlife Tracking System, an international collaborative research network that uses radio telemetry to track the movement of small flying animals. Thousands of international researchers are and will use data generated from HHI Motus antenna.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	1,435
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	13,971

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kay Grinnell President, Director	5	0	0	0
Lynn Hodgson Vice President, Director	5	0	0	0
Tony Johnson Treasurer, Director	5	0	0	0
Patty Kappmeyer Director of Communications	5	0	0	0
David and Julia Buzzard Directors of Conservation	5	0	0	0
Robert Clemens Director of Newhall Preserve	10	0	0	0
Natalie Hefter Director of Membership	5	0	0	0
Lois Lewis and Mary Ellen Blankenship Directors of Education	5	0	0	0
Carlos Chacon Director of Field Trips	5	0	0	0
Susan Murphy Director of Christmas Bird Count	5	0	0	0
Alan Biggs Director at-large	5	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Sarah Gustafson Telephone no. 703-479-0425
Located at 89 Kingston Dunes, Hilton Head Island, SC ZIP + 4 29928
42b 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...
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

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

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ Sarah Gustafson, Treasurer FY2022-2023	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

Click on the question-mark icons to display help windows.  
 The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2020**

**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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning** May 1, 2020, and ending April 30, 20 21

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

**C** Name of organization **Hilton Head Island Audubon Society**  
 Number and street (or P.O. box if mail is not delivered to street address) **PO Box 6185** Room/suite  
 City or town, state or province, country, and ZIP or foreign postal code **Hilton Head Island, SC 29938**

**D** Employer identification number **510168071**

**E** Telephone number

**F** Group Exemption Number ▶ **?**

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ **HILTONHEADAUDUBON.ORG**

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **24,207**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **?**  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																												10,004	
	2	Program service revenue including government fees and contracts . . . . .																												2,953	
	3	Membership dues and assessments . . . . .																													9,593
	4	Investment income . . . . .																													317
	5a	Gross amount from sale of assets other than inventory . . . . .																													
	b	Less: cost or other basis and sales expenses . . . . .																													
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .																													
	6	Gaming and fundraising events:																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																													
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																													
c	Less: direct expenses from gaming and fundraising events . . . . .																														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																														
7a	Gross sales of inventory, less returns and allowances . . . . .																													910	
b	Less: cost of goods sold . . . . .																													223	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .																													687	
8	Other revenue (describe in Schedule O) . . . . .																													250	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																													23,804	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																													
	11	Benefits paid to or for members . . . . .																													
	12	Salaries, other compensation, and employee benefits <b>?</b> . . . . .																													
	13	Professional fees and other payments to independent contractors <b>?</b> . . . . .																													
	14	Occupancy, rent, utilities, and maintenance . . . . .																													599
	15	Printing, publications, postage, and shipping . . . . .																													
	16	Other expenses (describe in Schedule O) <b>?</b> . . . . .																													14,601
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																													15,200	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .																												8,604	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																												53,974	
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶																													62,578



**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	53,974	62,578
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe in Schedule O)		
<b>25 Total assets</b>	53,974	62,578
<b>26 Total liabilities</b> (describe in Schedule O)		
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	53,974	62,678

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O, Statement 3

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28</b> MAINTENANCE AND OPERATION OF AUDUBON NEWHALL PRESERVE, A 50 ACRE NATURE PRESERVE. OPEN TO PUBLIC AT NO CHARGE. SEVERAL THOUSAND VISITORS PER YEAR.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	7,917
<b>29</b> CONSERVATION: ADVOCACY, EDUCATION PROGRAMS AND COMMUNITY SCIENCE TO PROMOTE PROTECTION AND RESPECT OF CRITICAL HABITAT FOR THREATENED AND ENDANGERED BIRDS. REACH THOUSANDS THROUGH SIGNAGE ON BEACHES, FIELD TRIPS, CHRISTMAS BIRD COUNT, PROGRAMS.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	1,937
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	9,854

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John Bloomfield President, Director	5	0	0	0
Lynn Hodgson Vice President, Director	5	0	0	0
Wendy Dickes Treasurer, Director	5	0	0	0
Robert Clemens Director of Newhall Preserve	10	0	0	0
Marina Bloomfield Director of Communications and Membership	10	0	0	0
Jane Hester Secretary, Director	5	0	0	0
John J. Coleman III Director of Conservation	5	0	0	0
Lois Lewis and Mary Ellen Blankenship Directors of Education	5	0	0	0
Carlos Chacon Director of Field Trips	5	0	0	0
Susan Murphy Director, Christmas Bird Count Liason	5	0	0	0
Kay Grinnell Director at-large	5	0	0	0
Julia Buzzard and Alan Biggs Directors at-large	5	0	0	0



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Sarah Gustafson Telephone no. 703-479-0425 Located at 89 Kingston Dunes Rd, Hilton Head Island, SC ZIP + 4 29928
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

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

<b>Sign Here</b> ?	▶ Signature of officer	Date
	▶ Sarah Gustafson, FY2022-2023 Treasurer	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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



Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-05-01 and ending 2020-04-30

## B Check if available

- Terminated for Business
- Gross receipts are normally \$50,000 or less

C Name of Organization: HILTON HEAD ISLAND AUDUBON  
SOCIETYD Employee Identification  
Number 51-0168071PO Box 6185, Hilton Head  
Island, SC, US, 29938

## E Website:

www.hiltonheadaudubon.orgF Name of Principal Officer: John Bloomfield29 Misty Morning Drive,  
Hilton Head Island, SC, US,  
29926

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

**Note:** This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Form 990-N

## Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2018

Open to Public Inspection

A For the 2018 Calendar year, or tax year beginning 2018-05-01 and ending 2019-04-30

B Check if available

- Terminated for Business  
 Gross receipts are normally \$50,000 or less

C Name of Organization: HILTON HEAD ISLAND AUDUBON  
SOCIETY  
PO Box 6185, Hilton Head  
Island, SC, US, 29938

D Employee Identification  
Number 51-0168071

E Website:

F Name of Principal Officer: Jane Hester  
8 Palmetto Beach Dr,  
Bluffton, SC, US, 29910

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

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The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

**Note:** This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



**Internal Revenue Service**

**Date:** April 6, 2007

HILTON HEAD ISLAND AUDUBON SOCIETY  
% CLEMENS P DIETZE  
277 MOSS CREEK DR  
HILTON HEAD SC 29926-1073

**Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201**

**Person to Contact:**

Kim A. Chambers 31-07674  
Customer Service Specialist

**Toll Free Telephone Number:**  
877-829-5500

**Federal Identification Number:**  
51-0168071

Dear Sir or Madam:

This is in response to your request of April 6, 2007, regarding your organization's tax-exempt status.

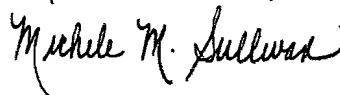
In January 1976 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations 1

Date: JAN 14 1976

Person to Contact:  
Barbara Pierce

Telephone Number:  
(404) 526-4516

Refer Reply to:  
EP/EO 7203:2273

Hilton Head Island Audobon Society,  
Inc.  
P. O. Box 5176  
Neidlinger Building, Colligny Plaza  
Hilton Head, S.C. 29928

Advance Ruling Period Ends: August 31, 1977

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you can reasonably be expected to be an organization of the type described in section 509(a)(2). Accordingly, for your first three tax years, you will be treated as an organization which is not a private foundation.

At the end of your first three tax years, however, you must establish with the Internal Revenue Service that for such three years you were in fact an organization of the type described in section 509(a)(2). If you establish this fact with the Service, you will be classified as a section 509(a)(2) organization for all purposes beginning with the first day of your fourth tax year and you must normally meet the requirements of section 509(a)(2) thereafter. If, however, you do not meet the requirements of section 509(a)(2) for your first three tax years, you will be classified as a private foundation as of the first day of your fourth tax year. Furthermore, you will be treated as a private foundation as of the first day of your first tax year for purposes of section 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation for your first three tax years, unless notice that you will no longer be treated as a section 509(a)(2) organization is published in the Internal Revenue Bulletin. However, a grantor or donor may not rely on such determination if he was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(2) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(2) organization.

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

cc: Peter L. Wolf

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible under sections 2055, 2106, and 2522 of the Code.

If your sources of support, or your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more than \$5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

*J. T. Wilson*

Exempt-Organization Specialist