2024 Accommodations Tax Funds Request Application

Organization Name: Native Island Business and Community Affairs Assoc, Inc.

Project/Event Name: Hilton Head Island Gullah Celebration

Executive Summary

NIBCAA has been a source of inspiration and needs in the Gullah community. The events have allowed those of Gullah descent of Hilton Head and the greater Gullah diaspora to be able to help them realize that they could provide their crafts, and food to help Hilton Head Island bring a light to a culture that is not seen and allow our businesses to be seen and grow. This has allowed visitors to grow with the event.

NIBCAA and the Gullah Celebration..

2024

Accommodations Tax Funds Request Application

Date Received: 09/01/2023 Time Received: 03:51 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 1, 2023

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Native Island Business and Community Affairs Assoc, Inc.

Project/Event Name: Hilton Head Island Gullah Celebration

Contact Name: Eric C. Turpin Title: Executive Director

Address: 539 William Hilton Parkway, Hilton Head Island, SC 29928

Email Address: eturpin@nibcaa.org Contact Phone: 843-255-7303

Event Date: January - December Event Location: Various Venues on HHI, Virtual

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

The Native Island Business & Community Affairs Association has hosted the Annual Hilton Head Island Gullah Celebration for 28 years during the month of February. About four years ago, the organization began to focus on spreading the Gullah Celebration throughout the year vs. only in the month of February. The change has shown to be successful for the organization as they continue to plan and create Gullah cultural events that allow visitors/tourists to be immersed in the Gullah culture.

NIBCAA intends to provide authentic cultural programming through Gullah art, food exhibitions, music, storytelling, history, and entertainment. The funds requested will be used to expand the marketing strategy that will encompass all avenues of marketing resources to drive tourism by promoting Gullah culture through art, food, and music experiences throughout the year, focusin

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)

The organization drives tourism by having Gullah cultural events giving visitors a glimpse of the

Gullah heritage of Hilton Head Island and that of the Gullah Geechee Heritage Corridor. The planned events give visitors/tourists an opportunity to come back to Hilton Head Island every year during the month of February to attend the annual Gullah Celebration. Since the Gullah Celebration has been extended throughout the year. Visitors have more opportunities to come to Hilton Head Island during the events and often plan their family vacations and day trips around the schedule of events. The organization drives tourism on Hilton Head as it has been a beacon for Hilton Head Island showcasing Gullah heritage since 1996. The impact is measured by an increase in attendance at events, visitor surveys, online registrations, etc.

- A. Total Number of Physical Tourists Served: 12,482
 - 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: 4,368

 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: 1882

 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): 18722

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

The number of visitors/tourists is documented through visitor surveys and online registrations.

B. DESCRIPTION OF OPERATIONS:

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

The Native Island Business & Community Affairs Association (NIBCAA) hosts the Hilton Head Island Gullah Celebration annually. The Gullah Celebration showcases the rich heritage and culture of the Gullah inhabitants of Hilton Head and the Gullah inhabitants along the Gullah Geechee Heritage Corridor which extends from Florida to Wilmington, NC. "Gullah" is not only the heritage and the culture, but it is a way of life. The Gullah Celebration's motto is to "Experience the Culture, Cherish the Legacy," and the mission of the Gullah Celebration is to preserve, promote, and protect the Gullah culture.

The mission of the Gullah Celebration is to preserve, protect and promote the Gullah

culture by 1. Increasing cultural tourism to Hilton Head Island, 2. presenting a unique celebration that honors the Gullah traditions of the Hilton Head Island/Bluffton/Beaufort Region during February (Black History Month) and the high season of summer, and 3. Generating revenue and creating economic opportunities for Hilton Head Island's small, minority, and/or women business owners.

The Gullah Celebration has been one of the major festivals on Hilton Head Island and the cornerstone event of the Gullah Celebration that the organization has put on the past 27 years due to its variety of activities and events designed to attract and educate visitors of diverse interests and backgrounds. To enhance the visitors' experience we have developed collaborations with the historic Gullah churches of Hilton Head, Historic Mitchelville Freedom Park, Gullah Heritage Tours, the Gullah Museum of Hilton Head Island, the Arts Center of Coastal Carolina, Heritage Library, Art League of Hilton Head and Island Rec.

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

Funds will be used for Marketing Planning, Media Relations, and Creative Vendor Liaison; Social Media, Website Management, and Creative Design; Media Buying (TV, Streaming, Radio, Print, Online, Outdoor), and Event Guides, Posters, and Signage; Marketing/Event Staff.

The data-driven strategy is designed to support the cultural education and event promotion campaign about the mystique and magic of Gullah Culture and its history, evolution, and existence on Hilton Head Island. The campaign will include the programs offered throughout the year. Other funds used to facilitate the programs listed will come from other state funds, sponsorships, and collaborative partnerships

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)

The impact of partial funding on the Gullah Celebration will result in a reduction of the number of events presented during the month of February and a shorten implementation of the summer series from weekly events to a limited number of monthly events. Partial funding will impact the production of the virtual programming, including but not limited to procuring authentic and high-quality talent, a qualified production team and/or the right venue.

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

The Gullah Celebration is designed to increase tourism, but also to facilitate the pathway for the cultural enthusiast market on Hilton Head Island. Based on data from our Visitors Surveys, conducted at each event during previous years, direct economic impacts, resulting from tourists attending our events have been noted from hotels such as the Westin Resort, Marriott Resort, Hampton Inn and Suites and villas in Sea Pines and Palmetto Dunes), guided tours by Gullah Tours; visits to the Coastal Discovery Museum, attending plays at the Arts Center and retail shopping in the area.

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

1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	85	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	15	%
3 - Tourism-Related Facilities 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.	0	%
4 - Tourism-Related Public Services 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.	0	%
5 - Tourist Public Transportation Tourist shuttle transportation.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
7 - Operation of Visitor Information Centers Operating visitor information centers.	0	%

Total:

100 %

not oth		
pro ava lice HF cul	ovide visitors and tourists interpretive ailable for socially distanced visits; tracensed local, small business owners bely; at no other venue are visitors and	ed previously, the Gullah Celebration is able to cultural experiences at local parks which are aditional Gullah food experiences are provided because there is only one (1) Gullah restaurant o tourists able to interactively participate in Gullah. The organization will continue to seek terships.
7. Additio	onal comments. (250 words or less)	
NDING:		
	e describe how the organization is cur	rently funded. (100 words or less)
1. Please	e organization is funded through a co	rently funded. (100 words or less) ombination of local government funds, state hips, event vending revenue and event
1. Please The	e organization is funded through a covernment funds, corporate sponsorsherchandise/admission fees.	embination of local government funds, state
1. Please The	e organization is funded through a covernment funds, corporate sponsorsherchandise/admission fees. e also estimate, as a percentage, the	ombination of local government funds, state nips, event vending revenue and event
The government	e organization is funded through a covernment funds, corporate sponsorsherchandise/admission fees. e also estimate, as a percentage, the Government Sources	ombination of local government funds, state hips, event vending revenue and event source of the organization's total annual funding Private Contributions, Donations

2. Here the organization requested other ATAV or any other for	unding from other public courses or
3. Has the organization requested other ATAX or any other fu organizations?	inding from other public sources of
Yes <u>X</u> No	
If so, please list top 3 sources and amounts.	
Beaufort County	\$50,000.00
SCPRT	\$29,000.00
D. FINANCIAL INFORMATION:	
Fiscal Year Disclosure: Start Month: January End Month: I	December
Financial Statement Requirements:	
1. The <u>upcoming fiscal year's</u> operating budget for the organ	nization.
Budget Provided: Yes	
2. The <u>previous two fiscal years</u> and <u>current year-to-date</u> pro to organization.	fit and loss reports for the
Current fiscal year Profit Loss Report Provided: Yes	
Previous fiscal year Profit Loss Reports Provided:	
2021- Previous FY 1 2022- Previous FY 2	
3. The previous two fiscal years and current year-to-date bala	ance sheets.
Current fiscal year Balance Sheet Provided: Yes	
Previous fiscal year Balanace Sheets Provided:	
2021 - Previous FY 1	
2022 - Previous FY 2	
4. The <u>previous two years</u> and <u>current year</u> IRS Form 990 or	990T.
Current year IRS Form 990 or 990T Provided: Yes	
Previous IRS Form 990 or 990T Years Provided:	
2022 - Previous FY 2	

E. FINANCIAL GUARANTEES AND PROCEDURES:

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.

- Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditue 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:

If you received 2022 or 2023 HHI ATAX funds

1. List any ATAX award amounts received in 2022 and/or 2023.

2021	\$225,000.00	HHI Gullah Celebration
2022	\$205,000.00	HHI Gullah Celebration
2023	\$225,000.00	
2023	\$225,000.00	Hilton Head Island Gullah Celebration

2. How were the ATAX fundsused? 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)

NIBCAA received an ATAX award amount of \$205,000 for 2022 and \$225,000 for 2021; The primary objective for the 2022 funds was to restore the in-person activities through the Arts Ob We People Exhibit and Sale and the Gullah Market as the marketing catalysts. The campaigns were successful, resulting in an overall event attendance increase from 2021 to 2022. Moreover, the Gullah Celebration has maintained an average of 30,000+ online visitors per month via gullahcelebration.com.

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

The impact of our organizational success and our benefit to the community continues to be realized through strategic partnerships with local organizations and increased exposure for local small businesses. Like many organizations, we were cautious to host indoor programming but this gave our organization the opportunity to access the needs of our local community and to identify areas that we could strategically support the local community. One of those major impacts was the Holiday Market, launched in December 2021. This new addition offered an additional opportunity to the community to create a public market to sell/offer authentic Gullah food, art, and crafts. Many of the local, small businesses do not have an online presence so we are establishing partnerships with many of these businesses to provide patrons, tourists, and visitors a "front porch" experience to their offerings online and in-person.

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

We conduct Visitor Surveys at each event and use the data generated to evaluate our overall effectiveness. Also, over the 27 years of the Gullah Celebration's existence, we have determined that on average 10% have attended every year, 22% have attended 10 or more and 15% have attended 5 or more Gullah Celebration events of the tourists attending return during the month of February for one or more events of the Gullah Celebration. Our targeted tourist sectors continue to respond in record numbers to our tv, radio, print, and online campaigns targeting visitors staying overnight and day-trippers.

G. EXECUTIVE SUMMARY

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below. (1300 words or less)

NIBCAA has been a source of inspiration and needs in the Gullah community. The events have allowed those of Gullah descent of Hilton Head and the greater Gullah diaspora to be able to help them realize that they could provide their crafts, and food to help Hilton Head Island bring a light to a culture that is not seen and allow our businesses to be seen and grow. This has allowed

visitors to grow with the event.

NIBCAA and the Gullah Celebration..

Signature: Eric C. Turpin

Title/Position: Executive Director

Mailing Address: PO BOX 23452, Hilton Head Island, 29925

Email Address: nibcaa@aol.com

Office Phone Number:

Home Phone Number: 404-229-2056



2023 Hilton Head Island Gullah Celebration Visitor Survey

Name				
Permanent Residence: City	State	Zip		
• How did you hear about the Gullah Newspaper Specify			The Internet	Town
Highway Signs Cable Calendar Socommercial Streaming Ad: Socother	Radio: Chamber	of Commer	ce/Visitor Center	_ TV:
What other 2023 Gullah Celebration	events have you atto	ended virtu	al or in-person?	
Are you traveling? If so, please share s future.	ome information wit	th us that w	e can use for planni	ng in the
• How are you traveling? Automobile	Airline	_ Train	Group Tour Bus	
• Where are you staying while on Hilt Your Vacation HomeIsland Resort		Hotel/Mo	otel	
• How long will you be staying? The Weekend 5-Days7-Days	_Extended Stay'	Winter Hom	ne	
Would you like information on the 20 Yes No	24 Hilton Head Isla	nd Gullah	Celebration?	
If yes, please complete the questions b Mailing Address		tato	7in	
E-mail Address		iaic ione Numb	_ Z.IP er	
Would you like to receive updates by				

Native Island Business & Community Affairs Association

Gullah Celebration

2024 Proposed Budget

REVENUE

Town of Hilton Head (ATAX)	\$225,000.00
Beaufort County	\$50,000.00
SC Parks, Recreation and Tourism	\$26,000.00
Vendors and Exhibitor Fees	\$ 5,000.00
Admission Fees	\$20,000.00
Corporate Sponsorships	\$30,000.00
Private Contributions and Donations	\$24,000.00
Total Revenue	\$380,000.00
Expenses	
Marketing	\$200,000.00
Virtual Platform	\$13,000.00
Entertainment	\$75,000.00
Event Staff	\$50,000.00
Event Insurance	\$5,000.00
Volunteer Appreciation Event	\$5,000.00
Accountant	\$5,000.00
Legal Counsel	\$10,000.00
Miscellaneous	\$15,000.00
Total Expenses Defecit/Overage	\$380,000.00

EXPENDITURES

Operations	87,550.00
Salaries & benefits Office supplies Property Maintenance Telephones Website (maintenance and development) Utilities	40,000.00 8,000.00 20,000.00 350.00 15,000.00 4,200.00
Marketing	50,000.00
Marketing	50,000.00
Contractual Services	20,800.00
Grant writing Accounting Legal Services	12,000.00 3,800.00 5,000.00
Renovations	99,500.00
Fence and Gate Migrant Houses Temporary office Site Plan Bathrooms Storage	20,000.00 20,000.00 20,000.00 10,000.00 20,000.00 2,000.00

Tree branch removal Trailer Renovation	2,500.00 5,000.00
Events	52,450.00
Gala	9,000.00
Oyster Roast	9,000.00
Gullah Heritage Festival	8,000.00
Summer Camp	9,600.00
Gullah Food Festival	8,000.00
Thanksgiving Dinner	6,000.00
Christmas Dinner	8,000.00
Quilting Program	850.00
Total	316,300.00

Native Island Business & Community Affairs Association Inc.

Profit & Loss

January - June, 2023

	TOTAL
Revenue	
Contributed income	108.00
Circle Members	750.00
Corporate & Foundation Grants	
Beaufort County ATAX	50,000.00
Hilton Head Island ATAX	121,367.29
Total Corporate & Foundation Grants	171,367.29
Corporate Sponsorships	4,350.00
Total Contributed income	176,575.29
GULLAH EVENTS INCOME	3,681.51
Art Show Income	11,048.18
Gullah Market Income	14,590.31
Total GULLAH EVENTS INCOME	29,320.00
Gullah Wall	1,528.65
Heritage Booth Income	34,011.18
Total Revenue	\$241,435.12
Cost of Goods Sold	φ241 ₃ 433.12
GULLAH EVENTS EXPENSE	
African American Author Event	6,723.85
Art Show	5,135.27
Gullah Market	8,524.33
Total GULLAH EVENTS EXPENSE	16,947.50
Heritage Expenses	37,330.95
Total Cost of Goods Sold	507.50
	\$37,838.45
GROSS PROFIT	\$203,596.67
Expenditures	
3 Brown's Way Expenses	6,744.37
Advertising & Marketing	
Email Marketing	1,134.29
Marketing/Media Buys	103,241.43
Total Advertising & Marketing	104,375.72
Contract Labor	33,650.00
Housing Assistance Expense	25,908.00
Insurance	
Liability insurance	2,403.09
Total Insurance	2,403.09
Legal & Professional Fees	
Accounting	3,476.85
Total Legal & Professional Fees	3,476.85
Meal Expense	192.13

Native Island Business & Community Affairs Association Inc.

Profit & Loss

January - June, 2023

0	TOTAL
Occupancy	
Rent	2,735.00
Total Occupancy	2,735.00
Office Expenses	
Bank Fees/Service Charges	186.00
Computer & Internet	363.95
Dues & Memberships	560.65
Merchant Account Fees	249.96
Office Supplies	944.83
Postage & Delivery	6.61
Software Expense	702.69
Total Office Expenses	3,014.69
Payroll Expenses	5,014.09
Employee Wages	40 000 00
Officer Salary	19,999.98
Payroll Tax Expense	41,499.98
Total Payroll Expenses	4,704.69
Total Expenditures	66,204.65 \$248,704.50
NET OPERATING REVENUE	
Other Revenue	\$ -45 ,107.83
Interest Income	
Misc. Income	22.84
otal Other Revenue	11.57
Other Expenditures	\$34.41
Contributions/Donations	
otal Other Expenditures	2,376.24
ET OTHER REVENUE	\$2,376.24
	\$ -2,341.83
ET REVENUE	\$ -47,449.66

Native Island Business & Community Affairs Assoc. Inc. Profit & Loss

January through December 2022

	Jan - Dec 22	1
Ordinary Income/Expense	Dall - Dec 22	Jan - Dec 21
Income		
Direct Public Support		
Housing Assistance Contribution	1 50 000 00	200
Corporate Sponsorships	50,000.00 2,733.90	0.00
Grants	2,733.90	0.00
Beaufort County Atax	68.575.00	20,000,00
Hilton Head Island ATAX	214,385.37	94,712.77
Grants - Other	10,000.00	35,000.00
Total Country		00,000.00
Total Grants	292,960.37	149,712.77
Individual/Business Contrib.	1,295.80	1,177.25
Total Direct Public Support	346,990.07	150,890.02
Misc. Income		
EVENT INCOME	150.00	0.00
Gullah Celebration Events		
Art Exhibition		
Art Sales	39,157.28	0.00
		0.00
Total Art Exhibition	39,157.28	0.00
Circle Members	0.00	150.00
Gullah Market	12,547.34	25,891.99
Gullah Celebration Events - Other	10,401.18	19,622.59
Total Gullah Celebration Events	62,105.80	45,664.58
Heritage Booth	25,185.70	0.00
Merchandise Sales	286.00	0.00
Misc. Events Income	0.00	1,110.03
Total EVENT INCOME	87,577.50	46,774.61
Total Income	434,717.57	197,664.63
	35-36-31-35-	107,004.00
Expense		
ADMIN & GENERAL EXPENSES		
Advertising & Promotion Inbound Marketing		
Website	405.44	222
	485.41	287.83
Total Inbound Marketing	485,41	287.83
Newsletters	0.00	55.00
Advertising & Promotion - Other	123,028.49	55,346.27
Total Advertising & Promotion	123,513.90	55,689.10
Bank & Credit Card Fees	325.98	1,110.21
Computer & Internet	579.57	145.89
Contract Labor-Art Manager	12,250.00	10,750.00
Dues & Memberships	268.30	218,15
Employee Benefits Gifts	550,68	0.00
Insurance - Business	114.97	213.94
Meals & Entertainment	3,029.48	2,621.88
Office Supplies	206.03 2,847.68	509.38
Payroll Expenses	2,047.00	2,247.88
Employee Wages	41,379.96	27 765 26
Officer Wages	54,199.96	37,765.36 49,776.86
Payroll Tax Expense	7,311.75	6,696.96
Contract Labor	1,750.00	0.00
Payroll Expenses - Other	-28,108.45	0.00
Total Payroll Expenses	76,533.22	94,239.18
Total Payroll Expenses Postage & Delivery	76,533.22 240.00	94,239.18 203.00

Native Island Business & Community Affairs Assoc. Inc. Profit & Loss

January through December 2022

	Jan - Dec 22	Jan - Dec 21
Printing and Copying	330.63	3,828.60
Professional Fees		37877777
Accounting Fees	9,620.00	7,720.00
Legal Fees	973.65	125.00
Total Professional Fees	10,593.65	7,845.00
Rent Expense	5,241.39	4,835.00
Subscriptions & Ref. Materials	734.51	447.72
Taxes-Property	1,924.23	772.81
Travel & Meetings	250.00	0.00
Total ADMIN & GENERAL EXPENSES	239,534.22	185,677.74
GULLAH CELEBRATION EVENTS Art Exhibit Expenses		
Artist Commissions	25,983.00	10 615 90
Art Exhibit Expenses - Other	1,750.00	10,615.80 5,024.20
Total Art Exhibit Expenses	27,733.00	15,640.00
Arts, Crafts & Food Expo	21,700.00	10,040.00
Other Expenses	750.00	777 22
Arts, Crafts & Food Expo - Other	750.00 7,530.00	750.00 30.00
Total Arts, Crafts & Food Expo	8,280.00	780.00
VIII CONTRACTOR (NECESSA)	and Francisco	
Gullah Market	11,954.37	10,849.44
Gullah Music Series	200.00	0.00
Gullah Celebration Expenses	14,245.83	0.00
Misc. Gullah Events	4,099.00	11,829.39
GULLAH CELEBRATION EVENTS - Other	2,653.50	0.00
Total GULLAH CELEBRATION EVENTS	69,165.70	39,098.83
HERITAGE EXPENSES	24,656.01	0.00
HUD Housing Assistance	21,696.76	25,060.00
Total Expense	355,052.69	249,836.57
Net Ordinary Income	79,664.88	-52,171.94
Other Income/Expense		2016-00*20-20-00*20-20
Other Income		
Other Income - PPP	13,453.00	14,230.00
Other Income - SOS Grant	0.00	24,894.04
Interest Income	35.27	
Other Income	37,065.00	30.51 0.00
Total Other Income	50,553.27	39,154.55
Other Expense		
Charitable Contributions	2,050.00	200.00
Depreciation Expense	3,747.00	40.00
Suspense	-600.00	0.00
Total Other Expense	5,197.00	240.00
Net Other Income	45,356.27	38,914.55
Net Income	125,021.15	-13,257.39

Native Island Business & Community Affairs Assoc. Inc. Balance Sheet

As of December 31, 2022

	Dec 31, 22	Dec 31, 21
ASSETS		
Current Assets		
Checking/Savings		
CSB #4848 - NIBCAA	70,853.15	17,131.07
CSB #0140 Housing/Urban Dev.	29,799.00	92.00
CSB #8128 - On the Hook	2,467.26	1,304.95
SouthState #1087 (Paypal)	968.35	2,895.70
SouthState #8395 (Payroll)	572.88	664.01
NIBCAA Community Action Acct.	765.83	9,585,59
Petty Cash for Events	5,150.00	4,400.00
Total Checking/Savings	110,576.47	36,073.32
Total Current Assets	110,576.47	36,073.32
Fixed Assets		
Furniture and Equipment	5,171.98	1,424.98
Real Estate	32,883.00	32,883.00
Accumulated Depreciation	-5,151.76	-1,404.76
Total Fixed Assets	32,903.22	32,903.22
TOTAL ASSETS	143,479.69	68,976.54
LIABILITIES & EQUITY Liabilities		
Command I inhilliate -		
Current Liabilities		
Other Current Liabilities		
	0.00	13,453.00
Other Current Liabilities	0.00	13,453.00 13,453.00
Other Current Liabilities PPP Loan		A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Other Current Liabilities PPP Loan Total Other Current Liabilities Total Current Liabilities Long Term Liabilities	0.00	13,453.00 13,453.00
Other Current Liabilities PPP Loan Total Other Current Liabilities Total Current Liabilities Long Term Liabilities Due to IRS - 941	0.00	13,453.00 13,453.00 34,065.00
Other Current Liabilities PPP Loan Total Other Current Liabilities Total Current Liabilities Long Term Liabilities	0.00	13,453.00 13,453.00
Other Current Liabilities PPP Loan Total Other Current Liabilities Total Current Liabilities Long Term Liabilities Due to IRS - 941	0.00	13,453.00 13,453.00 34,065.00
Other Current Liabilities PPP Loan Total Other Current Liabilities Total Current Liabilities Long Term Liabilities Due to IRS - 941 Due to IRS - 990	0.00 0.00 0.00 0.00	13,453.00 13,453.00 34,065.00 3,000.00
Other Current Liabilities PPP Loan Total Other Current Liabilities Total Current Liabilities Long Term Liabilities Due to IRS - 941 Due to IRS - 990 Total Long Term Liabilities Total Liabilities Equity	0.00 0.00 0.00 0.00 0.00	13,453.00 13,453.00 34,065.00 3,000.00 37,065.00
Other Current Liabilities PPP Loan Total Other Current Liabilities Total Current Liabilities Long Term Liabilities Due to IRS - 941 Due to IRS - 990 Total Long Term Liabilities Total Liabilities Equity Unrestricted Net Assets	0.00 0.00 0.00 0.00 0.00	13,453.00 13,453.00 34,065.00 3,000.00 37,065.00
Other Current Liabilities PPP Loan Total Other Current Liabilities Total Current Liabilities Long Term Liabilities Due to IRS - 941 Due to IRS - 990 Total Long Term Liabilities Total Liabilities Equity	0.00 0.00 0.00 0.00 0.00	13,453.00 13,453.00 34,065.00 3,000.00 37,065.00 50,518.00
Other Current Liabilities PPP Loan Total Other Current Liabilities Total Current Liabilities Long Term Liabilities Due to IRS - 941 Due to IRS - 990 Total Long Term Liabilities Total Liabilities Equity Unrestricted Net Assets	0.00 0.00 0.00 0.00 0.00 0.00	13,453.00 13,453.00 34,065.00 3,000.00 37,065.00 50,518.00

Native Island Business & Community Affairs Assoc. Inc. Profit & Loss

January through December 2022

- N N N N N N N N.	Jan - Dec 22	Jan - Dec 21
rdinary Income/Expense		
Direct Public Support		
Housing Assistance Contribution		
Corporate Sponsorships	50,000.00	0.00
Grants	2,733.90	0.00
Beaufort County Atax	60 575 00	\$2E848755
Hilton Head Island ATAX	68,575.00	20,000.00
Grants - Other	214,385.37	94,712.77
1.000010000000000000000000000000000000	10,000.00	35,000.00
Total Grants	292,960.37	149,712.77
Individual/Business Contrib.	1,295.80	1,177.25
Total Direct Public Support	346,990.07	150,890.02
Misc. Income	450.00	
EVENT INCOME	150.00	0.00
Gullah Celebration Events Art Exhibition		
Art Sales	1267230300	
1000-1200-1200-1200-1200-1200-1200-1200	39,157.28	0.00
Total Art Exhibition	39,157.28	0.00
Circle Members	0.00	450.00
Gullah Market	12,547.34	150.00
Gullah Celebration Events - Other	10,401.18	25,891.99 19,622.59
Total Gullah Celebration Events	62,105.80	
	02,103.00	45,664.58
Heritage Booth Merchandise Sales	25,185.70	0.00
Misc. Events Income	286.00	0.00
wisc. Events income	0.00	1,110.03
Total EVENT INCOME	87,577.50	46,774.61
Total Income	434,717.57	197,664.63
Expense	90000 0 0000000	107,004.00
ADMIN & GENERAL EXPENSES		
Advertising & Promotion		
Inbound Marketing		
Website	405.44	222
· ·	485.41	287.83
Total Inbound Marketing	485.41	287.83
Newsletters	0.00	55.00
Advertising & Promotion - Other	123,028.49	55,346.27
Total Advertising & Promotion	123,513.90	55,689.10
Bank & Credit Card Fees	225.00	
Computer & Internet	325.98 579.57	1,110.21
Contract Labor-Art Manager		145.89
Dues & Memberships	12,250.00 268.30	10,750.00
Employee Benefits	550.68	218.15
Gifts	114.97	0.00
Insurance - Business	3,029.48	213.94
Meals & Entertainment	206.03	2,621.88
Office Supplies	2,847.68	509.38 2,247.88
Payroll Expenses	2,077,100	2,247.00
Employee Wages	41,379.96	37,765,36
Officer Wages	54,199.96	49,776.86
	7,311.75	6,696.96
Payroll Tax Expense		0,030.30
Payroll Tax Expense Contract Labor	1.750.00	0.00
Payroll Tax Expense	1,750.00 -28,108.45	0.00 0.00
Payroll Tax Expense Contract Labor		0.00
Payroll Tax Expense Contract Labor Payroll Expenses - Other	-28,108.45	

Native Island Business & Community Affairs Assoc. Inc. Profit & Loss

January through December 2022

GULLAH CELEBRATION EVENTS Art Exhibit Expenses Artist Commissions 25,983.00 10,615.80 Art Exhibit Expenses - Other 1,750.00 5,024.20 1,750.00 5,024.20 1,750.00 15,640.00 Art Exhibit Expenses 27,733.00 15,640.00 Arts, Crafts & Food Expo Other Expenses 750.00 750.00 30.00 Arts, Crafts & Food Expo 0,000 7,530.00 30.00 7,000 30.00 7,000 30.00	3	Jan - Dec 22	Jan - Dec 21
Accounting Fees 9,620.00 7,720.00 Legal Fees 973.65 125.00 Total Professional Fees 10,593.65 7,845.00 Rent Expense 5,241.39 4,835.00 Subscriptions & Ref. Materials 734.51 447.72 Taxes-Property 1924.23 772.81 Travel & Meetings 250.00 0.00 Total ADMIN & GENERAL EXPENSES 239,534.22 185,677 GULLAH CELEBRATION EVENTS 41 Exhibit Expenses 25,983.00 10,615.80 Art Exhibit Expenses - Other 1,750.00 5,024.20 Total Art Exhibit Expenses - Other 1,750.00 750.00 Arts, Crafts & Food Expo 750.00 750.00 Other Expenses 7,530.00 750.00 Arts, Crafts & Food Expo - Other 7,530.00 780.00 Gullah Market 11,984.37 10,849.44 Gullah Music Series 200.00 0.00 Gullah Gelebration Expenses 14,245.83 0.00 Gullah Celebration Expenses 14,245.83 0.00 Gullah Celebration Expe		330.63	3,828.60
Legal Fees 973.65 125.00			
Total Professional Fees 10,593,65 7,845,00 Rent Expense 5,241,39 4,835,00 Subscriptions & Ref. Materials 734,51 447,72 Taxes-Property 19,24,23 772,81 Travel & Meetings 250,00 0,00 Total ADMIN & GENERAL EXPENSES 239,534,22 185,677 GULLAH CELEBRATION EVENTS Art Exhibit Expenses Artist Commissions 25,983,00 10,515,80 Art Exhibit Expenses 27,733,00 15,840,00 Art Exhibit Expenses 750,00 75,004,20 Total Art Expenses 750,00 75,000 Arts, Crafts & Food Expo Other Expenses 750,00 750,00 Arts, Crafts & Food Expo 75,590,00 750,00 Arts, Crafts & Food Expo 75,590,00 760,00 Gullah Market 11,954,37 10,849,44 Gullah Music Series 200,00 0,00 Gullah Celebration Expenses 14,245,83 0,00 Misc. Gullah Events 4,099,00 11,829,39 GULLAH CELEBRATION EVENTS 89,165,70 39,096. HERITAGE EXPENSES 24,666,01 0,00 HERITAGE EXPENSES 24,666,01 0,00 HISTAGE EXPENSES 24,666,01 0,00 Total Expense 355,052,69 249,836. Net Ordinary Income 79,664,88 -52,171. Other Income -PPP 13,453,00 0,00 Total Expense 0 13,453,00 14,230. Other Income -PPP 13,453,00 0,00 Total Chrincome -PPP 13,453,00 0,00 Total Chrincome -PPP 13,453,00 0,00 Total Chrincome -PPP 13,453,00 0,00 Total Other Income -PPP -PP -PP -PPP -PPP -PP		9,620.00	7,720.00
Rent Expense 5,241.39 4,835.00 Subscriptions & Ref. Materials 734.51 447.72 734.51 734	Legal Fees	973.65	125.00
Subscriptions & Ref. Materials 734.51 447.72 Taxes-Property 1,924.23 772.81 Taxes-Property 1,924.23 772.81 Taxes-Property 250.00 0.0	Total Professional Fees	10,593.65	7,845.00
Taxee-Property 1,224.23 772.81 Travel & Meetings 250.00 0.00 Total ADMIN & GENERAL EXPENSES 239,534.22 185,677 GULLAH CELEBRATION EVENTS Art Exhibit Expenses Artist Commissions 25,983.00 10,615.80 Art Exhibit Expenses 27,733.00 15,640.00 Arts, Crafts & Food Expo Other Expenses 750.00 750.00 Arts, Crafts & Food Expo 7,530.00 30.00 Total Arts, Crafts & Food Expo 8,280.00 780.00 Gullah Market 11,954.37 10,849.44 Gullah Music Series 200.00 0.00 Gullah Celebration Expenses 14,245.83 0.00 Misc. Gullah Events 4,099.00 11,829.39 GULLAH CELEBRATION EVENTS 0ther 2,655.50 0.00 Total GULLAH CELEBRATION EVENTS 0ther 2,655.50 0.00 Total GULLAH CELEBRATION EVENTS 0ther 2,655.50 0.00 Total Commissions 355,052.69 249,835. Net Ordinary Income 79,664.88 -52,171. Other Income PPP 13,453.00 0.24,894. Interest Income 37,065.00 0.00 Other Income PPP 0,553.27 30. Total Other Income 50S Grant 0.00 24,894. Interest Income 50,563.27 39,154. Other Expense Charitable Contributions 2,050.00 0.00 Total Other Income 50,563.27 39,154. Other Expense Charitable Contributions 2,050.00 0.00 Total Other Expense 5,197.00 240.00 Total Other Income 5,197.00 0.00 Total Other Income 5,197.00 240.00 Net Income 45,566.27 38,914.10 Net Income 45,566.27 38,914.10 Net Income 45,566.27 38,914.10 Net Income 5,197.00 240.00 Net Income 5,197.00 Net Income 5,197.00 Net Income 5,		5,241.39	4,835.00
Travel & Meetings 250.00 0.00 Total ADMIN & GENERAL EXPENSES 239,534.22 185,677 GULLAH CELEBRATION EVENTS Art Exhibit Expenses Artist Commissions 25,983.00 10,615.80 Art Exhibit Expenses - Other 1,750.00 5,024.20 Total Art Exhibit Expenses 27,733.00 15,640.00 Arts, Crafts & Food Expo 7,000 750.00 Arts, Crafts & Food Expo 7,530.00 30.00 Total Arts, Crafts & Food Expo 8,280.00 760.00 Gullah Market 11,964.37 10,849.44 Gullah Music Series 200.00 0.00 Gullah Music Series 14,245.83 0.00 Gullah Music Series 14,245.83 0.00 Gullah Celebration Expenses 14,245.83 0.00 Misc. Gullah Events 4,099.00 11,829.39 GULLAH CELEBRATION EVENTS 069,165.70 39,098. HERITAGE EXPENSES 24,666.01 0.00 Total GULLAH CELEBRATION EVENTS 69,165.70 39,098. HERITAGE EXPENSES 24,666.01 0.00 Total Expense 355,052.69 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income/Expense Other Income PPP 13,453.00 14,230. Other Income PPP 13,453.00 0.00 Total Other Income PPP 1,565.327 39,154. Other Expense Charitable Contributions 2,050.00 200.00 Depreciation Expense -500.00 0.00 Total Other Income -500.00 0.00 Total Other Expense -500.00 0.00 Total Other Expense -500.00 0.00 Total Other Expense -50		734.51	447.72
Travel & Meetings 250.00 0.00 Total ADMIN & GENERAL EXPENSES 239,534.22 185,677 GULLAH CELEBRATION EVENTS Art Exhibit Expenses Arist Commissions 25,983.00 10,615.80 Art Exhibit Expenses - Other 1,750.00 5,024.20 Total Art Exhibit Expenses - Other 7,530.00 750.00 Arts, Crafts & Food Expo Other Expenses 760.00 750.00 Arts, Crafts & Food Expo Other Expenses 760.00 760.00 Gullah Market 7,530.00 30.00 Gullah Market 11,954.37 10,849.44 Gullah Music Series 200.00 0.00 Gullah Music Series 14,245.83 0.00 Gullah Celebration Expenses 14,245.83 0.00 Gullah Celebration Expenses 14,245.83 0.00 Total GULLAH CELEBRATION EVENTS - Other 2,653.50 0.00 Total GULLAH CELEBRATION EVENTS 69,165.70 39,098. HERITAGE EXPENSES 24,656.01 0.00 Total Expense 356,052.59 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income/Expense Other Income Other Income - PPP 13,453.00 14,230. Other Income - PPP 13,453.00 0.00 Total Other Income - PPP 1,565.327 39,154. Other Expense Charitable Contributions 2,050.00 0.00 Depreciation Expense - 50,553.27 39,154. Other Expense - 600.00 0.00 Total Other Expense - 600.00 0.00 Total Other Expense - 5,197.00 400 Suspense - 600.00 0.00 Total Other Income - 5,197.00 240.00 Total Other Income - 5,197.00 240.00 Total Other Income - 5,197.00 240.00 Total Other Income - 5,197.00 0.00 Total Other Income - 5,197.00 Net Income - 5,197.00 Total Other Income - 5,197.00 Net Income - 5,197.00 Net Income - 5,197.00 Total Other Expense - 5,197.00		1,924.23	772.81
GULLAH CELEBRATION EVENTS Art Exhibit Expenses Artist Commissions Art Exhibit Expenses Art Exhibit Expense Art Exhibit Comme Art Exhibit Expense Art Exhibit Expens	Travel & Meetings	250.00	
Art Exhibit Expenses Artist Commissions	Total ADMIN & GENERAL EXPENSES	239,534.22	185,677.74
Art Exhibit Expenses - Other 1,750.00 5,024.20 Total Art Exhibit Expenses 27,733.00 15,640.00 Arts, Crafts & Food Expo Other Expenses 750.00 750.00 Arts, Crafts & Food Expo Other 7,530.00 30.00 Total Arts, Crafts & Food Expo Other 7,530.00 30.00 Total Arts, Crafts & Food Expo Other 7,530.00 780.00 Gullah Market 11,954.37 10,849.44 Gullah Music Series 200.00 0.00 Gullah Celebration Expenses 14,245.83 0.00 Gullah Celebration Expenses 14,245.83 0.00 Misc. Gullah Events 4,099.00 11,829.39 GULLAH CELEBRATION EVENTS 09,165.70 39,098. HERITAGE EXPENSES 24,656.01 0.00 Total GULLAH CELEBRATION EVENTS 69,165.70 39,098. HERITAGE EXPENSES 24,656.01 0.00 Total Expense 355,052.69 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income - PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest Income 35.27 30. Other Income - SOS Grant 0.00 24,894. Interest Income 50.553.27 39,154. Other Income - SOS Grant 50,553.27 39,154. Other Expense Charitable Contributions 2,050.00 200.00 Total Other Income - SOS - 50,000 0.00 Total Other Income - 50,553.27 39,154. Other Expense 3,747.00 40.00 Suspense 5,197.00 240.00 Net Income - 5,197.00 38,914.1			
Art Exhibit Expenses - Other 1,750.00 5,024.20 Total Art Exhibit Expenses 27,733.00 15,640.00 Arts, Crafts & Food Expo Other Expenses 750.00 750.00 Arts, Crafts & Food Expo Other 7,530.00 30.00 Total Arts, Crafts & Food Expo & 8,280.00 780.00 Gullah Market 11,954.37 10,849.44 Gullah Music Series 200.00 0.00 Gullah Celebration Expenses 14,255.83 0.00 Misc. Gullah Events 4,099.00 11,829.39 GULLAH CELEBRATION EVENTS - Other 2,653.50 0.00 Total GULLAH CELEBRATION EVENTS 69,165.70 39,098. HERITAGE EXPENSES 24,656.01 0.00 HUD Housing Assistance 21,696.76 25,660. Total Expense 355,052.69 249,836. Net Ordinary Income PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest Income - SOS Grant 0.00 24,894. Interes		25 983 00	10 615 90
Arts, Crafts & Food Expo Other Expenses 750.00 750.00 Arts, Crafts & Food Expo - Other 7,530.00 30.00 Total Arts, Crafts & Food Expo 8,280.00 780.00 Gullah Market 11,954.37 10,849.44 Gullah Music Series 200.00 0.00 Gullah Celebration Expenses 14,245.83 0.00 Misc. Gullah Events 4,099.00 11,829.39 GULLAH CELEBRATION EVENTS - Other 2,653.50 0.00 Total GULLAH CELEBRATION EVENTS 89,165.70 39,098. HERITAGE EXPENSES 24,656.01 0.0 HUD Housing Assistance 21,698.76 25,060. Total Expense 355,052.69 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income/Expense Other Income - PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest Income 37,065.00 0.00 Total Other Income - Contributions 2,050.00 0.00 Total Other Income - SOS Grant 0.00 0.00 Contributions 2,050.00 0.00 Total Other Income - Contributions 2,050.00 0.00 Depreciation Expense -600.00 0.00 Total Other Expense -600.00 0.00 Net Income -500.00 0.00 Total Other Expense -600.00 0.00 Total Other Expense -600.00 0.00 Net Income -500.00 Net Income -500.00 0.00 Net Income -500.00 Net Income -5	Art Exhibit Expenses - Other		
Other Expenses Arts, Crafts & Food Expo - Other 750.00 7,530.00 750.00 30.00 Total Arts, Crafts & Food Expo 8,280.00 780.00 Gullah Market Gullah Music Series 200.00 0.00 200.00 0.00 0.00 Gullah Celebration Expenses 14,245.83 0.00 0.00 0.00 Misc. Gullah Events 4,099.00 11,829.39 0.00 11,829.39 GULLAH CELEBRATION EVENTS - Other 2,653.50 0.00 39,098. HERITAGE EXPENSES 4,656.01 0.00 0.00 39,098. HERITAGE EXPENSES 21,696.76 25,060 24,656.01 0.00 24,836. Not Ordinary Income 79,664.88 -52,171. -52,171. 0.00 24,836. Other Income Expense Other Income PPP 13,453.00 14,230.0 14,2	Total Art Exhibit Expenses	27,733.00	15,640.00
Arts, Crafts & Food Expo - Other 7,530.00 30.00 Total Arts, Crafts & Food Expo 8,280.00 780.00 Gullah Market 11,954.37 10,849.44 Gullah Music Series 200.00 0.00 Gullah Celebration Expenses 14,245.83 0.00 Misc. Gullah Events 4,099.00 11,829.39 GULLAH CELEBRATION EVENTS - Other 2,653.50 0.00 Total GULLAH CELEBRATION EVENTS 69,165.70 39,098. HERITAGE EXPENSES 24,656.01 0.0 HUD Housing Assistance 21,696.76 25,060. Total Expense 355,052.69 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income - PPP 13,453.00 14,230. Other Income - PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest Income 37,065.00 0.0 Total Other Income 50,553.27 39,154. Other Expense -600.00 0.0 Total Other Expense -5,197.00 240.0 Net Other Income -5,197.00 240.0 Net Other Income -5,197.00 240.0 Net Other Income -5,197.00 240.0 Net Income -5,197.00 240.0 Net Income -5,197.00 240.0 Net Income -5,197.00 38,914.1	Arts, Crafts & Food Expo		88*534554
Arts, Crafts & Food Expo - Other 7,530.00 30.00 Total Arts, Crafts & Food Expo 8,280.00 780.00 Gullah Market 11,954.37 10,849.44 Gullah Music Series 200.00 0.00 Gullah Celebration Expenses 14,245.83 0.00 Misc. Gullah Events 4,099.00 11,829.39 GULLAH CELEBRATION EVENTS - Other 2,653.50 0.00 Total GULLAH CELEBRATION EVENTS 69,165.70 39,098. HERITAGE EXPENSES 24,656.01 0.0 HUD Housing Assistance 21,696.76 25,060. Total Expense 355,052.69 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income - PPP 13,453.00 14,230. Other Income - PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest Income 37,065.00 0.0 Total Other Income 50,553.27 39,154. Other Expense 3,747.00 40.0 Depreciation Expense 3,747.00 40.0 Suspense -600.00 0.0 Total Other Expense 5,197.00 240.0 Net Other Income	Other Expenses	750.00	750.00
Gullah Market 11,954.37 10,849.44 Gullah Music Series 200.00 0.00 Gullah Celebration Expenses 14,245.83 0.00 Misc. Gullah Events 4,099.00 11,829.39 GULLAH CELEBRATION EVENTS - Other 2,653.50 0.00 Total GULLAH CELEBRATION EVENTS 69,165.70 39,098 HERITAGE EXPENSES 24,656.01 0. HUD Housing Assistance 21,696.76 25,060 Total Expense 355,052.69 249,836 Net Ordinary Income 79,664.88 -52,171 Other Income 79,664.88 -52,171 Other Income - PPP 13,453.00 14,230. Other Income - PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest Income 35,27 30. Other Income 50,553.27 39,154. Other Expense 2,050.00 200. Charitable Contributions 2,050.00 200. Depreciation Expense 3,747.00 40. Suspense -600.00 0. Total Other Expense	Arts, Crafts & Food Expo - Other	2070707000	
Gullah Music Series	Total Arts, Crafts & Food Expo	8,280.00	780.00
Gullah Music Series 200.00 0.00 Gullah Celebration Expenses 14,245.83 0.00 Misc. Gullah Events 4,099.00 11,829.39 GULLAH CELEBRATION EVENTS - Other 2,653.50 0.00 Total GULLAH CELEBRATION EVENTS 69,165.70 39,098. HERITAGE EXPENSES 24,656.01 0. HUD Housing Assistance 21,696.76 25,060. Total Expense 355,052.69 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income 0ther Income 14,230. Other Income - PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest income 37,065.00 0. Other Income 50,553.27 39,154. Other Income 2,050.00 200. Total Other Income 3,747.00 40. Suspense -600.00 0. Total Other Expense 5,197.00 240. Net Other Income 45,356.27 38,914.5		11,954.37	10.849.44
Gullah Celebration Expenses 14,245.83 0.00 Misc. Gullah Events 4,099.00 11,829.39 GULLAH CELEBRATION EVENTS 2,653.50 0.00 Total GULLAH CELEBRATION EVENTS 69,165.70 39,098. HERITAGE EXPENSES 24,656.01 0. HUD Housing Assistance 21,696.76 25,060. Total Expense 355,052.69 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income/Expense 0ther Income PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest Income 35.27 30. Other Income 37,065.00 0. Total Other Income 50,553.27 39,154. Other Expense 2,050.00 200. Charitable Contributions 2,050.00 200. Depreciation Expense 3,747.00 40. Suspense 5,197.00 240. Net Other Income 45,356.27 38,914.5	Gullah Music Series	200.00	
Misc. Gullah Events 4,099.00 11,829.39 GULLAH CELEBRATION EVENTS 2,653.50 0.00 Total GULLAH CELEBRATION EVENTS 69,165.70 39,098. HERITAGE EXPENSES 24,656.01 0. HUD Housing Assistance 21,696.76 25,060. Total Expense 355,052.69 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income/Expense 0.00 24,894. Interest Income 35,27 30. Other Income 37,065.00 0.0 Total Other Income 50,553.27 39,154. Other Expense 2,050.00 200.0 Charitable Contributions 2,050.00 200.0 Depreciation Expense 3,747.00 400.0 Suspense 600.00 0. Total Other Expense 5,197.00 240.0 Net Other Income 45,356.27 38,914.5 Net Income 45,356.27	Gullah Celebration Expenses	14.245.83	
GULLAH CELEBRATION EVENTS 2,653.50 0.00 Total GULLAH CELEBRATION EVENTS 69,165.70 39,098. HERITAGE EXPENSES 24,656.01 0. HUD Housing Assistance 21,696.76 25,060. Total Expense 355,052.69 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income/Expense 0ther Income 13,453.00 14,230. Other Income - PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest Income 35.27 30. Other Income 37,065.00 0. Total Other Income 50,553.27 39,154. Other Expense 3,747.00 40.0 Suspense -600.00 0.0 Total Other Expense 5,197.00 240.0 Net Other Income 45,356.27 38,914.5		7 10 10 10 10 10 10 10	
HERITAGE EXPENSES 24,656.01 0. HUD Housing Assistance 21,696.76 25,060. Total Expense 355,052.69 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income/Expense Other Income - PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest Income 35,27 30. Other Income 37,065.00 0. Total Other Income 50,553.27 39,154. Other Expense Charitable Contributions 2,050.00 200.0 Suspense -600.00 0. Total Other Expense 5,197.00 240.0 Net Other Income 45,356.27 38,914.	GULLAH CELEBRATION EVENTS - Other	0.00 \$ 0.00 \$ 0.00	
HUD Housing Assistance 21,696,76 25,060. Total Expense 355,052.69 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income/Expense Other Income - PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest Income 35,27 30. Other Income 37,065.00 0. Total Other Income 50,553.27 39,154. Other Expense Charitable Contributions 2,050.00 200. Suspense -600.00 0. Total Other Expense -600.00 0. Total Other Expense 5,197.00 240. Net Other Income 45,356.27 38,914.	Total GULLAH CELEBRATION EVENTS	69,165.70	39,098.83
HUD Housing Assistance 21,696,76 25,060. Total Expense 355,052.69 249,836. Net Ordinary Income 79,664.88 -52,171. Other Income/Expense Other Income - PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest Income 35.27 30. Other Income 37,065.00 0. Total Other Income 50,553.27 39,154. Other Expense Charitable Contributions 2,050.00 200. Suspense -600.00 0. Total Other Expense -600.00 0. Total Other Expense 5,197.00 240. Net Other Income 45,356.27 38,914.	HERITAGE EXPENSES	24 656 01	0.00
Net Ordinary Income 79,664.88 -52,171.			0.00 25,060.00
Other Income 33,453.00 14,230.00 14,230.00 14,230.00 24,894.00 24,894.00 24,894.00 35.27 30.00	Total Expense	355,052.69	249,836.57
Other Income Other Income Other Income Other Income - PPP 13,453.00 14,230.0 Other Income - SOS Grant 0.00 24,894.1 Interest Income 35.27 30.0 Other Income 37,065.00 0.0 Total Other Income 50,553.27 39,154.5 Other Expense 2,050.00 200.0 Charitable Contributions 2,050.00 200.0 Depreciation Expense 3,747.00 40.0 Suspense -600.00 0.0 Total Other Expense 5,197.00 240.0 Net Other Income 45,356.27 38,914.5	Net Ordinary Income	79,664.88	-52 171 94
Other Income 13,453.00 14,230.1 Other Income - SOS Grant 0.00 24,894.1 Interest Income 35.27 30.0 Other Income 37,065.00 0.0 Total Other Income 50,553.27 39,154.5 Other Expense 2,050.00 200.0 Charitable Contributions 2,050.00 200.0 Depreciation Expense 3,747.00 40.0 Suspense -600.00 0.0 Total Other Expense 5,197.00 240.0 Net Other Income 45,356.27 38,914.5	Other Income/Expense		02,111.01
Other Income - PPP 13,453.00 14,230. Other Income - SOS Grant 0.00 24,894. Interest Income 35,27 30. Other Income 37,065.00 0. Total Other Income 50,553.27 39,154. Other Expense 2,050.00 200.0 Charitable Contributions 2,050.00 200.0 Depreciation Expense 3,747.00 40.0 Suspense -600.00 0. Total Other Expense 5,197.00 240.0 Net Other Income 45,356.27 38,914.9			
Other Income - SOS Grant 0.00 24,894. Interest Income 35.27 30. Other Income 37,065.00 0. Total Other Income 50,553.27 39,154. Other Expense 2,050.00 200.0 Charitable Contributions 2,050.00 200.0 Depreciation Expense 3,747.00 40.0 Suspense -600.00 0.0 Total Other Expense 5,197.00 240.0 Net Other Income 45,356.27 38,914.9		12 452 00	44.000.00
Interest Income 35.27 30.0 37,065.00 0.0 37,065.00 0.0 37,065.00 0.0 37,065.00 0.0 37,065.00 0.0 39,154.00 0.0 37,065.00 0.0 39,154.00 0.0 0			
Other Income 37,065.00 0.0 Total Other Income 50,553.27 39,154.5 Other Expense 2,050.00 200.0 Charitable Contributions 2,050.00 200.0 Depreciation Expense 3,747.00 40.0 Suspense -600.00 0.0 Total Other Expense 5,197.00 240.0 Net Other Income 45,356.27 38,914.5			
Total Other Income 50,553.27 39,154.5 Other Expense 2,050.00 200.0 Charitable Contributions 2,050.00 40.0 Depreciation Expense 3,747.00 40.0 Suspense -600.00 0.0 Total Other Expense 5,197.00 240.0 Net Other Income 45,356.27 38,914.5			30.51 0.00
Other Expense 2,050.00 200.0 Charitable Contributions 2,050.00 200.0 Depreciation Expense 3,747.00 40.0 Suspense -600.00 0.0 Total Other Expense 5,197.00 240.0 Net Other Income 45,356.27 38,914.5	Total Other Income		39,154.55
Depreciation Expense 3,747.00 40.0 4	Other Expense	No. 100000	34,101.00
Depreciation Expense 3,747.00 40.0 4		2.050.00	200.00
Suspense -600.00 0.0 Total Other Expense 5,197.00 240.0 Net Other Income 45,356.27 38,914.5			
Net Other Income 45,356.27 38,914.5			40.00 0.00
Not Income	Total Other Expense	5,197.00	240.00
Not Income	Net Other Income	45,356.27	38,914.55
125.021.15 43 267	Net Income	125,021.15	-13,257.39

Native Island Business & Community Affairs Assoc. Inc. Profit & Loss January through December 2021

	Jan - Dec 21	Jan - Dec 20
dinary Income/Expense		
Income		
Direct Public Support		
Corporate Sponsorships	0.00	6,500.00
Grants	0,00	0,500.00
Beaufort County Atax	20,000.00	0.00
Hilton Head Island ATAX	94,712.77	161,417.00
Grants - Other	35,000.00	25,000.00
Total Grants		
Individual/Business Contrib.	149,712.77	186,417.00
	1,177.25	2,700.00
Total Direct Public Support	150,890.02	195,617.00
Gullah Store Sales	0.00	19.12
EVENT INCOME		10.12
Gullah Celebration Events		
Art Exhibition		
Art Sales	0.00	43,030.76
		10,000,10
Total Art Exhibition	0.00	43,030.76
Circle Members	150.00	2.850.00
Gullah Market	25,891,99	-56,088.00
Gullah Music Series	0.00	- 6,921.50
Opening Party	0.00	2,582.00
Paint and Sip	0.00	1,200.00
Taste of Gullah	0.00	17,398.00
Gullah Celebration Events - Other	- 19,622.59	39,106.86
Total Guilah Celebration Events	45,664.58	169,177.12
Merchandise Sales		
Misc. Events Income	0.00	3,495.01
EVENT INCOME - Other	1,110.03	280.00
	0.00	4,623.35
Total EVENT INCOME	46,774.61	177,575.48
Total Income	197,664.63	373,211.60
Expense		
ADMIN & GENERAL EXPENSES		
Advertising & Promotion		
Inbound Marketing		
Website	287.83	714.22
Total Inbound Marketing	287.83	714.22
Merchandise	0.00	625.88
Newsletters	55.00	48.00
		40.00
Advertising & Promotion - Other	55,346.27	59,695.74
		59,695.74 61,083.84
Advertising & Promotion - Other Total Advertising & Promotion	55,346.27 55,689.10	61,083.84
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees	55,346.27 55,689.10 1,110.21	61,083.84 295.91
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees Computer & Internet	55,346.27 55,689.10 1,110.21 145.89	81,083.84 295.91 0.00
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees Computer & Internet Contract Labor-Art Manager	55,346.27 55,689.10 1,110.21 145.89 10,750.00	61,083.84 295.91 0.00 0.00
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees Computer & Internet Contract Labor-Art Manager Dues & Memberships	55,346.27 55,689.10 1,110.21 145.89 10,750.00 218.15	61,083.84 295.91 0.00 0.00 270.00
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees Computer & Internet Contract Labor-Art Manager Dues & Memberships Gifts	55,346.27 55,689.10 1,110.21 145.89 10,750.00 218.15 213.94	61,083.84 295.91 0.00 0.00 270.00 74.12
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees Computer & Internet Contract Labor-Art Manager Dues & Memberships Gifts Insurance - Business	55,346.27 55,689.10 1,110.21 145.89 10,750.00 218.15 213.94 2,621.88	61,083.84 295.91 0.00 0.00 270.00 74.12 2,588.40
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees Computer & Internet Contract Labor-Art Manager Dues & Memberships Gifts Insurance - Business Meals & Entertainment	55,346.27 55,689.10 1,110.21 145.89 10,750.00 218.15 213.94 2,621.88 509.38	61,083.84 295.91 0.00 0.00 270.00 74.12 2,588.40 1,015.59
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees Computer & Internet Contract Labor-Art Manager Dues & Memberships Gifts Insurance - Business Meals & Entertainment Misc. Expense	55,346.27 55,689.10 1,110.21 145.89 10,750.00 218.15 213.94 2,621.88 509.38 0.00	61,083.84 295.91 0.00 0.00 270.00 74.12 2,588.40 1,015.59 2,317.77
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees Computer & Internet Contract Labor-Art Manager Dues & Memberships Gifts Insurance - Business Meals & Entertainment Misc. Expense Office Supplies	55,346.27 55,689.10 1,110.21 145.89 10,750.00 218.15 213.94 2,621.88 509.38	61,083.84 295.91 0.00 0.00 270.00 74.12 2,588.40 1,015.59
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees Computer & Internet Contract Labor-Art Manager Dues & Memberships Gifts Insurance - Business Meals & Entertainment Misc. Expense Office Supplies Payroll Expenses	55,346.27 55,689.10 1,110.21 145.89 10,750.00 218.15 213.94 2,621.88 509.38 0.00 2,247.88	61,083.84 295.91 0.00 0.00 270.00 74.12 2,588.40 1,015.59 2,317.77
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees Computer & Internet Contract Labor-Art Manager Dues & Memberships Gifts Insurance - Business Meals & Entertainment Misc. Expense Office Supplies Payroll Expenses Employee Wages	55,346.27 55,689.10 1,110.21 145.89 10,750.00 218.15 213.94 2,621.88 509.38 0.00 2,247.88 37,765.36	61,083.84 295.91 0.00 0.00 270.00 74.12 2,588.40 1,015.59 2,317.77
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees Computer & Internet Contract Labor-Art Manager Dues & Memberships Gifts Insurance - Business Meals & Entertainment Misc. Expense Office Supplies Payroll Expenses Employee Wages Officer Wages	55,346.27 55,689.10 1,110.21 145.89 10,750.00 218.15 213.94 2,621.88 509.38 0.00 2,247.88	61,083.84 295.91 0.00 0.00 270.00 74.12 2,588.40 1,015.59 2,317.77 2,558.90
Advertising & Promotion - Other Total Advertising & Promotion Bank & Credit Card Fees Computer & Internet Contract Labor-Art Manager Dues & Memberships Gifts Insurance - Business Meals & Entertainment Misc. Expense Office Supplies Payroll Expenses Employee Wages	55,346.27 55,689.10 1,110.21 145.89 10,750.00 218.15 213.94 2,621.88 509.38 0.00 2,247.88 37,765.36	61,083.84 295.91 0.00 0.00 270.00 74.12 2,588.40 1,015.59 2,317.77 2,558.90 27,700.00

Native Island Business & Community Affairs Assoc. Inc. Profit & Loss

January through December 2021

Other Income Total Other Income 39,15 Other Expense Charitable Contributions Depreciation Expense 40	Jan - Dec 20
Printing and Copying 3,828.6 Professional Fees 7,720,00 Legal Fees 7,845.00 Total Professional Fees 7,845.00 Rent Expense 4,835.0 Subscriptions & Ref. Materials 447.7 Taxes-Property 772.8 Travel & Meetings 0.0 Utilities 0.0 Total ADMIN & GENERAL EXPENSES 185,6 GULLAH CELEBRATION EVENTS 185,6 Art Exhibit Expenses 10,615.80 × Art Exhibit Expenses - Other 5,024.20 Total Art Exhibit Expenses - Other 5,024.20 Arts, Crafts & Food Expo 750.00 Arts, Crafts & Food Expo 760.00 Gullah Market 10,849.44 Gullah Music Series 0.00 Gullah Celebration Expenses 0.00 Misc. Gullah Events 11,829.39 Opening Party 0.00 Oyster Roast 0.00 Paint and Sip 0.00 Sulf Food & Friends 0.00 Total Gullah Celebration Expense 0.00	8 72,226.80
Printing and Copyling Professional Fees	229.35
Legal Fees	££0.30
Total Professional Fees 7,845.0 Rent Expense 4,835.0 Subscriptions & Ref. Materials 447.7 Taxes-Property 777.8 Travel & Meetings 0.0 Utilities 0.0 Total ADMIN & GENERAL EXPENSES 185.6 GULLAH CELEBRATION EVENTS Art Exhibit Expenses Arist Commissions 10,615.80 Art Exhibit Expenses Other 5,024.20 Total Art Exhibit Expenses - Other 5,024.20 Total Art Exhibit Expenses 0.00 Arts, Crafts & Food Expo 0.00 Gullah Market 10,849.44 Gullah Music Series 0.00 Gullah Market 11,829.35 Gyening Party 0,000 Opening Party 0,000 Poster Roast 0.000 Paint and Sip 0.000 Total GULLAH CELEBRATION EVENTS 39,09 Total Expense 249,83 Net Ordinary Income 52,17 Other Income - SOS Grant interest income 0.000 Total Other Income 0.000 Total Other Income 150,000 Total Other Income 150,	5,750.00
Rent Expense Subscriptions & Ref. Materials Taxes-Property Travel & Meetings Utilities Total ADMIN & GENERAL EXPENSES GULLAH CELEBRATION EVENTS Art Exhibit Expenses Aritst Commissions Art Exhibit Expenses Arts Commissions Art Exhibit Expenses Arts, Crafts & Food Expo Other Expenses Gullah Music Series Gullah Music Series Gullah Events Gullah Events Gullah Events Opening Party Oyster Roast Paint and Sip Soul Food & Friends Total GulLAH CELEBRATION EVENTS HUD Housing Assistance Total Expense Other Income Other Income Other Income Other Income Other Income Total Other Income Total Other Income Other Expense Other Income Other Expense Other Income Other Expense	1,173.74
Subscriptions & Ref. Materials	6,923.74
Taxee Property Travel & Meetings Utilities Do Utilities Total ADMIN & GENERAL EXPENSES GULLAH CELEBRATION EVENTS Art Exhibit Expenses Artist Commissions Art Exhibit Expenses Artist Commissions Art Exhibit Expenses Artist Commissions Arts, Crafts & Food Expo Other Expenses Other Expenses Total Arts, Crafts & Food Expo Other Expenses Gullah Market Gullah Music Series Gullah Music Series Gullah Celebration Expenses Opening Party Oyster Roast Paint and Sip Soul Food & Friends Taste of Gullah Total GULLAH CELEBRATION EVENTS Net Ordinary Income Other Expense Charitable Contributions Depreciation Expense Other Expense Charitable Contributions Depreciation Expense Other Expense Charitable Contributions Depreciation Expense Artist Charitable Contributions Depreciation Expense	2,787.00
Travel & Meetings 0.00 Utilities 0.00 Total ADMIN & GENERAL EXPENSES 185,6 GULLAH CELEBRATION EVENTS Art Exhibit Expenses Artist Commissions 10,615.80 × 5,024.20 Total Art Exhibit Expenses 115,640.00 Arts, Crafts & Food Expo 750.00 Arts, Crafts & Food Expo 760.00 Gullah Market 10,849.44 Gullah Music Series 0.00 Gullah Celebration Expenses 11,829.39 Opening Party 0.00 Oyster Roast 0.00 Total Gullah Celebration Expenses 12,829.39 Food & Friends 10,000 Total Gullah Celebration Expenses 10,000 Taste of Gullah 0.00 Total Gullah Celebration Expenses 10,000 Total Gullah Celebration Expenses 10,000 Total Expense 10,000 Total Gullah Celebration Events 139,09 Net Ordinary Income 249,83 Net Ordinary Income 39,15 Other Income - PPP 14,23 Other Income - SOS Grant 11,829.39 Other Income - SOS Grant 11,829.39 Other Income - PPP 14,23 Other Income - SOS Grant 11,829.39 Other Income - PPP 14,23 Other Expense 14,23	
Utilities 0.00 Total ADMIN & GENERAL EXPENSES 185,66 GULLAH CELEBRATION EVENTS Art Exhibit Expenses Artist Commissions 10,615,80 Art Exhibit Expenses Artist Commissions 15,640,00 Art Exhibit Expenses 15,640,00 Arts, Crafts & Food Expo Other 30,00 Arts, Crafts & Food Expo Other 30,00 Total Arts, Crafts & Food Expo 780,00 Gullah Market 10,849,44 Gullah Music Series 0.00 Gullah Events 11,829,38 Opening Party 0.00 Oystor Roast 10,00 Food & Friends 0.00 Total GULLAH CELEBRATION EVENTS 39,09 HUD Housing Assistance 249,83 Net Ordinary Income 0.52,17 Other Income PPP 14,23 Other Income PPP 14,23 Other Income Other Income 39,15 Cother Expense 240,83 Depreciation Expense 240,83 Depreciation Expense 240,83 Cother Income 39,15 Cother Expense 240,83 Depreciation Expense 440	
Total ADMIN & GENERAL EXPENSES GULLAH CELEBRATION EVENTS Art Exhibit Expenses Artist Commissions Art Exhibit Expenses Artist Commissions Art Exhibit Expenses Arts, Crafts & Food Expo Other Expenses Total Arts, Crafts & Food Expo Other Expenses Arts, Crafts & Food Expo Other Expenses Arts, Crafts & Food Expo Other Expenses Arts, Crafts & Food Expo Total Arts, Crafts & Food Expo Gullah Market Gullah Market Gullah Music Series Gullah Celebration Expenses Misc. Gullah Events Opening Party Oyster Roast Paint and Sip Soul Food & Friends Taste of Gullah Total GUILLAH CELEBRATION EVENTS HUD Housing Assistance Total Expense Other Income Other Expense Charitable Contributions Depreciation Expense Attick Total Other Expense Charitable Contributions Depreciation Expense Attick Total Other Expense Charitable Contributions Depreciation Expense	584.76
GULLAH CELEBRATION EVENTS Art Exhibit Expenses Artist Commissions Art Exhibit Expenses - Other Total Art Exhibit Expenses Arts, Crafts & Food Expo Other Expenses Arts, Crafts & Food Expo Other Expenses Total Arts, Crafts & Food Expo Other Expenses Gullah Market Gullah Market Gullah Music Series Gullah Celebration Expenses Opening Party Oyster Roast Paint and Sip Soul Food & Friends Taste of Gullah Total GULLAH CELEBRATION EVENTS Total Expense Other Income Total Other Income Other Expense Charitable Contributions Depreciation Expense Attal Attal Other Expense Charitable Contributions Depreciation Expense Attal Other Income Attal Other Income Other Expense Charitable Contributions Depreciation Expense	-24.99
Art Exhibit Expenses	7.74 153,681.6
Art Exhibit Expenses - Other 5,024.20 Total Art Exhibit Expenses 15,640.00 Arts, Crafts & Food Expo Other 30.00 Arts, Crafts & Food Expo Other 30.00 Total Arts, Crafts & Food Expo 780.00 Gullah Market 10,849.44 Gullah Music Series 0.00 Gullah Celebration Expenses 11,829.38 Opening Party 0.00 Oyster Roast 0.00 Paint and Sip 0.00 Soul Food & Friends 0.00 Total GULLAH CELEBRATION EVENTS 39,09 Net Ordinary Income 249,83 Net Ordinary Income 552,17 Other Income - SOS Grant Interest Income Other Income Other Income Other Income Total Other Income Total Other Income Charitable Contributions Depreciation Expense 440	
Art Exhibit Expenses - Other 5,024.20 Total Art Exhibit Expenses 15,640.00 Arts, Crafts & Food Expo Other Expenses 750.00 Arts, Crafts & Food Expo Other 30.00 Total Arts, Crafts & Food Expo 780.00 Gullah Market 10,849.44 Gullah Music Series 0.00 Gullah Celebration Expenses 11,829.38 Opening Party 0.00 Oyster Roast 0.00 Paint and Sip 0.00 Soul Food & Friends 0.00 Total GULLAH CELEBRATION EVENTS 39,09 Net Ordinary Income 249,83 Net Ordinary Income 50S Grant Interest Income Other Income SOS Grant Interest Income Other Income Total Other Income 39,15 Other Expense 240,83 Cother Expense 240,83	65 888 88
Arts, Crafts & Food Expo Other Expenses Arts, Crafts & Food Expo - Other Total Arts, Crafts & Food Expo Guilah Market Guilah Music Series Guilah Celebration Expenses Misc. Guilah Events Opening Party Oyster Roast Paint and Sip Soul Food & Friends Taste of Guilah Total GUILAH CELEBRATION EVENTS HUD Housing Assistance Total Expense Other Income Other Expense Charitable Contributions Depreciation Expense	65,323.26 35,967.65
Other Expenses Arts, Crafts & Food Expo - Other Total Arts, Crafts & Food Expo Gullah Market Gullah Music Series Gullah Celebration Expenses Misc. Gullah Events Opening Party Oyster Roast Paint and Sip Soul Food & Friends Taste of Gullah Total GULLAH CELEBRATION EVENTS Net Ordinary Income Other Expense Charitable Contributions Depreciation Expense	
Other Expenses Arts, Crafts & Food Expo - Other Total Arts, Crafts & Food Expo Gullah Market Gullah Music Series Gullah Celebration Expenses Misc. Gullah Events Opening Party Oyster Roast Paint and Sip Soul Food & Friends Taste of Gullah Total GULLAH CELEBRATION EVENTS Net Ordinary Income Other Expense Charitable Contributions Depreciation Expense	
Arts, Crafts & Food Expo - Other Total Arts, Crafts & Food Expo Guilah Market Guilah Music Series Guilah Celebration Expenses Misc. Guilah Events Opening Party Oyster Roast Paint and Sip Soul Food & Friends Taste of Guilah Total GUILLAH CELEBRATION EVENTS HUD Housing Assistance Total Expense Other Income Other Income Other Income - PPP Other Income Other Incom	0.00
Gullah Market 10,849,44 Gullah Music Series 0.00 Gullah Celebration Expenses 0.00 Misc. Gullah Events 11,829,39 Opening Party 0.00 Oyster Roast 0.00 Paint and Sip 0.00 Soul Food & Friends 0.00 Taste of Gullah 0.00 Total GULLAH CELEBRATION EVENTS 39,09 HUD Housing Assistance -25,06 Total Expense 249,83 Net Ordinary Income -52,17 Other Income/Expense -52,17 Other Income - PPP 14,23 Other Income - SOS Grant -24,89 Interest Income 30,15 Other Income 39,15 Other Expense Charitable Contributions 20 Depreciation Expense 40	9,528.14
Gullah Music Series Gullah Celebration Expenses Gullah Celebration Expenses Misc. Gullah Events Opening Party Opster Roast Opening Party Oyster Roast Paint and Sip Soul Food & Friends Taste of Gullah Total GULLAH CELEBRATION EVENTS HUD Housing Assistance Total Expense Other Income Other Income Other Income - SOS Grant Interest Income Other Income Total Other Expense Charitable Contributions Depreciation Expense	9,528.14
Gullah Music Series Gullah Celebration Expenses Misc. Gullah Events Opening Party Oyster Roast Paint and Sip Soul Food & Friends Taste of Gullah Total GULLAH CELEBRATION EVENTS Total Expense Other Income Other Income Other Income Other Income Other Income Total Other Income Total Other Expense Charitable Contributions Depreciation Expense	E0 407 00
Gullah Celebration Expenses Misc. Gullah Events Opening Party Oyster Roast Paint and Sip Soul Food & Friends Taste of Gullah Total GULLAH CELEBRATION EVENTS HUD Housing Assistance Total Expense Other Income Other Income - PPP Other Income - SOS Grant Interest Income Other Income Total Other Income Total Other Income Total Other Income Total Other Income Other Income Other Income Total Other Income Other Expense Charitable Contributions Depreciation Expense	30,107.23
Misc. Guliah Events	0,000.00
Opening Party Oyster Roast Oyster Roast O,000 Paint and Sip O,000 Soul Food & Friends Taste of Gullah O,000 Total GUILLAH CELEBRATION EVENTS Other Income Other Income Other Income - PPP Other Income - SOS Grant Interest Income Other Incom	5,032.65 5,246,64
Paint and Sip Soul Food & Friends Taste of Gullah Total GUILLAH CELEBRATION EVENTS HUD Housing Assistance Total Expense Other Income Other Income Other Income - PPP Other Income - SOS Grant Interest Income Other Income Total Other Income	2,842,28
Soul Food & Friends Taste of Gullah Total GULLAH CELEBRATION EVENTS HUD Housing Assistance Total Expense Other Income Other Income - PPP Other Income - SOS Grant Interest Income Other Income Total Other Income Total Other Income Other Income Total Other Income Total Other Income Total Other Income Total Other Income Charitable Contributions Depreciation Expense	200.00
Taste of Gullah Total GULLAH CELEBRATION EVENTS HUD Housing Assistance Total Expense 249,83 Net Ordinary Income Other Income/Expense Other Income - PPP Other Income - SOS Grant Interest Income Other Income Total Other Income Total Other Income Charitable Contributions Depreciation Expense	1,267.62
Total GULLAH CELEBRATION EVENTS 39,09 HUD Housing Assistance Total Expense 249,83 Net Ordinary Income Other Income/Expense Other Income - PPP Other Income - SOS Grant Interest Income Other Income Total Other Income Total Other Income Charitable Contributions Depreciation Expense 46	1,880.00
HUD Housing Assistance -25,06 Total Expense 249,83 Net Ordinary Income -52,17 Other Income/Expense Other Income - PPP 14,23 Other Income - SOS Grant Interest Income Other Income 33 Other Income 39,15 Other Expense Charitable Contributions 200 Depreciation Expense 40	23,541.13
Total Expense 249,83 Net Ordinary Income -52,17 Other Income/Expense Other Income - PPP 14,23 Other Income - SOS Grant 24,89 Interest Income 39,15 Other Income 39,15 Other Expense Charitable Contributions 200 Depreciation Expense 40	3.83 206,326.60
Net Ordinary Income -52,17 Other Income/Expense Other Income Other Income - PPP Other Income - SOS Grant Interest Income Other Income Other Income Other Income Total Other Income Charitable Contributions Depreciation Expense 46	0.00
Other Income/Expense Other Income Other Income - PPP Other Income - SOS Grant Interest Income Other Income Other Income Other Income Total Other Income Other Expense Charitable Contributions Depreciation Expense	3.57 360,008.21
Other Income Other Income - PPP Other Income - SOS Grant Interest Income Other Income Other Income Total Other Income Total Other Income Other Expense Charitable Contributions Depreciation Expense	1.94 13,203.39
Other Income - PPP Other Income - SOS Grant Interest Income Other Income Other Income Total Other Income Other Expense Charitable Contributions Depreciation Expense 46	500 500 500 500 500 500 500 500 500 500
Other Income - SOS Grant Interest Income Other Income Total Other Income 39,15 Other Expense Charitable Contributions Depreciation Expense 40	
Other Income - SOS Grant Interest Income Other Income Total Other Income 39,15 Other Expense Charitable Contributions Depreciation Expense 40	0.00
Interest income Other Income 39,15 Other Expense Charitable Contributions Depreciation Expense 40	0.00
Total Other Income 39,15 Other Expense Charitable Contributions 200 Depreciation Expense 40	0.51 31.55
Other Expense Charitable Contributions 200 Depreciation Expense 40	.00 32.36
Charitable Contributions 200 Depreciation Expense 40	.55 63.91
Depreciation Expense 40	
Depreciation Expense 40	.00 2,900.00
Total Other Evenese	.00 41.00
Total Other Expense 24	.00 2,941.00
Net Other Income 38,914	.55 -2,877.09
Net Income -13,257	

Native Island Business & Community Affairs Assoc. Inc. Balance Sheet As of December 31, 2021

Current Assets	31, 20	Dec 31, 21	
Checking/Savings			The state of the s
CSB #4848 - NIBCAA CSB #3140 Housing/Urban Dev. CSB #3128 - On the Hook SouthState #1087 (Paypal) SouthState #3395 (Payroll) SouthState #3395 (Payroll) NIBCAA Community Action Acct. Petty Cash for Events 4,400.00 Total Checking/Savings 38,073.32 Total Current Assets 50,073.32 Fixed Assets Furniture and Equipment Real Estate 72,883.00 Accumulated Depreciation 7,1404.76 Total Fixed Assets 132,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities Other Current Liabilities PPP Loan Total Other Current Liabilities Due to IRS - 941 Due to IRS - 990 3,000.00 Total Long Term Liabilities Total Long Term Liabilities South Long Term Liabilities Total Liabilities Tot			
CSB #9140 Housing/Urban Dev. 92.00 CSB #9126 - On the Hook 1,304.95 SouthState #8395 (Paypoil) 2,895.70 SouthState #8395 (Paypoil) 684.01 NIBCAA Community Action Acct. 9,585.59 Petty Cash for Events 4,400.00 Total Checking/Savings 36,073.32 Total Current Assets 38,073.32 Fixed Assets Furniture and Equipment 1,424.98 Real Estate 2,32,893.00 Accumulated Depreciation -1,404.76 Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities Other Current Liabilities PPP Loan -13,453.00 Total Other Current Liabilities 13,453.00 Long Term Liabilities 13,453.00 Total Current Liabilities 3,000.00 Total Long Term Liabilities 37,065.00 Total Long Term Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93			
CSB #8128 - On the Hook 1,304,95 SouthState #1087 (Paypail) 2,895,70 SouthState #8395 (Payroll) 684.01 NIBCAA Community Action Acct. 9,595,59 Petry Cash for Events 4,400.00	36,618.23	17,131.07	CCD #0440 University Inches
SouthState #1087 (Paypal) 2,895.70 SouthState #8398 (Payroll) 684.01 NIBCAA Community Action Acct. 9,585.59 Petty Cash for Events 4,400.00 Total Checking/Savings 36,073.32 Total Current Assets 38,073.32 Fixed Assets Furniture and Equipment 1,424.98 Real Estate 32,883.00 Accumulated Depreciation -1,404.76 Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Current Liabilities Current Liabilities 13,453.00 Total Other Current Liabilities 13,453.00 Total Liabilities 37,065.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	0.00	92.00	CSB #0140 Housing/Urban Dev.
SouthState #8395 (Payroll) 864.01 NIBCAA Community Action Acct. 9,585.59 Petty Cash for Events 4,400.00 Total Checking/Savings 36,073.32 Total Current Assets 38,073.32 Fixed Assets 1,424.98 Furniture and Equipment 1,424.98 Real Estate 32,883.00 Accumulated Depreciation -1,404.76 Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Current Liabilities 13,453.00 Total Other Current Liabilities 13,453.00 Total Liabilities 34,065.00 Due to IRS - 941 3,000.00 Total Long Term Liabilities 37,065.00 Total Long Term Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	232.84	1,304.95	SouthState #1007 (Downs)
NIBCAA Community Action Acet. 9,585.59 4,400.00 Total Checking/Savings 38,073.32 Total Current Assets 36,073.32 Fixed Assets 1,424.98 7,404.76 Furniture and Equipment 1,424.98 7,404.76 7,404.76 Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities 13,453.00 Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities 13,453.00 Long Term Liabilities 13,453.00 Total Long Term Liabilities 37,065.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	509.08	2,895.70	SouthState #1087 (Paypai)
Petty Cash for Events	1,421,99	664.01	NIBCAA Community Antique Age
Total Checking/Savings 36,073.32 Total Current Assets 36,073.32 Fixed Assets Furniture and Equipment 1,424.98 Real Estate 32,883.00 Accumulated Depreciation -1,404.76 Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities PPP Loan 13,453.00 Total Other Current Liabilities 13,453.00 Long Term Liabilities 13,453.00 Long Term Liabilities 13,453.00 Total Current Liabilities 3,000.00 Total Long Term Liabilities 37,065.00 Total Long Term Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	9,585,59		Patty Cash for Events
Total Current Assets Fixed Assets Furniture and Equipment Real Estate Accumulated Depreciation Total Fixed Assets Total Fixed Assets TOTAL ASSETS LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities PPP Loan Total Other Current Liabilities Total Current Liabilities Due to IRS - 941 Due to IRS - 990 Total Liabilities Total Liabilities Total Liabilities Total Liabilities Due to IRS - 990 Total Liabilities To	1,700.00	4,400.00	raty cash for Events
Fixed Assets Furniture and Equipment 1,424,98 Real Estate 32,883.00 -1,404.76 Total Fixed Assets 32,903.22	50,067.71	36,073.32	
Fixed Assets Furniture and Equipment 1,424.98 Real Estate 32,883.00 Accumulated Depreciation -1,404.76 Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Current Liabilities 13,453.00 Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities 13,453.00 Long Term Liabilities 13,453.00 Long Term Liabilities 13,453.00 Total Long Term Liabilities 34,065.00 3,000.00 Total Long Term Liabilities 37,065.00 Total Long Term Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	50,067.71	36,073.32	Total Current Assets
Furniture and Equipment Real Estate Accumulated Depreciation Total Fixed Assets 32,803.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities PPP Loan Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities Due to IRS - 941 Due to IRS - 990 3,000.00 Total Long Term Liabilities Total Long Term Liabilities Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets Net Incorp.			Fixed Assets
Real Estate		4	
Total Fixed Assets 32,903.22	1,424.98		Real Estate
Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities	32,883.00		Accumulated Depreciation
TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities	-1,364.76	-1,404./6	
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities PPP Loan Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities Due to IRS - 941 Due to IRS - 990 3,000.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets S1,715.93	32,943.22	32,903.22	
Liabilities Current Liabilities Other Current Liabilities PPP Loan - 13,453.00 Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities - 34,065.00 Due to IRS - 941 - 34,065.00 Due to IRS - 990 - 3,000.00 Total Long Term Liabilities - 37,065.00 Total Liabilities - 50,518.00 Equity Unrestricted Net Assets - 31,715.93	83,010.93	68,976.54	TOTAL ASSETS
Other Current Liabilities 13,453.00 Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities 34,065.00 Due to IRS - 941 34,065.00 Due to IRS - 990 3,000.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets Net Income 31,715.93	1		
PPP Loan			
Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities 34,085.00 Due to IRS - 941 34,085.00 Due to IRS - 990 3,000.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93			
Total Current Liabilities 13,453.00 Long Term Liabilities 34,065.00 Due to IRS - 941 34,065.00 Due to IRS - 990 3,000.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	14,230,00	- 13,453.00	PPP Loan
Total Current Liabilities 13,453.00 Long Term Liabilities Due to IRS - 941 - 34,085.00 Due to IRS - 990 3,000.00 Total Long Term Liabilities 37,085.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	14,230.00	13,453.00	Total Other Current Liabilities
Long Term Liabilities			Total Current Liabilities
Due to IRS - 941 34,085.00 Due to IRS - 990 3,000.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	14,230.00	10,100.00	Long Term Lightities
Due to IRS - 990 34,065.00 3,000.00		10.720.220.00	
Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	34,065.00		
Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	3,000.00	3,000.00	
Equity Unrestricted Net Assets 31,715.93	37,065.00	37,065.00	Total Long Term Liabilities
Unrestricted Net Assets 31,715.93	51,295.00	50,518.00	Total Liabilities
Net Income	- 1,200.00		Equity
Net Income		31 715 03	
*13,237,39	21,389.63		
SOME STATE OF THE	10,328.30	10,207.03	Total Fault.
Total Equity 18,458.54	31,715.93	18,458.54	**************************************
OTAL LIABILITIES & EQUITY 68,976.54	83,010.93	68,976.54	OTAL LIABILITIES & EQUITY

Native Island Business & Community Affairs Association

Balance Sheet

As of June 30, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
CSB #0140 Housing and Urban Dev.	3,891.00
CSB #4848 - NIBCAA	38,910.49
CSB #8128 - On the Hook	2,575.26
NIBCAA Community Action Acct.	10,265.83
Petty Cash for Events	1,250.00
SouthState #1087 (Paypal)	435.68
SouthState #8395 (Payroll)	2,148.55
Total Bank Accounts	\$59,476.81
Total Current Assets	\$59,476.81
Fixed Assets	
Accumulated Depreciation	-5,171.98
Furniture & Equipment	5,171.98
Real Estate	32,883.00
Total Fixed Assets	\$32,883.00
TOTAL ASSETS	\$92,359.81
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	0.00
Federal	0.00
State	0.00
Total Payroll Liabilities	0.00
Total Other Current Liabilities	\$0.00
Total Current Liabilities	\$0.00
Total Liabilities	\$0.00
Equity	
Retained Earnings	121,350.93
Unrestricted Net Assets	18,458.54
Net Revenue	-47,449.66
Total Equity	\$92,359.8
TOTAL LIABILITIES AND EQUITY	\$92,359.8

Native Island Business & Community Affairs Assoc. Inc. Balance Sheet

As of December 31, 2022

	Dec 31, 22	Dec 31, 21
ASSETS		***************************************
Current Assets		
Checking/Savings		
CSB #4848 - NIBCAA	70,853.15	17,131.07
CSB #0140 Housing/Urban Dev.	29,799.00	92.00
CSB #8128 - On the Hook	2,467.26	1,304.95
SouthState #1087 (Paypal)	958.35	2,895.70
SouthState #8395 (Payroll)	572.88	664.01
NIBCAA Community Action Acct.	765.83	9,585.59
Petty Cash for Events	5,150.00	4,400.00
Total Checking/Savings	110,576.47	36,073.32
Total Current Assets	110,576.47	36,073.32
Fixed Assets		
Furniture and Equipment	5,171.98	1,424.98
Real Estate	32,883.00	32,883.00
Accumulated Depreciation	-5,151.76	-1,404.76
Total Fixed Assets	32,903.22	32,903.22
TOTAL ASSETS	143,479.69	68,976.54
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
PPP Loan	0.00	13,453.00
Total Other Current Liabilities	0.00	13,453.00
Total Current Liabilities	0.00	13,453.00
Long Term Liabilities	222	707720222
Due to IRS - 941	0.00	34,065.00
Due to IRS - 990	0.00	3,000.00
Total Long Term Liabilities	0.00	37,065.00
Total Liabilities	0.00	50,518.00
Equity	SO DALIDO SA	
Unrestricted Net Assets	18,458.54	
	18,458.54 125,021.15	
Unrestricted Net Assets		31,715.93 -13,257.39 18,458.54

Native Island Business & Community Affairs Assoc. Inc. Balance Sheet As of December 31, 2021

Current Assets	31, 20	Dec 31, 21	
Checking/Savings			The state of the s
CSB #4848 - NIBCAA CSB #3140 Housing/Urban Dev. CSB #3128 - On the Hook SouthState #1087 (Paypal) SouthState #3395 (Payroll) SouthState #3395 (Payroll) NIBCAA Community Action Acct. Petty Cash for Events 4,400.00 Total Checking/Savings 38,073.32 Total Current Assets 50,073.32 Fixed Assets Furniture and Equipment Real Estate 72,883.00 Accumulated Depreciation 7,1404.76 Total Fixed Assets 132,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities Other Current Liabilities PPP Loan Total Other Current Liabilities Due to IRS - 941 Due to IRS - 990 3,000.00 Total Long Term Liabilities Total Long Term Liabilities South Long Term Liabilities Total Liabilities Tot			
CSB #9140 Housing/Urban Dev. 92.00 CSB #9126 - On the Hook 1,304.95 SouthState #8395 (Paypoil) 2,895.70 SouthState #8395 (Paypoil) 684.01 NIBCAA Community Action Acct. 9,585.59 Petty Cash for Events 4,400.00 Total Checking/Savings 36,073.32 Total Current Assets 38,073.32 Fixed Assets Furniture and Equipment 1,424.98 Real Estate 2,32,893.00 Accumulated Depreciation -1,404.76 Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities Other Current Liabilities PPP Loan -13,453.00 Total Other Current Liabilities 13,453.00 Long Term Liabilities 13,453.00 Total Current Liabilities 3,000.00 Total Long Term Liabilities 37,065.00 Total Long Term Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93			
CSB #8128 - On the Hook 1,304,95 SouthState #1087 (Paypail) 2,895,70 SouthState #8395 (Payroll) 684.01 NIBCAA Community Action Acct. 9,595,59 Petry Cash for Events 4,400.00	36,618.23	17,131.07	CCD #0440 United Till the D
SouthState #1087 (Paypal) 2,895.70 SouthState #8398 (Payroll) 684.01 NIBCAA Community Action Acct. 9,585.59 Petty Cash for Events 4,400.00 Total Checking/Savings 36,073.32 Total Current Assets 38,073.32 Fixed Assets Furniture and Equipment 1,424.98 Real Estate 32,883.00 Accumulated Depreciation -1,404.76 Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Current Liabilities Current Liabilities 13,453.00 Total Other Current Liabilities 13,453.00 Total Liabilities 37,065.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	0.00	92.00	CSB #0140 Housing/Urban Dev.
SouthState #8395 (Payroll) 864.01 NIBCAA Community Action Acct. 9,585.59 Petty Cash for Events 4,400.00 Total Checking/Savings 36,073.32 Total Current Assets 38,073.32 Fixed Assets 1,424.98 Furniture and Equipment 1,424.98 Real Estate 32,883.00 Accumulated Depreciation -1,404.76 Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Current Liabilities 13,453.00 Total Other Current Liabilities 13,453.00 Total Liabilities 13,005.00 Total Long Term Liabilities 37,065.00 Total Long Term Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	232.84	1,304.95	SouthState #1007 (Downs)
NIBCAA Community Action Acet. 9,585.59 4,400.00 Total Checking/Savings 38,073.32 Total Current Assets 36,073.32 Fixed Assets 1,424.98 7,404.76 Furniture and Equipment 1,424.98 7,404.76 7,404.76 Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities 13,453.00 Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities 13,453.00 Long Term Liabilities 13,453.00 Total Long Term Liabilities 37,065.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	509.08	2,895.70	SouthState #1087 (Paypai)
Petty Cash for Events	1,421,99	664.01	NIBCAA Community Antique Age
Total Checking/Savings 36,073.32 Total Current Assets 36,073.32 Fixed Assets Furniture and Equipment 1,424.98 Real Estate 32,883.00 Accumulated Depreciation -1,404.76 Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities PPP Loan 13,453.00 Total Other Current Liabilities 13,453.00 Long Term Liabilities 13,453.00 Long Term Liabilities 13,453.00 Total Current Liabilities 3,000.00 Total Long Term Liabilities 37,065.00 Total Long Term Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	9,585,59		Patty Cash for Events
Total Current Assets Fixed Assets Furniture and Equipment Real Estate Accumulated Depreciation Total Fixed Assets Total Fixed Assets TOTAL ASSETS LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities PPP Loan Total Other Current Liabilities Total Current Liabilities Due to IRS - 941 Due to IRS - 990 Total Liabilities Total Liabilities Total Liabilities Total Liabilities Due to IRS - 990 Total Liabilities To	1,700.00	4,400.00	raty cash for Events
Fixed Assets Furniture and Equipment 1,424,98 Real Estate 32,883.00 -1,404.76 Total Fixed Assets 32,903.22	50,067.71	36,073.32	
Fixed Assets Furniture and Equipment 1,424.98 Real Estate 32,883.00 Accumulated Depreciation -1,404.76 Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Current Liabilities 13,453.00 Total Other Current Liabilities 13,453.00 Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities 13,453.00 Long Term Liabilities 13,453.00 Total Long Term Liabilities 34,065.00 3,000.00 Total Long Term Liabilities 37,065.00 Total Long Term Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	50,067.71	36,073.32	Total Current Assets
Furniture and Equipment Real Estate Accumulated Depreciation Total Fixed Assets 32,803.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities PPP Loan Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities Due to IRS - 941 Due to IRS - 990 3,000.00 Total Long Term Liabilities Total Long Term Liabilities Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets Net Incorp.			Fixed Assets
Real Estate		4	
Total Fixed Assets 32,903.22	1,424.98		Real Estate
Total Fixed Assets 32,903.22 TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities	32,883.00		Accumulated Depreciation
TOTAL ASSETS 68,976.54 LIABILITIES & EQUITY Liabilities	-1,364.76	-1,404./6	
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities PPP Loan Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities Due to IRS - 941 Due to IRS - 990 3,000.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets S1,715.93	32,943.22	32,903.22	
Liabilities Current Liabilities Other Current Liabilities PPP Loan - 13,453.00 Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities - 34,065.00 Due to IRS - 941 - 34,065.00 Due to IRS - 990 - 3,000.00 Total Long Term Liabilities - 37,065.00 Total Liabilities - 50,518.00 Equity Unrestricted Net Assets - 31,715.93	83,010.93	68,976.54	TOTAL ASSETS
Other Current Liabilities 13,453.00 Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities 34,065.00 Due to IRS - 941 34,065.00 Due to IRS - 990 3,000.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets Net Income 31,715.93	1		
PPP Loan			
Total Other Current Liabilities 13,453.00 Total Current Liabilities 13,453.00 Long Term Liabilities 34,085.00 Due to IRS - 941 34,085.00 Due to IRS - 990 3,000.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93			
Total Current Liabilities 13,453.00 Long Term Liabilities 34,065.00 Due to IRS - 941 34,065.00 Due to IRS - 990 3,000.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	14,230,00	- 13,453.00	PPP Loan
Total Current Liabilities 13,453.00 Long Term Liabilities Due to IRS - 941 - 34,085.00 Due to IRS - 990 3,000.00 Total Long Term Liabilities 37,085.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	14,230.00	13,453.00	Total Other Current Liabilities
Long Term Liabilities			Total Current Liabilities
Due to IRS - 941 34,085.00 Due to IRS - 990 3,000.00 Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	14,230.00	10,100.00	Long Term Lightities
Due to IRS - 990 34,065.00 3,000.00		10.720.220.00	
Total Long Term Liabilities 37,065.00 Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	34,065.00		
Total Liabilities 50,518.00 Equity Unrestricted Net Assets 31,715.93	3,000.00	3,000.00	
Equity Unrestricted Net Assets 31,715.93	37,065.00	37,065.00	Total Long Term Liabilities
Unrestricted Net Assets 31,715.93	51,295.00	50,518.00	Total Liabilities
Net Income	- 1,200.00		Equity
Net Income		31 715 03	
*13,237,39	21,389.63		
SOME STATE OF THE	10,328.30	10,207.03	Total Fault.
Total Equity 18,458.54	31,715.93	18,458.54	**************************************
OTAL LIABILITIES & EQUITY 68,976.54	83,010.93	68,976.54	OTAL LIABILITIES & EQUITY

Form **8879-TE**

Department of the Treasury

IRS *e-file* Signature Authorization for a Tax Exempt Entity

OMB No.	1545-0047
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For calendar year 2022, or fiscal year beginning

....., 2022, and ending, 20

Do not send to the IRS. Keep for your records. So to www.irs.gov/Form8879TE for the latest information

2022

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 Name and title of officer or person subject to tax ERIC TURPIN EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 461,365 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) _____ 2b 3a Form 1120-POL check here 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) **9b** 10a Form 8038-CP check here Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

: check one box only		
X authorize _ JUNECPA	to enter my PIN	12345 as my signature
ERO firm name	·	Enter five numbers, but do not enter all zeros
on the tax year 2022 electronically filed return. If I have indicated within this return th agency(ies) regulating charities as part of the IRS Fed/State program, I also authoriz return's disclosure consent screen.	1,7	9
As an officer or person subject to tax with respect to the entity, I will enter my PIN as filed return. If I have indicated within this return that a copy of the return is being file of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent	ed with a state agency(,
ature of officer or person subject to tax	Date _	05/12/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57175462291

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature PAMELA JUNE, CPA Date 05/12/23

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2022 c	alendar year, or	tax year b	eginning		, and ending									
B_	Check if a	applicable:	C Name of organizati	ion							D	Employer	identifica	ation number		
	Address c	change	NATIVE ISLAND BUSINESS & COMMUNITY													
司	Name cha	anne	Doing business as NIBCAA										57-1019358			
=		Ü	Number and street (or P.O. box if mail is not delivered to street address) Room/suite										number	7303		
	Initial retur Final return		PO BOX 2 City or town, state		+	942-2	<u> </u>	7303								
	terminated			•	•	•								404	- 001	
	Amended	return	HILTON H F Name and address			SC 2992	<u> </u>				G	Gross rece	eipts\$	486	5,021	
司	Application	n nonding			iicei.					H(a) Is this a	group r	eturn for si	ubordinates	s? Yes	X No	
	Application	i pending	ERIC TU	·	DGE 131					110-> 4 11			0	Yes	□ No	
					DGE LN.	44	00000			H(b) Are all				ш	L INO	
			HILTON			SC	29928	$\overline{}$		II IV	io, alla	ach a list.	see mstru	Cuons		
1		npt status:	X 501(c)(3)	501(c)	() (inse	ert no.)	4947(a)(1) or	527								
J	Website:	: V	WW.NIBCAZ			1			1	H(c) Group e						
		organization:		Trust	Association	Other			L Ye	ar of formation:	<u> 199</u>	94	M State	of legal domic	ile: SC	
P	art I		ımmary													
	1 1		escribe the organi		ssion or most	significant ac	tivities:									
පි		SEE	SCHEDULE O) 												
Jan																
Governance																
Ô	2 (Check th	is box if the o	organizatior	n discontinued	its operations	s or disposed of	more that	n 25%	of its net as	sets.		_			
⋖ŏ			of voting members									3	8			
ies	4 1	Number	of independent vo	ting memb	ers of the gove	erning body (I	Part VI, line 1b)					4	8			
Activities	5 7	Total nur	nber of individuals	employed	in calendar ye	ar 2022 (Par	t V, line 2a)					5	2			
Act	6 7	Total nur	nber of volunteers	s (estimate	if necessary)							6	18			
	7a ⊺	Total unr	elated business re	evenue fror	n Part VIII, col	umn (C), line	12					7a			0	
	l d	Net unre	ated business tax	able incom	e from Form 9	90-T, Part I,	line 11		<u> </u>			7b			0	
									<u> </u>	Prior \		01.4		Current Year		
ē	8 (Contribut	ions and grants (F	Part VIII, lir	ıe 1h)				-		_	014			<u>,193</u>	
Revenue			service revenue (-	46,775				62	<u>, 256</u>	
Ş	10 li	nvestme	nt income (Part V	III, column	(A), lines 3, 4,	and 7d)			-			31			35	
_	1		venue (Part VIII, c							-		000			<u>,881</u>	
			enue – add lines i					<u> </u>		2.	36,	820		461	<u>, 365</u>	
			nd similar amount												0	
			paid to or for men												0	
es	15 9	Salaries,	other compensati	ion, employ	ee benefits (P	art IX, colum	n (A), lines 5–10))	📙		94 <u>,</u>	239		75	<u>, 335</u>	
xpenses	16a F	Professio	other compensational fundraising feature	es (Part IX	, column (A), l	ine 11e)			📙						0	
ă	1							326								
Ш			penses (Part IX, c									838			<u>,681</u>	
	18 7	Total exp	enses. Add lines	13–17 (mu	st equal Part I	X, column (A), line 25)		📙			077			,016	
	19 F	Revenue	less expenses. S	Subtract line	18 from line	12						257			,349	
SOC		T-1-1	-1- (D-11 V P 4	0)						Beginning of (End of Year	,811	
Net Assets or Fund Balances	20 1		ets (Part X, line 1									980 518			<u>, 017</u>	
let A	21		ilities (Part X, line						⊢					120	011	
			ts or fund balance		line 21 from I	ine 20				-	LO,	462		139	,811	
	art II		gnature Blocl													
			perjury, I declare that omplete. Declaration			,	, , ,			,		of my kno	owledge	and belief,	it is	
		T	omplete. Declaration	- or properor	(outor thair office		Trail illionnation of	Willon pro	paror ric	- In any tenoviro	<u> </u>					
C:-		Signature	of officer									Date				
Siç	-	"					13VI	or to ta			\D	Date				
He	re	ERI					EXE	CUTIV	VE I	DIRECTO)K					
		 	print name and title			Drong-reads -1	oturo			D-1-		T_	<u> </u>	DTIN		
Pai	ч	1	e preparer's name			Preparer's sign				Date		Check	□"	PTIN		
	u parer		JUNE, CPA	ATTICE -		PAMELA JU	NE, CPA			08/1		self-emp		P0063670		
		Firm's na		NECPA	GET ====						Firm's	EIN	20	-4046	<u> </u>	
USE	Only				STREET		aa 2022	_					042	040	CEAA	
		Firm's ad			HEAD IS			0			Phone	e no.	843	-842-	$\overline{}$	
May	y the IR	RS discus	ss this return with	the prepare	er shown abov	e? See instru	uctions							X Yes	No	

273,188

Total program service expenses

Form 990 (2022) NATIVE ISLAND BUSINESS & COMMUNITY Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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? If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III X 8 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? If "Yes," complete Schedule D, Part IV X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ...

X

Form 990 (2022) NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Ves." complete Schedule I	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defeace any tax exempt hende?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	—		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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?			
	15 "Van " appropriate Schadule I Port I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Noo" complete Schodule I Dow IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Von." complete Schodule I. Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	—		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	concorpation, contributions? If "Voe." complete Schodule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	—		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
JZ	complete Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	204 7704 0 and 204 7704 20 K (Vac " annulate Cabadula D. Dart I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34	and November 1971 Annual Process	34		х
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
35a		33a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		330		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	30		x
D	19? Note: All Form 990 filers are required to complete Schedule O. art V Statements Regarding Other IRS Filings and Tax Compliance	38	<u> </u>	_^
F				
	Check if Schedule O contains a response or note to any line in this Part V		V	L L
4 -	Enter the number reported in how 2 of Form 1000 Fator 0 if and applicable		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	v	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	2									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		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? If "No" to line 3b, provide an explanation on Schedule	0		3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a											
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	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 A	ccour	its (FBAR).			x						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?											
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?											
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?											
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		<u> </u>						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		۱.,								
_				6b								
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	ooas		70								
L	If (0/co.) and the composition matify the deposit of the value of the mode on complete manifold (0)			7a 7b								
b				76								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		···	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file For		99 as required?	7g								
h												
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained											
	sponsoring organization have excess business holdings at any time during the year?	•		8								
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?											
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b								
10	Section 501(c)(7) organizations. Enter:											
а	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:											
а	······································	11a		_								
b	Gross income from other sources. (Do not net amounts due or paid to other sources											
4.0	against amounts due or received from them.)	11b	`	1								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a								
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
	le the executacion licensed to issue qualified health plane in more than one state?			13a								
а	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										
С	Enter the amount of reserves on hand	13c										
14a	Did the examination reading any payments for indeer tenning agricus during the tay year?			14a		х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner											
	excess parachute payment(s) during the year?			15		Х						
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie?	16		X						
	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	ties										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17								
	If "Yes," complete Form 6069.											

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

Sec	tion 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	8										
	here are material differences in voting rights among members of the governing body, or											
	the governing body delegated broad authority to an executive committee or similar											
	committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8									
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 file	d?		4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?											
6	Did the organization have members or stockholders?											
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											
а	The governing body?			8a	х							
b	Each committee with authority to act on behalf of the governing body?			8b	х							
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						
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal R	evenue C	ode.)								
	,				Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х						
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?											
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
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? <i>If "No," go to line 13</i>											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?											
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12b								
	describe on Schedule O how this was done			12c								
13	Did the ergonization have a written whictleblawer policy?			13		х						
14	Did the organization have a written document retention and destruction policy?			14		Х						
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?											
а	The organization's CEO, Executive Director, or top management official			15a		х						
b	Other officers or key employees of the ergenization			15b		X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement											
	with a tayable entity during the year?											
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a		X						
D	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?											
Sec	tion C. Disclosure			16b	<u> </u>	<u> </u>						
17 18												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section all that apply available for public inspection, Indicate how you made those available. Check all that apply	o c ulUII () (C)									
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)											
40												
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,											
20	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 rec	oras										
	RIC TURPIN 539 WILLIAM HILTON PARKWAY	26	0.41		- -	202						
H.	ILTON HEAD ISLAND SC 299	40	044	2-25	J-/	3 03						

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) (B) Name and title Average		(C) Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated amount
Name and the	hours			unless person is both an er and a director/trustee)				compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee		Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ROSELLE WILSON										
()	0.00									
CHAIRMAN	0.00			x				0	0	0
(2) ERIC TURPIN										
	0.00									
EXECUTIVE DIRECTOR	0.00	Х		х				0	0	0
(3) NELL BARNWELL-HZ	ΑY									
	0.00									
VICE CHAIRMAN	0.00			Х				0	0	0
(4) DAVID MURRAY										
	0.00									
DIRECTOR	0.00	X						0	0	0
(5) QUINCY JERMAINE	CAMPBEL	Ļ								
	0.00									
TREASURER	0.00			X				0	0	0
(6) JAMES ERIC BARN										
	0.00								_	
DIRECTOR	0.00	X						0	0	0
(7) JAYME LOPKO										
	0.00									
SECRETARY	0.00	<u> </u>		Х				0	0	0
(8) THOMAS CURTIS BA		ΙIJ	-							
	0.00	3,5							_	_
GULLAH CELEBRATION C	0.00	X						0	0	0
(9)										
(10)										
(11)										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) Name and title Average hours per week		bo off	x, unle icer a	Pos check ess pe	more rson i	than o s both or/truste	an Reportable		(E) Reportable compensation from related	(F) Estimated amou of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	org	from the ganization ga	ne n and	3
1b Subtotal	ets to Part VII, S	Secti	ion /	۹ 									
2 Total number of individuals (ir reportable compensation from	ncluding but not linct the organization	imite า	d to 0	thos	e list	ed a	bove	e) who received more than	\$100,000 of				
3 Did the organization list any for	ormer officer dir	ecto	r. tru	stee	kev	emi	olove	ee, or highest compensate	d	[Yes	No
employee on line 1a? If "Yes, 4 For any individual listed on lin organization and related orga	" complete Schede at the sum	<i>dule</i> of r	<i>J for</i>	<i>suc</i> table	h ind	dividi. npens	<i>ial</i> satio	on and other compensation	from the		3		X
individual5 Did any person listed on line	1a receive or acc	crue	com	 pens	ation	fror	 n ar	nv unrelated organization or	r individual		4		X
for services rendered to the c	rganization? If "\										5		X
Section B. Independent Contractor1 Complete this table for your fit		ensa	ated	inde	pend	ent c	contr	ractors that received more	than \$100,000 of				
compensation from the organi	zation. Report co (A) I business address	ompe	ensat	ion f	or th	e ca	lend		nin the organization's tax year. (B) tion of services	ear.		(C) npensation	
Name and	1 business address							Descript	tion of services		Cor	npensati	<u>on</u>
2 Total number of independent received more than \$100,000								se listed above) who	0				

Form 990 (2022) NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (D) Revenue excluded (B) Related or exempt Unrelated function revenue from tax under husiness revenue sections 512-514 Gifts, Grants nilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 296,413 **f** All other contributions, gifts, grants, 64,780 and similar amounts not included above 1f g Noncash contributions included in 1g lines 1a-1f 361,193 h Total. Add lines 1a-1f. Business Code 62,106 62,106 GULLAH CELEBRATION Program Service Revenue 150 150 MISC EVENTS f All other program service revenue 62,256 g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 35 35 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory **b** Less: cost or other Other Revenue basis and sales exps. 7с c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 25,186 **b** Less: direct expenses 24,656 530 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 286 10a **b** Less: cost of goods sold 10b 286 286 c Net income or (loss) from sales of inventory Business Code 37,065 37,065 11a PAYROLL LIABILITY WRITE-OFF

37,065

62,542

461,365

0

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions ...

Form 990 (2022) NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358

Page **10**

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons			iete column (A).	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Pb, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
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,				
3	trustees, and key employees				
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	67,472	33,736	33,736	
8	Pension plan accruals and contributions (include		20,.00		
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	551		551	
10	Payroll taxes	7,312	3,656	3,656	
11	Fees for services (nonemployees):		•	•	
а	Management				
b		974		974	
С	•	9,620		9,620	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
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	123,514	123,514		
13	Office expenses	3,419		3,419	
14	Information technology				
15	Royalties				
16	Occupancy	5,241		5,241	
17	Travel	250	250		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	206	006		
19	Conferences, conventions, and meetings	206	206		
20	Interest				
21	Payments to affiliates	2 767		2 767	
22	Depreciation, depletion, and amortization	3,767 3,029	3,029	3,767	
23	Insurance Other avances themics avances not sovered	3,029	3,023		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CITTAIL COLUDDATION DVD	69,316	69,316		
a b	HOUSING ASSISTANCE	21,697	21,697		
C	ART MANAGER	12,250	12,250		
d	CONTRACT LAROR	5,400	5,400		
	All other expenses	5,998	134	5,538	326
25	Total functional expenses. Add lines 1 through 24e	340,016	273,188	66,502	326
26	Joint costs. Complete this line only if the	3-0,0-0		,	520
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing				36,077	1	106,928
2						2	
3						3	
4						4	
5	Loans and other receivables from any current or fo						
	trustee, key employee, creator or founder, substant						
	controlled entity or family member of any of these p					5	
6							
	under section 4958(f)(1)), and persons described in					6	
7 8						7	
8						8	
9						9	
10	a Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10	a	38,055			
k	b Less: accumulated depreciation	10	b	5,172	32,903	10c	32,883
11			•			11	
12						12	
13		1				13	
14						14	
15						15	
16		ine 33)			68,980	16	139,811
17			-	17	-		
18	Grants payable					18	
19						19	
20						20	
21		t IV of Scl	nedule D			21	
22							
22	trustee, key employee, creator or founder, substant						
	controlled entity or family member of any of these p					22	
23		d third par	ties			23	
24		nird parties	3			24	
25							
	parties, and other liabilities not included on lines 17						
	of Schedule D	,			50,518	25	
26	Total liabilities. Add lines 17 through 25				50,518	26	0
	Organizations that follow FASB ASC 958, check		X		-		
	and complete lines 27, 28, 32, and 33.	L					
27 28					18,462	27	139,811
28						28	
	Organizations that do not follow FASB ASC 958	3, check h	ere				
	and complete lines 29 through 33.						
	Conital stack on twist principal on accomment friends					29	
30	the state of the s					30	
31						31	
29 30 31 32					18,462	32	139,811
33	Total liabilities and net assets/fund balances			·····	68,980	33	139,811

Form **990** (2022)

_	art XI Reconciliation of Net Assets				· uş	gc 1 <u>2</u>
	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		46	51,3	365
2	Total expenses (must equal Part IX, column (A), line 25)	2		34	10,0	016
3	Revenue less expenses. Subtract line 2 from line 1	3		12	21,3	349
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	L8,4	462
5	Net unrealized gains (losses) on investments	5				
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		13	39,8	<u> 311</u>
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u>.</u>	Ш_
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual 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?			2a		_X_
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		_X_
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					l
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		——
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Name of the organization

NATIVE ISLAND BUSINESS & COMMUNITY

Employer identification number 57-1019358

Pa	art I	Reas	on for Public Charity	Status. (All organizations	must c	omplete	e this part.) See instruction	ons.
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, o	check only	one box	.)	
1		A church, coi	nvention of churches, or ass	ociation of churches described i	in sectio i	170(b)(1)(A)(i).	
2	П	A school des	ol described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)					
3	П		espital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4	П			d in conjunction with a hospital of				ospital's name,
	_	city, and state	-	,			· / / / /	,
5		•		of a college or university owned	or operat	ed by a c	overnmental unit described in	
•	ш		(b)(1)(A)(iv). (Complete Part		o. opo.a.	ou 5, u g		
6				jovernmental unit described in s	ection 1	70(b)(1)(A	.)(v).	
7	X		•	substantial part of its support fro				<u>.</u>
-	ш		section 170(b)(1)(A)(vi). (C		9		2 2 p g p	
8				170(b)(1)(A)(vi). (Complete Part	II.)			
9	П			cribed in section 170(b)(1)(A)(i		ed in con	iunction with a land-grant collec	ae
	Ш	-	•	of agriculture (see instructions).			•	<i>y</i> -
		university:		· · · · · · · · · · · · · · · · · · ·				
10		An organizati	on that normally receives (1)) more than 33 1/3% of its supp	ort from	contributio	ons, membership fees, and gro	SS
	_	receipts from	activities related to its exem	npt functions, subject to certain e	exceptions	s; and (2)	no more than 331/3% of its	
			•	nd unrelated business taxable in	,		,	
			•	0, 1975. See section 509(a)(2).			•	
11	Н	ŭ	•	exclusively to test for public safe	•		` ' '	
12	Ш	•	•	exclusively for the benefit of, to proceed the section of the sect				
				ions described in section 509(a scribes the type of supporting or				Crieck
	а		ŭ	erated, supervised, or controlled	ŭ			na
	а			ver to regularly appoint or elect a	-			19
			• ,, ,	omplete Part IV, Sections A a		00		
	b	_ ``	• •	pervised or controlled in connect		its suppo	rted organization(s), by having	
				ting organization vested in the s				ed
		organizati	ion(s). You must complete	Part IV, Sections A and C.				
	С			supporting organization operated				ith,
			• , , ,	structions). You must complete				
	d			A supporting organization ope				
				e organization generally must sa nust complete Part IV, Section				ess
	_	_ `						
	е			eived a written determination fro n-functionally integrated support			ва турет, турет, туретт	
	f		mber of supported organizati		0.94.			
	g			ne supported organization(s).				
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	org	anization	,,	(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
					-			
(B)								
					-			
(C)								
(F)								
(D)								
/ =`								
(E)								
Tota								
LOTA							į į	İ

Schedule A (Form 990) 2022

Page 2 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.)

Sec	tion A. Public Support	, , ,		,		,	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	124,264	176,885	195,617	190,014	361,193	1,047,973
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	124,264	176,885	195,617	190,014	361,193	1,047,973
6	Public support. Subtract line 5 from line 4						1,047,973
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	124,264	176,885	195,617	190,014	361,193	1,047,973
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	52	37	32	31	35	187
9	Net income from unrelated business activities, whether or not the business is regularly carried on					36,065	36,065
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,084,225
12	Gross receipts from related activities, etc.	(see instructions)				12	648,144
13	First 5 years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2022 (line 6			n (f))			96.66%
15	Public support percentage from 2021 Sche						99.98%
16a	33 1/3% support test—2022. If the organ				33 1/3% or more, o	check this	
	box and stop here. The organization qual						X
b	33 1/3% support test—2021. If the organ				5 is 33 1/3% or m	ore, check	
	this box and stop here. The organization						<u>L</u>
17a	10%-facts-and-circumstances test—202	_					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa		_				
h	organization 10%-facts-and-circumstances test—202						· · · · · · · · · · · · L
b		=					
	15 is 10% or more, and if the organization in Part VI how the organization meets the				-		
	· · · · ·					•	
18	organization Private foundation. If the organization did	not check a hovid	n line 13 162 16	h 17a or 17h cha	eck this how and se		
10	instructions						[

Schedule A (Form 990) 2022

Page 3

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.)

Sec	tion A. Public Support			· •	•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	, ,	, ,	`,	, ,	, ,	.,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						_
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the o	rganization's first,	second, third, fourt	n, or fifth tax year	as a section 501(d	c)(3)	
	organization, check this box and stop her	e		•	,	····	
Sec	tion C. Computation of Public Se						
15	Public support percentage for 2022 (line 8						%
16_	Public support percentage from 2021 School					16	%
	ction D. Computation of Investme			2			01
17 40	Investment income percentage for 2022 (I		II lina 17			40	<u>%</u>
18 19a	Investment income percentage from 2021 3 33 1/3% support tests—2022. If the organization of the support tests—2022 is the support						%_
134	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests—2021. If the orga		=				
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization did		_			=	

Part IV **Supporting Organizations**

(Complete only if you checked a box on 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

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
Sche	dule A	(Form 9	90) 2022

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	on type is capperanty organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
		\Box	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have	2		
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	_		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	<i>ictions</i>).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizat	ions	1 age 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			See
instructions. All other Type III non-functionally integrated supporting organization	· ·	` '	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		, , ,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated or 7 Check here if the current year is the organization's first as a non-functionally integrated or 7 Check here if the current year is the organization's first as a non-functionally integrated or 7 Check here if the current year is the organization's first as a non-functionally integrated or 7 Check here if the current year is the organization's first as a non-functionally integrated or 7 Check here if the current year is the organization or 7 Check here if the current year is the organization or 7 Check here if the current year is the organization or 7 Check here if the current year is the organization or 7 Check here if the current year is the organization or 7 Check here if the current year is the organization or 7 Check here if the current year is the organization of 1 Check here if the current year is the organization of 1 Check here if the current year is the organization of 1 Check here if the current year is the organization of 1 Check here is the current year.	grated Type III	supporting organization	

Schedule A (Form 990) 2022

(see instructions).

57-1019358 NATIVE ISLAND BUSINESS & COMMUNITY Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedu	e A (Form 990) 2022 NATIVE ISLAND BUT V Type III Non-Functionally Integrated 509(a)(3)			<u> 19.</u>	358 Page 7			
		, capporting organiza	aiorio (continuou)		Current Year			
Secti	Section D – Distributions							
1_	Amounts paid to supported organizations to accomplish exempt purp	ooses		1				
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purposes of sup	oported organizations		3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required—provide d	letails in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the organ	ization is responsive		8				
-	(provide details in Part VI). See instructions.							
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Secti	on E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	6	Distributable			
			Pre-2022		Amount for 2022			
	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2022							
-	From 2017							
	From 2018							
	From 2019							
	From 2020							
	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from							
	Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
<u>е</u>	Excess from 2022				Schedule A (Form 990) 2022			

Schedule A (Form 990) 2022

Schedule A (For		NATIVE ISLAND				Page 8
Part VI	III, line 12; Part IV, S B, lines 1 and 2; Par 3a, and 3b; Part V, li	Section A, lines 1, 2, 3bt IV, Section C, line 1;	o, 3c, 4b, 4c, 5a, 6, Part IV, Section D, B, line 1e; Part V, Se	9a, 9b, 9c, 11a, 11b lines 2 and 3; Part I ection D, lines 5, 6, a	Part II, line 17a or 17b; , and 11c; Part IV, Sec V, Section E, lines 1c, 2 and 8; and Part V, Sect actions.)	tion 2a, 2b,
	, , , , , , , , , , , , , , , , , , , ,		,,	(2000	, , , , , , , , , , , , , , , , , , ,	
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•						

DAA Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Employer identification number

NATIVE ISLAND	BUSINESS & COMMUNITY	57-1019358					
Organization type (check one	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	overed by the General Rule or a Special Rule . I, (8), or (10) organization can check boxes for both the General Rule and a Special Rule	3. See					
General Rule							
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determine tributions.						
Special Rules							
regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13 from any one contributor, during the year, total contributions of the greater of (1) \$5,000 on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	s, 16a, or					
contributor, during the literary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an year, total contributions of more than \$1,000 exclusively for religious, charitable, scientic purposes, or for the prevention of cruelty to children or animals. Complete Parts I (enterstead of the contributor name and address), II, and III.	ific,					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$							

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

NATIVE ISLAND BUSINESS & COMMUNITY

Employer identification number 57-1019358

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD SC 29928	\$ 214,385	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BEAUFORT COUNTY PO DRAWER 1228 BLUFFTON SC 29910	\$ 68,575	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4 GAYLORD & DOROTHY DONNELLEY FOUNDATI 1640 MEETING STREET ROAD SUITE 303 CHARLESTON SC 29405	Total contributions \$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
4	COMMUNITY FOUNDATION OF THE LOWCOUNT 4 NORTHRIDGE DRIVE SUITE A HILTON HEAD ISLAND SC 29926	Total contributions \$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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 Open to Public

Inspection

Employer identification number

Name	of the organ	ization		Employer identification number
N	ATIVE	ISLAND BUSINESS & COMMUNITY		57-1019358
	irt I	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or A	
			(a) Donor advised funds	(b) Funds and other accounts
1		mber at end of year		
2		e value of contributions to (during year)		
3	Aggregat	e value of grants from (during year)		
4	Aggregat	e value at end of year		
5		organization inform all donors and donor advisors in writing that		
	funds are	e the organization's property, subject to the organization's excl	lusive legal control?	Yes No
6	Did the o	organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	•	charitable purposes and not for the benefit of the donor or donor		
_		g impermissible private benefit?		Yes No
Pa	rt II	Conservation Easements. Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Prese	ervation of land for public use (for example, recreation or educ	cation) Preservation of a historically	important land area
	Prote	ection of natural habitat	Preservation of a certified his	storic structure
	Prese	ervation of open space		
2		e lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation
		t on the last day of the tax year.		Held at the End of the Tax Yea
а	Total nur	mber of conservation easements		2a
b	Total acr	eage restricted by conservation easements		2b
С		of conservation easements on a certified historic structure incl		2c
d		of conservation easements included in (c) acquired after July 2	25, 2006, and not on a	
				2d
3		of conservation easements modified, transferred, released, ext	tinguished, or terminated by the organiza	tion during the
	tax year	of states when a second sold to the second to the second to the	la carta d	
4		of states where property subject to conservation easement is	***************************************	
5		e organization have a written policy regarding the periodic mon		☐ Yes ☐ No
6		s, and enforcement of the conservation easements it holds? I volunteer hours devoted to monitoring, inspecting, handling of		
Ü			in violations, and emoloting conservation e	easements during the year
7	Amount of	of expenses incurred in monitoring, inspecting, handling of viol	lations, and enforcing conservation easen	ments during the year
۰	Door on		the requirements of section 170/b\/4\/P\/i	i)
0		ch conservation easement reported on line 2(d) above satisfy		
9	In Part X	ion 170(h)(4)(B)(ii)?	ents in its revenue and expense statemer	nt and
J		sheet, and include, if applicable, the text of the footnote to the	•	
		ion's accounting for conservation easements.		
Pa	rt III	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		Similar Assets.
12	If the org	panization elected, as permitted under FASB ASC 958, not to r		ce sheet works
·u	-	storical treasures, or other similar assets held for public exhibit	•	
		provide in Part XIII the text of the footnote to its financial state		,
b		panization elected, as permitted under FASB ASC 958, to repo		heet works of
	_	rical treasures, or other similar assets held for public exhibition		
		he following amounts relating to these items:		
	•	enue included on Form 990, Part VIII, line 1		\$
	(ii) Asse	ts included in Form 990, Part X		\$
2	If the org	panization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	ovide the
	-	amounts required to be reported under FASB ASC 958 relatir		
а	_	included on Form 990, Part VIII, line 1	~	\$
b		cluded in Form 990, Part X		

	art III Organizations Maintaining			al Treasures, o	or Other Si	nilar A	ssets	(contin		age <u>=</u>			
3	Using the organization's acquisition, accessi collection items (check all that apply):	•											
а	Public exhibition	d 🗍 I	Loan or exchang	je program									
b	Scholarly research	е 🗌 (Other										
С	Preservation for future generations	_											
4	Provide a description of the organization's c	ollections and explain	how they furthe	r the organization's	exempt purpo	se in Par	t						
	XIII.												
5	During the year, did the organization solicit	or receive donations of	of art, historical t	reasures, or other	similar				_	,			
	assets to be sold to raise funds rather than		part of the organ	ization's collection?				Ye	s	No			
Pa	Complete if the organization 990, Part X, line 21.	•	on Form 990), Part IV, line 9), or reported	d an am	nount o	n Form	1				
1a	Is the organization an agent, trustee, custoo	lian or other intermedi	iary for contributi	ions or other asset	s not								
	included on Form 990, Part X?							Ye	s _	No			
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:												
								Amount					
С	9 9					1c							
d	Additions during the year					1d							
е	Distributions during the year												
f	Ending balance					1f							
	Did the organization include an amount on F							Ye	· -	No			
	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	cplanation has be	een provided on Pa	art XIII								
Pa	ert V Endowment Funds.	a anawarad "Vaa"	on Form 000	Dort IV line 1	0								
	Complete if the organization					These was	a haali	(a) Fau		h a alı			
4.	<u> </u>	(a) Current year	(b) Prior year	(c) Two yea	irs back (d)	Three year	s back	(e) Fou	years	оаск			
	Beginning of year balance												
	Contributions												
С	Net investment earnings, gains, and												
	losses												
	Grants or scholarships												
е	Other expenditures for facilities and												
	programs												
f													
g	End of year balance												
2	Provide the estimated percentage of the cur		e (line 1g, colum	n (a)) held as:									
	Board designated or quasi-endowment	%											
	Permanent endowment %												
С													
_	The percentages on lines 2a, 2b, and 2c sh	'											
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held	d and administered	for the			ſ					
	organization by:								Yes	No			
	(i) Unrelated organizations							3a(i)					
	(ii) Related organizations							3a(ii)					
b	If "Yes" on line 3a(ii), are the related organization			R?				_3b					
4	Describe in Part XIII the intended uses of the		wment funds.										
Pa	art VI Land, Buildings, and Equ		F 000	. D. (IV P 4	4- 0 5	000	D V	P 4	^				
	Complete if the organization						Part X						
	Description of property	(a) Cost or other b	asis (b) C	cost or other basis	(c) Accumu depreciat			(d) Book	value				
	Land	(investment)		(other)	uepreciat	OI I			2 4	002			
1a	Land			32,883					2,0	883			
b	Buildings												
	Leasehold improvements												
	Equipment			E 100		E 10	_						
	Other		V solver (D)	5,172		5,17	4		22 (002			
ıotal	I. Add lines 1a through 1e. (Column (d) must	equal FORTH 990, Part	∧, column (B), l	III C IUC.)			1) , 2	883			

Schedule D (Form 990) 203	2 NATIVE	ISLAND	BUSINESS	&	COMMUNITY	57-	-1019358
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Complete if the organization answered "Yes" on Form 990, Part IV, line 110. See Form 990, Part X, line 12.	Part VII	Investments – Other		Form 990 Part IV lir	ne 11h See Form 990 F	Part X line 12
(2) Cosely held equilty interests (3) Other (A) (B) (C) (C) (D) (E) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						
(2) Closely held equity interests		,, ,	* *	(b) Book Value	` '	
(2) Closely held equity interests	(1) Financial	derivatives				
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B						
(A) (B) (C)	(2) Other					
(G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(Λ)					
(C)						
(E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						
(if) (if) (if) (if) (if) (if) (if) (if)						
(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. (b) Dook value (c) Metros of vasuation: (c) Metros of vasuation: (c) Metros of vasuation: (c) Metros of vasuation: (d) Dook value (d) Dook value (e) Metros of vasuation: (d) Dook value (e) Metros of vasuation: (e) Dook value (e)	(E)					
Cotal. (Cotumn (b) must equal Form 990, Part X, cot. (B) line 12.)	(F)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part Vill Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Dock value (c) Medical of valuation: Cost or end-object market value (c) (d) Book value (c) Medical of valuation: Cost or end-object market value (d) Book value (c) Medical of valuation: Cost or end-object market value (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(G)					
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. (b) Description of investment (b) Book value (c) Method of valuation: (c) Method of valuation: (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(H)					
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) Identify of valualization and of viger market value (c)		. , , , , , , , , , , , , , , , , , , ,	. , , , , , , , , , , , , , , , , , , ,			
(b) Book value (c) Method of valuation: Cost or end of year market value (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VIII					
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Pa	art XI Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue 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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b		2b		
С		2c		
d		2d		
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	art XII Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses 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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b				
С	<u> </u>	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
С	And Property Annual Ale		4c	
с 5				
5	Add lines 4a and 4b			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.	3.) ; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) ; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) ; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
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5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	3.) ; Part IV, lines 1b and 2b; Pa provide any additional inform	rt V, line 4; Part X, line ation.	
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Provide State of the state of t	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1a art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	B.) Part IV, lines 1b and 2b; Pa provide any additional inform	rt V, line 4; Part X, line ation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1a art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Rart IV, lines 1b and 2b; Paprovide any additional inform	rt V, line 4; Part X, line ation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Rart IV, lines 1b and 2b; Paprovide any additional inform	rt V, line 4; Part X, line ation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Pa provide any additional inform	rt V, line 4; Part X, line ation.	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Pa provide any additional inform	rt V, line 4; Part X, line ation.	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Pa provide any additional inform	rt V, line 4; Part X, line ation.	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1a art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Pa provide any additional inform	rt V, line 4; Part X, line ation.	
5 Pa Provide 1 P	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1a art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Rart IV, lines 1b and 2b; Pa provide any additional inform	rt V, line 4; Part X, line ation.	
5 Pa Provide 1 P	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Rart IV, lines 1b and 2b; Pa provide any additional inform	rt V, line 4; Part X, line ation.	
5 Pa Provide 1 P	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Pa provide any additional inform	rt V, line 4; Part X, line ation.	
5 Pa Provide 1 P	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Pa provide any additional inform	rt V, line 4; Part X, line ation.	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Pa provide any additional inform	rt V, line 4; Part X, line ation.	

Schedule D (Fo	orm 990) 2022	NATIVE	ISLAND	BUSINESS	&	COMMUNITY	57-1019358	Page 5
Part XIII	Supplementa	al Informat	tion (contin	ued)			57-1019358	
1 0.1 0 7 1.11			(007.1	<u> </u>				
• • • • • • • • • • • • • • • • • • • •								

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.

Open to Public

Inspection

NATIVE ISLAND BUSI	NESS & CO	тммс	יותנ	TY	57-10193	
Part I Fundraising Activities. Complete if						
Form 990-EZ filers are not required to						
1 Indicate whether the organization raised funds through a	ny of the following	g activ	ities.	Check all that apply.		
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	F Solicitation	of go	vernm	nent grants		
c Phone solicitations	g Special fur	_		-		
d In-person solicitations	g opecial lar	iaiaioi	ng ov	onto		
	ith any individual	/in alu	ام ما	fficere directore tructore		
 Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity b If "Yes," list the 10 highest paid individuals or entities (fu 	in connection with	profe	ssion	al fundraising services?		Yes No
compensated at least \$5,000 by the organization.	nuraisers) pursuai			nents under which the lu	nuraiser is to be	
			id fund- have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo	ody or rol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
			utions?		col. (i)	o.ga.n.zation
		Yes	No			
1						
2						
-						
3						
4						
5						
6						
		-				
7						
8						
•						
9						
10						
Fotal	I					
3 List all states in which the organization is registered or li	censed to solicit o	ontrih	utions	or has been notified it is	s exempt from	<u> </u>
registration or licensing.	22.1004 10 0011011 0	511010		S. Has soon notined it is	. c.tompt nom	

Schedule G (Form 990) 2022 NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 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 REFRESHMENT NONE (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 25,186 25,186 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 25,186 25,186 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 24,656 24,656 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Yes **b** If "Yes," explain:

Sche	edule G (Form 990) 2022	NATIVE	ISLAND	BUSINESS	& COMMUNITY	57 - 1019358			Pa	age 3
11	Does the organization condu								Yes [No
12	Is the organization a grantor,							_	_	_
	formed to administer charital	ble gaming?.							Yes	No
13	Indicate the percentage of g									
а	The organization's facility						13a			<u>%</u>
. b	An outside facility						13b			<u>%</u>
14	Enter the name and address records:	s of the persor	n who prepare	s the organization's	gaming/special events be	ooks and				
	Name									
	Address									
15a	Does the organization have revenue?			_	anization receives gamino				Yes [] No
b	If "Yes," enter the amount of	gaming rever	nue received b	y the organization	\$	and the				
	amount of gaming revenue r	etained by the	third party	\$						
С	If "Yes," enter name and add	dress of the th	ird party:							
	Name									
	Address									
16	Gaming manager information	n:								
	Name									
	Gaming manager compensa	ation \$								
	Description of services provi	ded								
	Director/officer	Employ	/ee	Independent	contractor					
17	Mandatory distributions:									
а	•	under state la	w to make cha	aritable distributions	from the gaming proceed	ds to				
									Yes	No
b	Enter the amount of distribut	ions required	under state la	w to be distributed	to other exempt organizat	tions or				_
Pa	Part III, lines 9	, 9b, 10b, 1		•		, ,			d	
	222									
• • • •										
	Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer									

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

57-1019358 ISLAND BUSINESS & COMMUNITY DOING BUSINESS AS ADDITIONAL NAMES **NIBCAA** FORM 990 - ORGANIZATION'S MISSION MISSION IS TO IMPROVE THE ECONCOMIC, SOCIAL AND LIVING CONDITIONS OF LOW-INCOME RESIDENTS OF HILTON HEAD ISLAND AND NEIGHBORING COMMUNITIES AND TO RAISE AWARENESS OF HILTON HEAD'S INDIGENOUS AFRICAN AMERICAN COMMUNITY'S ARTS, CRAFTS, AND FOOD CULTURE. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No 179

Name(s) shown on return

Identifying number

	NATIVE	ISLAND BUS	SINESS & C	OMMUNITY			57-	101	9358
Busin	ess or activity to which this form relates								
<u>I</u>	NDIRECT DEPRECIAT								
Pa	ert I Election To Expen	-	-			_	_		
	Note: If you have a		/, complete Part	V before you	comple	te Part	l.	1	1 000 000
1	Maximum amount (see instruction							1	1,080,000
2	Total cost of section 179 property							3	3,747
3	Threshold cost of section 179 prop	perty before reduction	n in limitation (see i	nstructions)				4	2,700,000 0
4	Reduction in limitation. Subtract lin Dollar limitation for tax year. Subtract lin	e 3 from line 2. If zero	ro or less, enter -u-	riod filing congratoly	coo inct	uctions		5	1,080,000
<u>5</u> 6	(a) Description		or less, enter -u Il mai	(b) Cost (business us			Elected cost	_ 5	1,000,000
	COMPUTERS	or property			747	(0) 1		747	
	COMPOSITION			<i>J</i>	, , _ ,			<u>, , , , , , , , , , , , , , , , , , , </u>	
7	Listed property. Enter the amount	from line 29			7				
8	Total elected cost of section 179 p	property. Add amount	s in column (c). line	s 6 and 7				8	3,747
9	Tentative deduction. Enter the sm	aller of line 5 or line	8					9	3,747
10	Carryover of disallowed deduction	from line 13 of your	2021 Form 4562					10	
11	Business income limitation. Enter t	the smaller of busine	ss income (not less	than zero) or line	5. See	instruction	าร	11	0
12	Section 179 expense deduction. A	dd lines 9 and 10, bu	ut don't enter more t	han line 11				12	0
13	Carryover of disallowed deduction						3,	747	
Note	: Don't use Part II or Part III below								
Pa	rt II Special Depreciation					de listed	propert	y. Se	e instructions.)
14	Special depreciation allowance for								
	during the tax year. See instruction	ns						14	
15	Property subject to section 168(f)(1) election						15	
16 Da	Other depreciation (including ACR							16	
Pa	rt III MACRS Depreciati	ion (Don't includ	e iistea property Sectio		ions.)				
17	MACRS deductions for assets place	and in convice in tax y						17	20
18	If you are electing to group any assets placed							17	20
10		ssets Placed in Ser					ciation S	vstem	
		(b) Month and year	(c) Basis for deprecia	ation (d) Recovery					
	(a) Classification of property	placed in service	(business/investment only-see instruction	use	(e) C	onvention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property		•						
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
	20-year property								
	25-year property			25 yrs.	1		S/L		
h	Residential rental			27.5 yrs.	+	MM	S/L		
	property			27.5 yrs.	+	MM	S/L		
i	Nonresidential real			39 yrs.		MM	S/L		
	property Section C. Acc	 sets Placed in Servi	ing During 2022 To	v Voor Hoine the		MM	S/L	Cyctor	
	Class life	Sets Flaced III Servi	During 2022 Ta	Teal Using the	Altern	ative Dep	S/L	Syster	П
	12-year			12 yrs.	-		S/L		
	30-year			30 yrs.		MM	S/L		
	40-year			40 yrs.		MM	S/L		
	rt IV Summary (See ins	tructions.)		1 10 310.			<u> </u>		
21	Listed property. Enter amount from							21	
22	Total. Add amounts from line 12, I		ines 19 and 20 in co	olumn (g), and line	e 21. En	ter			
	here and on the appropriate lines	of your return. Partne	erships and S corpo	rations—see instr				22	20
23	For assets shown above and place portion of the basis attributable to								
	שייויטון טו וויכ טמטוט מווווטעומטול נט	JUDION ZUUM LUSIS .	<u> </u>		1				

NATIVEISLAN Native Island Business & Community

57-1019358

Federal Asset Report Form 990, Page 1 08/14/2023

FYE: 12/31/2022

Asset Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr PerConv Meth	Prior Current
Section 179 Expense: 3 Computers	3/18/22 _	3,747 3,747	X X _	N/A 5 HY 200DB N/A	0 3,747 0 3,747
5-year GDS Property: 3 Computers	3/18/22 _	N/A* 0	X X .	0 5 HY 200DB	00
Prior MACRS: 1 GATEWAY COMPUTER 2 Asset	4/17/12 6/15/17	725 700 1,425	X X	362 5 HY 200DB 350 5 HY 200DB 712	725 0 680 20 1,405 20
Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense Net Grand Totals	ers 	5,172 0 0 5,172		712 0 0 712	$ \begin{array}{ccc} 1,405 & 3,767 \\ 0 & 0 \\ 0 & 0 \end{array} $ $ \begin{array}{ccc} 1,405 & 3,767 \\ 3,767 & 3,767 \end{array} $

^{*}Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

NATIVEISLAN Native Island Business & Community
57-1019358 SC Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
Section 179 Expense: 3 Computers	3/18/22 _	3,747 3,747	N/A N/A	0 0	3,747 3,747	3,747 3,747	0
5-year GDS Property: 3 Computers	3/18/22 _	N/A* 0	0 0	0	0 0	0	0 0
Prior MACRS: 1 GATEWAY COMPUTER 2 Asset	4/17/12 6/15/17 _	725 700 1,425	725 700 1,425	725 660 1,385	0 40 40	0 20 20	0 -20 -20
Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	- -	5,172 0 0 5,172	1,425 0 0 1,425	1,385 0 0 1,385	3,787 0 0 3,787	3,767 0 0 3,767	-20 0 0 -20

^{*}Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

NATIVEISLAN Native Island Business & Community
57-1019358 AMT Asset Report Form 990, Page 1

08/14/2023

FYE: 12/31/2022

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179 Bon	Basis us <u>for Depr</u>	PerConv Meth	<u>Prior</u>	Current
Section 179 Exp 3 Computer		3/18/22 _	3,747 3,747	X X	N/A N/A	5 HY 200DB	0	3,747 3,747
5-year GDS Pro 3 Computer		3/18/22 _	N/A* 0	X X	(5 HY 200DB	0	0
Prior MACRS: 1 GATEWA 2 Asset	AY COMPUTER	4/17/12 6/15/17 _	725 700 1,425	X X	362 350 712	5 HY 200DB	725 680 1,405	0 20 20
	Grand Totals Less: Dispositions and Transf Net Grand Totals	ers	5,172 0 5,172		712 (712	<u>)</u>	1,405 0 1,405	3,767 0 3,767

^{*}Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

NATIVEISLAN Native Island Business & Community
57-1019358 Bonus Depreciation Report

Form 990, Page 1 FYE: 12/31/2022

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
	GATEWAY COMPUTER Asset	4/17/12 6/15/17	725 700		0	0	363 350	362 350
	Computers	3/18/22	3,747		3,747	0	0	0
		Grand Total	5,172		3,747	0	713	712

FYE: 12/31/2022

All Business Activities

Form MACR	<u>Unit</u> S Adji	Asset ustments:	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1 Page 1 Page 1	1 1 1	1 2 3	GATEWAY COMPUTER Asset Computers	0 20 3,747 3,767	0 20 3,747 3,767	0 0 0 0

NATIVEISLAN Native Island Business & Community
57-1019358 Future Depreciation Report FYE: 12/31/23

Form 990, Page 1 FYE: 12/31/2022

Asset	Description	Date In Service	Cost	Tax	AMT
Prior N	MACRS:				
1 2 3	GATEWAY COMPUTER Asset Computers	4/17/12 6/15/17 3/18/22	725 700 3,747 5,172	0 0 0 0	0 0 0 0
	Grand Totals		5,172	0	0

08/14/2023

NATIVEISLAN 57-1019358

Native Island Business & Community

SC Future Depreciation Report FYE: 12/31/23

Form 990, Page 1 FYE: 12/31/2022

<u>Asset</u>	Description	Date In Service	Cost	SC	
Prior N	IACRS:				
1 2 3	GATEWAY COMPUTER Asset Computers	4/17/12 6/15/17 3/18/22	725 700 3,747 5,172	0 0 0	
	Grand Totals	=	5,172	0	

Form **990**

Name

Event Income and Deduction Worksheet

Description MERCHANDISE SALES

Descri

NATIVE ISLAND BUSINESS & COMMUNITY

2022

Taxpayer Identification Number 57-1019358

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	286	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	286	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
•		Total Depresiation Expense
Beginning inventory		Expense Details - Exempt Activity Expense:
Purchases		Repairs and Maintenance
Labor Section 2634 costs		Rad debts
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
Evnance Details Employment Evnance		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		Eymanaa Dataila Eymanaa
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
Farmer Datella Francisco		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, Schedul	e A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #		First
Part V, Debt Financing	_	Second
Part VI, Controlled Org Income		Thind
Part VII, Investments for C(7)(9)(17)		All athers
Part VIII, Exploited Activities		All other
Part IX, Advertising Income		
☐ Tait iA, Advertising income		

Form **990**

Name

Event Income and Deduction Worksheet

Description REFRESHMENT BOOTH

NATIVE ISLAND BUSINESS & COMMUNITY

2022

Taxpayer Identification Number 57-1019358

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	25,186	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
10. Net income/Loss. Line / minus Line 15 io.		On non-investment property
		Amortization
Expanse Details Cost of Goods Solds		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory	24,656	France Datable Francet Activity Frances
Purchases		Expense Details - Exempt Activity Expense:
Labor	-	Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory	24 656	Charitable contributions
Total Cost of Goods Sold	24,656	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits	:	Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services	· · · · · · · · · · · · · · · · · · · 	
Information is indicated for use on Form 9	90-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code	•	First
Part V, Debt Financing	1	
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9)(17)		Third
Part VIII, Exploited Activities		All other
Part IX Advertising Income		

Form **990**

33. Number of volunteers

Two Year Comparison Report

For calendar year 2022, or tax year beginning

ending

18

2021 & 2022

Name

Taxpayer Identification Number

ivai	ne					er identification Number
1	IA.	rive island business & community	Y	Г		.019358
				2021	2022	Differences
	1.	Contributions, gifts, grants	1.	36,177	64,780	28,603
	2.	Membership dues and assessments	. 2.	150 005	205 452	140 556
Ф	3.	Government contributions and grants	3.	153,837		
3	4.	Program service revenue	4.	46,775		
e n	5.	Investment income	5.	31	35	4
>	6.	Proceeds from tax exempt bonds	6.			
~		Net gain or (loss) from sale of assets other than inventory				
		Net income or (loss) from fundraising events	8.		530	530
		Net income or (loss) from gaming	9.			
	10.	Net gain or (loss) on sales of inventory	10.		286	
	11.	Other revenue	11.		37,065	37,065
	12.	Total revenue. Add lines 1 through 11	12.	236,820	461,365	224,545
	13.	Grants and similar amounts paid	13.			
	14.	Benefits paid to or for members	14.			
S	15.	Compensation of officers, directors, trustees, etc.	15.			
S		Salaries, other compensation, and employee benefits	16.	94,239	75,335	-18,904
e n	17.	Professional fundraising fees	17.			
σ		Other professional fees	18.	7,845	10,594	2,749
ш	19.	Occupancy, rent, utilities, and maintenance	19.	4,835	5,241	406
		Depreciation and Depletion	20.	40	3,767	3,727
		Other expenses	21.	143,118	245,079	101,961
		Total expenses. Add lines 13 through 21	22.	250,077		
	1	Excess or (Deficit). Subtract line 22 from line 12	23.	-13,257		
	24.	Total exempt revenue	24.	236,820	461,365	224,545
	25.	Total unrelated revenue	25.			
o	26.	Total excludable revenue	26.	46,806	99,642	52,836
nati	27.	Total assets	27.	68,980	139,811	70,831
Information	28.	Total liabilities	28.	50,518		-50,518
Ī	29.	Retained earnings	29.	18,462		121,349
Jer	30.	Number of voting members of governing body	30.	9	8	•
₹		Number of independent voting members of governing body	31.	9	8	
		Number of employees	32.	2	2	
	Ĺ	N. J. C. J. C. L.		- -	10	

33.

50

Form **990T**

29. Activity Losses NOL (Post-2017)

Two Year Comparison Report

, ending

For calendar year 2022, or tax year beginning

2021 & 2022

Name

Taxpayer Identification Number

1	NATIVE ISLAND BUSINESS & COMMUNITY	<u> </u>	<u>.</u>	57-10	19358
ne			2021	2022	Differences
Income	Number of unrelated business activities for this return	1.	1	1	
	2. Unrelated business taxable income from all trades	2.			
ayanıe	3. Charitable contributions	1 _ 1			
ğ	4. Section 199A deduction (trusts only)	4.			
	5. Taxable income before NOL loss	5.			
DUSHIESS	6. Net operating loss (pre-2018)	6.			
	7. Specific deduction			1,000	1,000
)	8. Unrelated business taxable income.	8.			
	9. Income tax (corporate or trust)	9.			
•	10. Proxy tax	10.			
-	11. Other taxes	11.			
5	12. Total taxes	12.			
	13. Other credits	13.			
5	14. General business credit	14.			
<	15. Credit for prior year minimum tax	15.			
5	16. Total credits	16.			
	17. Net tax after credits	17.			
	18. Recapture taxes and 965 tax	18.			
	19. Total Taxes	19.			
	20. Prior year overpayment and estimated tax payments	20.			
5	21. Payment made with extension	21.			
5	22. Backup withholding and foreign withholding	22.			
-	23. Other payments	23.			
•	24. Total payments	24.			
5	25. Balance due/(Overpayment)	25.			
נ	26. Overpayment applied to next year	26.			
	27. Penalties	27.			
	28. Total due/(Refund)	28.			
		1 1			

29.

Form **SchA**(990T)

Two Year Comparison for Unrelated Business Activity

2021 & 2022

For calendar year 2022, or tax year beginning

ending

Taxpayer Identification Number

Organization Name

NATIVE ISLAND BUSINESS & COMMUNITY

57-1019358

Ac	ctivity: UNRELATED BUSINESS ACTIVITY	U	nincorporated Business Income T	ax Code: 624100	
			2021	2022	Differences
	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses				
n e	3. Income/loss from partnerships and S corporations	3.			
2	4. Rental income (net of expense)	4.			
>	5. Unrelated debt-financed income (net of expense)	5.			
R.	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.			
	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
S	16. Interest	16.			
Se	17. Taxes and licenses	17.			
D D	18. Depreciation and Depletion	18.			
ď	19. Contributions to deferred compensation plans	19.			
Ж	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	22. Total deductions. Add lines 12 through 22	22.			
	23. Taxable income before deductions. Subtract line 23 from 11	23.			
	24. Deductible losses	24.			
	25. Unrelated business taxable income (loss)	25.			

Form **990**

32. Number of employees

33. Number of volunteers

Tax Projection Worksheet

2022 & 2023

Name

Taxpayer Identification Number

		Taxpayei	dentification Number
ľY		57-1	019358
	2022	2023	Differences
1.	64,780	64,780	
2.			
3.			
4.	62,256	62,256	
5.	35	35	
6.			
7.			
8.	530	530	
9.			
10.	286	286	
11.	37,065	37,065	
12.	461,365	461,365	
13.			
14.			
15.			
16.	75,335	75,335	
17.			
18.	10,594	10,594	
19.	5,241	5,241	
	3,767	3,767	
	245,079	245,079	
22.	340,016	340,016	
23.	121,349	121,349	
24.	461,365	461,365	
25.			
26.	99,642	99,642	
27.	139,811	139,811	
28.			
1 00 1	139,811	139,811	
30.	8	8	
31.	8	8	
	2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30.	1. 64,780 2. 3. 296,413 4. 62,256 5. 35 6. 7. 8. 530 9. 10. 286 11. 37,065 12. 461,365 13. 14. 15. 16. 75,335 17. 18. 10,594 19. 5,241 20. 3,767 21. 245,079 22. 340,016 23. 121,349 24. 461,365 25. 26. 99,642 27. 139,811 28. 29. 139,811 30. 8	TY

18

33.

18

Form **990T**

Tax Projection Worksheet

2022 & 2023

Name

Taxpayer Identification Number

3T3 MT777	TOT AND		_	COMMUNITY
NATION	I SI . ANII)	RUSINHSS	λ.	('() V V X Y

57-1019358

NATIVE ISLAND BUSINESS & COMMUN.	<u> </u>		<u> </u>	19330
		2022	2023	Differences
Unrelated business taxable income from all trades Charitable contributions Section 1994 adduction (trust only)	1.			
2. Charitable contributions	2.			
3. Section 199A deduction (trust only)	3.			
4. Taxable Income before NOL Loss	4.			
4. Taxable Income before NOL Loss 5. Net operating loss (pre-2018) 6. Specific deduction	5.			
6. Specific deduction	^	1,000	1,000	
7. Unrelated business taxable income.	7.	-1,000	-1,000	
8. Income tax (corporate or trust)	8.			
9. Proxy taxes				
10. Other taxes				
11. Total taxes	11.			
12. General business credit	12.			
13. Credit for prior year minimum tax	13.			
14. Other credits	14.			
15. Total credits	15.			
16. Net tax after credits	16.			
17. Recapture taxes and 965 tax	17.			
18. Total Taxes	18.			
19. Prior year overpayment and estimated tax payments	19.			
20. Payment made with extension	20.			
21. Backup and foreign withholding	21.			
22. Other payments	22.			
23. Total payments	1 22 1			
24. Net due / - refund	24.			

Form 990		Tax Re	turn History			2022
Name	AND BUSINESS &	COMMINITY				dentification Number
MATTVE TOE	THE DOSTRESS G	COMMUNIT			37 10	717556
	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	124,264	176,885	195,617	190,014	361,193	361,193
Membership dues						
Program service revenue	99,765	87,283	174,080	46,775	62,256	62,256
Capital gain or loss						
Investment income	52	37	32	31	35	35
Fundraising revenue (income/loss)	23,325	24,090			530	530
Gaming revenue (income/loss)						
Other revenue	2,364	4,022	3,546		37,351	37,351
Total revenue	249,770	292,317	373,275	236,820	461,365	461,365
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	49,367	69,516	74,255	94,239	75,335	75,335
Professional fees	7,860	6,781	6,924	7,845	10,594	10,594
Occupancy costs	4,158	4,527	2,762	4,835	5,241	5,241
Depreciation and depletion	112	67	41	40	3,767	3 , 767
Other expenses	222,939	213,204	278,968	143,118	245,079	245,079
Total expenses	284,436	294,095	362,950	250,077	340,016	340,016
Excess or (Deficit)		-1,778	10,325	-13,257	121,349	121,349
Total exempt revenue	249,770	292,317	373,275	236,820	461,365	461,365
Total unrelated revenue		206	32	•	•	•
Total excludable revenue		91,136	177,626	46,806	99,642	99,642
Total Assets	•	60,211	83,014	68,980	139,811	139,811
Total Liabilities		38,817	51,295	50,518		•
Net Fund Balances		21,394	31,719	18,462	139,811	139,811

Form 990T	Tax Return History	2022
Name		Employer Identification Number
	NATIVE ISLAND BUSINESS & COMMUNITY	57-1019358

* Income shown net of expenses						
	2018	2019	2020	2021	2022	2023
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income		206				
Total trade or business income.		206				
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

NATIVEISLAN Native Island Business & Community 57-1019358 Federal Statements

FYE: 12/31/2022

57-1019358

Taxable Interest on Investments

Description

Unrelated Exclusion Postal Acquired after Business Code Code 6/30/75 US Obs (\$ or %) Amount BANK INTEREST 35 14 35 TOTAL

8/14/2023

NATIVEISLAN Native Island Business & Community

Federal Statements

FYE: 12/31/2022

57-1019358

Form 990, Part IX, Line 24e - All Other Expenses

Description	E	Total xpenses	 Program Service	agement & General	Fund aising
CHARITABLE CONTRIBUTIONS PROPERTY TAXES	\$	2,050 1,924	\$	\$ 2,050 1,924	\$
SUBSCRIPTIONS & REF MATER		735		735	
COMPUTER & INTERNET		580 336		580	326
BANK & CREDIT CARD FEES DUES & MEMBERSHIPS		326 268	134	134	320
GIFTS		115	 	 115	
TOTAL	\$ <u></u>	5,998	\$ 134	\$ 5,538	\$ 326

8/14/2023

NATIVEISLAN Native Island Business & Community

57-1019358 Federal

Federal Statements

8/14/2023

FYE: 12/31/2022

Schedule A, Part II, Line 1(e)

Description		Amount
PPP FORGIVENESS	\$	13,453
INDIVIDUAL/BUSINESS CONTRIBUTIONS		2,046
CORPORATE SPONSORSHIPS		2,734
TOWN OF HILTON HEAD		
CASH CONTRIBUTION		214,385
BEAUFORT COUNTY		
CASH CONTRIBUTION		68,575
GAYLORD & DOROTHY DONNELLEY FOUNDATI		
CASH CONTRIBUTION		10,000
COMMUNITY FOUNDATION OF THE LOWCOUNT		
CASH CONTRIBUTION		50,000
TOTAL	\$	361,193
	=	

Schedule A, Part II, Line 8(e)

	Description	An	nount
BANK IN	TEREST	\$	35
TO	TAL	\$	35

Schedule A, Part II, Line 9(e)

Description	Amount
	, \$
PAYROLL LIABILITY WRITE-OFF	37,065
LESS: DEDUCTIONS	
TOTAL	\$ 36,065

NATIVEISLAN Native Island Business & Community

Federal Statements

FYE: 12/31/2022

57-1019358

Schedule A, Part II, Line 12 - Current year

Description		Amount
GULLAH CELEBRATION	\$	62,106
MISC EVENTS		150
MERCHANDISE SALES		286
REFRESHMENT BOOTH	_	25,186
TOTAL	\$	87,728

8/14/2023

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)

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.

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2021	calendar year, or tax year beginn	ning , and ending			37 1 7 7
Check if applicable	C Name of organization			D Employe	er Identification number
Address change	The same of the sa	VE ISLAND BUSINESS & COMMUN	ITY		
Name change	Number and street (or P.O. box if mail is				.019358
Initial return	PO BOX 23452	a not delivered to street address)	Room/suite	E Telephor	255-7303
Final return/	City or town, state or province, country,	and ZIP or foreign postal code			200 1000
Amended return	HILTON HEAD ISLAND F Name and address of principal officer.	SC 29925		G Gross red	ceipts 236,820
Application pending			H(a) Is this a	group return for s	subordinates? Yes X N
	6 KNIGHTSBRIDGE	TN			H. H.
	HILTON HEAD ISI		7.0000000000000000000000000000000000000	subordinates inc	See instructions
Tax-exempt statu	9.0			NO, BUBOTO HOL	000 11101 0000110
Website:	WWW.NIBCAA.ORG) 4 (insert no.) 4947(a)(1) or 5	27		
Form of organizati		ssociation Other >	L Year of formation:	exemption numb	M State of legal domicile: S
	Summary	Other	L rear of formation:	1334	m State of legal domicile.
	describe the organization's mission	or most significant activities:			
	E SCHEDULE O				
2 Check 3 Number 4 Number 5 Total n					****************
1.44-74-		******************************		********	***************************************
2 Check	this box ▶ if the organization d	iscontinued its operations or disposed of more	than 25% of its not a		
3 Numbe	er of voting members of the governing				9
4 Numbe	er of independent voting members of	f the governing body (Part VI, line 1b)			9
5 Total n	number of individuals employed in ca	elendar year 2021 (Part V, line 2a)		5	2
6 Total n	number of volunteers (estimate if nec				50
7a Total u	inrelated business revenue from Par	t VIII, column (C), line 12			- 50
b Net un	related business taxable income from	m Form 990-T, Part I, line 11		7b	Taley Tell
1-7.1.		mr om ood 1,1 dit i, inic 11	Prior		Current Year
8 Contrib	outions and grants (Part VIII, line 1h)	(95,617	190,01
9 Progra	m service revenue (Part VIII, line 2g			74,080	46,77
9 Progra	ment income (Part VIII, column (A), li			32	3:
11 Other	revenue (Part VIII, column (A), lines			3,546	1.0
12 Total re	evenue - add lines 8 through 11 (mu	ust equal Part VIII, column (A), line 12)	3	73,275	236,82
13 Grants	and similar amounts paid (Part IX, o	column (A), lines 1–3)	If my THE STATE		
14 Benefit	ts paid to or for members (Part IX, co	olumn (A), line 4)			K. BALLET
15 Salarie	es, other compensation, employee be	enefits (Part IX, column (A), lines 5-10)		74,255	94,239
16a Profes	sional fundraising fees (Part IX, colu				APP V Let V
15 Salarie 16a Profes	undraising expenses (Part IX, colum	n (D), line 25) ▶ 1,110			The same statement of
	expenses (Part IX, column (A), lines		11111	88,695	155,83
	expenses. Add lines 13-17 (must equ			62,950	250,07
19 Reven	ue less expenses. Subtract line 18 fr	rom line 12		10,325	-13,25
Sec	THE THE PROPERTY OF		Beginning of		End of Year
וסו	ssets (Part X, line 16)		111111	83,014	68,980
21 Total li	abilities (Part X, line 26)		A CARLOTT	51,295	50,518
	sets or fund balances. Subtract line 2	21 from line 20	were the second	31,719	18,462
Part II	Signature Block				1.0-2.1
Under penalties of true, correct, and	of perjury, I declare that I have examined complete. Declaration of preparer (other	this return, including accompanying schedules and r than officer) is based on all information of which p	d statements, and to the	best of my kno	wledge and belief, it is
	, property (oute	, and the second of the second		-30,	
gn	Signature of officer			Date	
ere	ERIC TURPIN		XECUTIVE D		
	Type or print name and title		AECUIIVE DI	LKECION	
Print/T	ype preparer's name	Preparer's signature	Date	Lau	# PTIN
id		Men. In the Page 11 March 1967 An		Check	L_1."
anarer FAIL	LA JUNE, CPA name JUNECPA	PAMELA JUNE, CPA	108/	30/22 self-en	
e Only		DEEM		Firm's EIN	20-4046229
	99 MAIN ST address HILTON HEA			Phone no	843-842-650
	uss this return with the preparer show			Phone no.	Contract of the Contract of th
	duction Act Notice, see the separate i				X Yes No
A Paperwork Ne	and the separate i	The southern			Form 990 (20

Native Island Business & Community Affairs Assoc. Inc. Balance Sheet

As of June 30, 2022

	Jun 30, 22
ASSETS	The last of the la
Current Assets	
Checking/Savings	The second section is a second second
CSB #4848 - NIBCAA	53,251.26
CSB #0140 Housing/Urban Dev.	29,799.00
CSB #8128 - On the Hook	1,454.95
SouthState #1087 (Paypal)	999.70
SouthState #8395 (Payroll)	906.92
NIBCAA Community Action Acct. Petty Cash for Events	8,615.83 5,150.00
Total Checking/Savings	100,077.72
Total Current Assets	100,077.72
Fixed Assets	
Furniture and Equipment	5,737.99
Real Estate	32,883.00
Accumulated Depreciation	-1,364.76
Total Fixed Assets	37,256.23
TOTAL ASSETS	137,333.95
LIABILITIES & EQUITY Liabilities	
Current Liabilities	
Other Current Liabilities	0.00
Total Current Liabilities	0.00
Long Term Liabilities	로마, 이번 역 하는 살으다.
Due to IRS - 941	34,065.00
Due to IRS - 990	3,000.00
Total Long Term Liabilities	37,065.00
Total Liabilities	37,065.00
Equity Unrestricted Net Assets	40,000
Net Income	19,064.55 81,204.40
Total Equity	100,268.95
TOTAL LIABILITIES & EQUITY	137.333.95

2:42 PM 08/10/22 Accrual Basis

Native Island Business & Community Affairs Assoc. Inc. Profit & Loss

January through June 2022

	Jan - Jun 22
Ordinary Income/Expense	
Income Misc. Income	450.00
Direct Public Support	150.00
Housing Assistance Contribution	50,000.00
Corporate Sponsorships	2,733.90
Grants	
Beaufort County Atax	68,575.00
Hilton Head Island ATAX	81,324.96
Grants - Other	10,000.00
Total Grants	159,899.96
Individual/Business Contrib.	795.80
Total Direct Public Support	213,429.66
EVENT INCOME	
Guilah Celebration Events	
Art Exhibition	
Art Sales	35,933.28
Total Art Exhibition	35,933.28
Gullah Market	16.590.84
Gullah Celebration Events - Other	195.00
Total Gullah Celebration Events	52,719.12
Heritage Booth	25,185.70
Merchandise Sales	286.00
Total EVENT INCOME	78,190.82
Total Income	291,770.48
Expense	
ADMIN & GENERAL EXPENSES	
Advertising & Promotion	
Inbound Marketing	
Website	285.43
Total Inbound Marketing	285.43
Advertising & Promotion - Other	93,699.53
Total Advertising & Promotion	93,984.96
Bank & Credit Card Fees	220.98
Computer & Internet	95.94
Contract Labor-Art Manager	6,000.00
Dues & Memberships	48.15
Gifts	114.97
Insurance - Business	3,029.48
Office Supplies	1,007.62
Payroll Expenses	
Administrative Salary	26,499.98
Employee Wages	19,999.98
Payroll Tax Expense	3,557.19
Payroll Expenses - Other	-28,107.95
Total Payroll Expenses	21,949.20
Postage & Delivery	240.00
Printing and Copying	330.63
Professional Fees	
Accounting Fees	5,750.00
Legal Fees	973.65
Total Professional Fees	ê 700 er
I Juli Froiessional Fees	6,723.65

2:42 PM 08/10/22 Accrual Basis

Native Island Business & Community Affairs Assoc. Inc. Profit & Loss

January through June 2022

	Jan - Jun 22
Rent Expense	2,982.00
Subscriptions & Ref. Materials	356.15
Taxes-Property	794.67
Total ADMIN & GENERAL EXPENSES	137,878.40
GULLAH CELEBRATION EVENTS Art Exhibit Expenses Artist Commissions	21,986,00
Alust Commissions	21,900.00
Total Art Exhibit Expenses	21,986.00
Arts, Crafts & Food Expo	7,530.00
Gullah Market	11,454.37
Gullah Music Series	200.00
Gullah Celebration Expenses	6,745.83
Misc. Guilah Events	4,099.00
Total GULLAH CELEBRATION EVENTS	52,015.20
HERITAGE EXPENSES	12,000.00
HUD Housing Assistance	20,946.76
Total Expense	222,840.36
Net Ordinary Income	68,930.12
Other Income/Expense	
Other Income	40,450,00
Other Income - PPP	13,453.00
Interest Income	21.28
Total Other Income	13,474.28
Other Expense	
Charitable Contributions	1,200.00
Total Other Expense	1,200.00
Net Other Income	12,274.28
Net Income	81,204.40

Native Island Business & Community Affairs Assoc. Inc. Balance Sheet

As of December 31, 2021

	Dec 31, 21	Dec 31, 20
ASSETS		
Current Assets		
Checking/Savings	and behavior in the square seators and	
CSB #4848 - NIBCAA	17,131.07	36,618.23
CSB #0140 Housing/Urban Dev.	92.00	0.00
CSB #8128 - On the Hook	1,304.95	232.84
SouthState #1087 (Paypal)	2,895.70	509.06
SouthState #8395 (Payroll)	664.01	1,421.99
NIBCAA Community Action Acct.	9,585.59	9,585.59
Petty Cash for Events	4,400.00	1,700.00
Total Checking/Savings	36,073.32	50,067.71
Total Current Assets	36,073.32	50,067.71
Fixed Assets		
Furniture and Equipment	1,424.98	1,424.98
Real Estate	32,883.00	32,883.00
Accumulated Depreciation	-1,404.76	-1,364.76
Total Fixed Assets	32,903.22	32,943.22
TOTAL ASSETS	68,976.54	83,010.93
LIABILITIES & EQUITY Liabilities		no a marko.
Current Liabilities		
Other Current Liabilities	되게 없어서 기존에서 얼마가 되었습니다.	
PPP Loan	- 13,453.00	14,230.00
Total Other Current Liabilities	13,453.00	14,230.00
Total Current Liabilities	13,453.00	14,230.00
Long Term Liabilities		
Due to IRS - 941	- 34,065.00	34,065.00
Due to IRS - 990	3,000.00	3,000.00
Total Long Term Liabilities	37,065.00	37,065.00
Total Liabilities	50,518.00	51,295.00
Equity		TRANSPORT OF THE PARTY OF THE P
Unrestricted Net Assets	31,715.93	21,389.63
Net Income	-13,257.39	10,328.30
Total Equity	18,458.54	31,715.93

Native Island Business & Community Affairs Assoc. Inc. Profit & Loss January through December 2021

	Jan - Dec 21	Jan - Dec 20
rdinary income/Expense		
Direct Public Support		
Corporate Sponsorships	0.00	6,500.00
Grants		
Beaufort County Atax	20,000.00	0.00
Hilton Head Island ATAX	94,712.77	161,417.00
Grants - Other	35,000.00	25,000.00
Total Grants	149,712.77	186,417.00
Individual/Business Contrib.	1,177.25	2,700.00
Total Direct Public Support	150,890.02	195,617.00
Gullah Store Sales	0.00	19.12
EVENT INCOME	0.00	19.12
Guliah Celebration Events		
Art Exhibition		
Art Sales	0.00	43,030.76
Total Art Exhibition	0.00	43,030.76
Circle Members	150.00	2,850.00
Gullah Market	25,891.99	-56,088.00
Gullah Music Series	0.00	6,921.50
Opening Party	0.00	2,582.00
Paint and Sip	0.00	1,200.00
Taste of Gullah	0.00	17,398.00
Gullah Celebration Events - Other	19,622.59	39,106.86
Total Gullah Celebration Events	45,664.58	169,177.12
Merchandise Sales	0.00	3,495.01
Misc. Events income	1,110.03	280.00
EVENT INCOME - Other	0.00	4,623.35
Total EVENT INCOME	46,774.61	177,575.48
Total Income	197,664.63	373,211.60
Expense ADMIN & GENERAL EXPENSES		
Advertising & Promotion		
Inbound Marketing	007.00	
Website	287.83	714.22
Total Inbound Marketing	287.83	714.22
Merchandise	0.00	625.88
Newsletters	55.00	48.00
Advertising & Promotion - Other	55,346.27	59,695.74
Total Advertising & Promotion	55,689.10	61,083.84
Bank & Credit Card Fees	1,110.21	295.91
Computer & Internet	145.89	0.00
Contract Labor-Art Manager	10,750.00	0.00
Dues & Memberships	218.15	270.00
Gifts	213.94	74.12
Insurance - Business	2,621.88	2,586.40
Meals & Entertainment	509.38	1,015.59
	0.00	
Misc. Expense		2,317.77
Office Supplies	2,247.88	2,558.90
Payroll Expenses	27 765 20	27 700 00
Employee Wages	37,765.36	27,700.00
Officer Wages	49,776.86	41,199.90
		5,354.87
Payroll Tax Expense Payroll Expenses - Other	6,696.96 0.00	-2,027.97

Native Island Business & Community Affairs Assoc. Inc. Profit & Loss

January through December 2021

	Jan - Dec 21	Jan - Dec 20
Total Payroll Expenses	94,239.18	72,226.80
Postage & Delivery	203.00	229.35
Printing and Copying Professional Fees	3,828.60	0.00
Accounting Fees Legal Fees	7,720.00 125.00	5,750.00 1,173.74
Total Professional Fees	7,845.00	6,923.74
Rent Expense	4,835.00	2,787.00
Subscriptions & Ref. Materials	447.72	0.00
Taxes-Property	772.81	752.42
Travel & Meetings	0.00	584.76
Utilities	0.00	-24.99
Total ADMIN & GENERAL EXPENSES	185,677.74	153,681.61
GULLAH CELEBRATION EVENTS		
Art Exhibit Expenses		
Artist Commissions	10,615.80 ~	65,323.26
Art Exhibit Expenses - Other	5,024.20	35,967.65
Total Art Exhibit Expenses	15,640.00	101,290.91
Arts, Crafts & Food Expo		
Other Expenses	750.00	0.00
Arts, Crafts & Food Expo - Other	30.00	9,528.14
Total Arts, Crafts & Food Expo	780.00	9,528.14
Gullah Market	10,849,44	50,197.23
Gullah Music Series	0.00	5,300.00
Gullah Celebration Expenses	0.00	5.032.65
Misc. Gullah Events	11,829.39	5,246.64
Opening Party	0.00	2,842.28
Oyster Roast	0.00	200.00
Paint and Sip	0.00	1,267.62
Soul Food & Friends	0.00	1,880.00
Taste of Gullah	0.00	23,541.13
Total GULLAH CELEBRATION EVENTS	39,098.83	206,326.6
HUD Housing Assistance	25,060.00	0.0
Total Expense	249,836.57	360,008.2
Net Ordinary Income	-52,171.94	13,203.39
Other Income/Expense		
Other Income		
Other Income - PPP	14,230.00	0.0
Other Income - SOS Grant	24,894.04	0.0
Interest Income	30.51	31.5
Other Income	0.00	32.30
Total Other Income	39,154.55	63.91
Other Expense		
Charitable Contributions	200.00	2,900.00
Depreciation Expense	40.00	41.00
Total Other Expense	240.00	2,941.00
Net Other Income	38,914.55	-2,877.09
		200000000000000000000000000000000000000

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning

, and ending

57-1019358

NATIVE ISLAND BUSINESS & COMMUNITY

Net Asset / Fund Balance at Begin	nning of Year			21,394
Revenue				
Contributions		195,617		
Program service revenue		174,080		
Investment income		32		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income				
Other income		3,546		
Total revenue			373,275	
Expenses				
Program services		308,420		
Management and general		54,234		
Fundraising		296		
Total expenses			362,950	
Excess / (deficit)				10,325
, ,			_	
Changes				
				_
Net Asset / Fund E	Balance at End of Year			31,719
Reconciliation of I		Total expense	Reconciliation of E	
Less:		Less:	s per ililariciai statements	' <u></u>
Unrealized gains		Donated	sanjicas	
Donated services			adjustments	
Recoveries		Losses	adjustificitis	
Other		Other		
Plus:		Plus:		
Investment expenses			nt expenses	
Other		Other	к схропосо	
	373,275		expenses per return	362,950
Total revenue per return	373,275		expenses per return	362,950
	373,275		expenses per return	362,950
	373,275 Beginning	Total	expenses per return Differences	362,950
		Total Balance Sheet	Differences	362,950
Total revenue per return	Beginning	Total Balance Sheet Ending 83,014 51,295	Differences	362,950
Total revenue per return Assets	Beginning 60,211	Total Balance Sheet Ending 83,014	Differences	
Total revenue per return Assets Liabilities	Beginning 60,211 38,817	Total Balance Sheet Ending 83,014 51,295 31,719	Differences	
Total revenue per return Assets Liabilities	Beginning 60,211 38,817 21,394	Balance Sheet Ending 83,014 51,295 31,719	Differences 10,32	<u>25</u>
Total revenue per return Assets Liabilities	Beginning 60,211 38,817 21,394 Miscellaneous	Balance Sheet Ending 83,014 51,295 31,719	Differences 10,32	

Form **8879-EC**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Taxpayer identification number Name of exempt organization or person subject to tax NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 Name and title of officer or person subject to tax **ERIC TURPIN** EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Total revenue, if any (Form 990, Part VIII, column (A), line 12) _______1b 1a Form 990 check here ▶ **b** Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here **b Tax based on investment income** (Form 990-PF, Part VI, line 5) ______ **4b** 4a Form 990-PF check here ▶ b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here ▶ 7a Form 4720 check here ▶ □ b Total tax (Form 4720, Part III, line 1) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above organization or | | I am a person subject to tax with respect to , (EIN) (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only **JUNECPA** I authorize to enter my PIN as my signature ERO firm name do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 57175462291 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. PAMELA JUNE, CPA 09/07/21 ERO's signature Date •

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

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

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

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the 2	2020 calendar year, or tax year beginning , and ending					
В	Check if appl	licable: C Name of organization			D Employer	identification number	
П	Address char	nge NATIVE ISLAND BUSINESS & COMMUN	IITY				
Ħ	Name change	Doing husiness as NTDCAX			57-1	019358	
님	Name change	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone		
Ш	Initial return	PO BOX 23452			842-	255-7303	
П	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code					
一	Amended ret	HILTON HEAD ISLAND SC 29925			G Gross reco	eipts \$ 373,275	
님		r Name and address of principal officer:		IV-) lo this a gra	um ratura for a	ubordinates? Yes X No	
Ш	Application p	pending ERIC TURPIN		H(a) Is this a group return for subordinates? Yes X No			
		6 KNIGHTSBRIDGE LN.		H(b) Are all sub	ordinates incli	uded? Yes No	
		HILTON HEAD ISLAND SC 29928		If "No,"	attach a list.	See instructions	
ī	Tax-exempt	status: X 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or 5	527	1			
	Website:			H(c) Group exer	mption numbe	r >	
ĸ	Form of orga		L Ye	ear of formation: 1		M State of legal domicile: SC	
	Part I	Summary					
_		iefly describe the organization's mission or most significant activities:					
4	1 .	SEE SCUEDILE O					
ű	• • •	DEE SCHEDULE O					
Governance							
) Ve	2 Ch	neck this box ▶ if the organization discontinued its operations or disposed of more					
	2 011					10	
∞ ∞	3 Nu	umber of voting members of the governing body (Part VI, line 1a)			3	10	
Activities	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)			. 4	2	
ξį		tal number of individuals employed in calendar year 2020 (Part V, line 2a)					
Ac	1	tal number of volunteers (estimate if necessary)				50	
		tal unrelated business revenue from Part VIII, column (C), line 12				32	
	b Ne	et unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>			0	
		estable stigned and process (Don't VIII. line Ale)		Prior Yea		Current Year	
ne	8 0	ontributions and grants (Part VIII, line 1h)			5,885	195,617	
Revenue	9 Pro	ogram service revenue (Part VIII, line 2g)		0	7,283	174,080	
Şe,	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.4	37	32	
	1	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	I		8,112	3,546	
		tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		292	2,317	373,275	
	13 Gra	ants and similar amounts paid (Part IX, column (A), lines 1-3)				0	
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)				0	
es	15 Sal	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots\dots}$		69	9,516	74,255	
xpenses	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25)				0	
ă X	b Tot	tal fundraising expenses (Part IX, column (D), line 25) ▶					
Ш		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,579	288,695	
	18 Tot	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			4,095	362,950	
	+	evenue less expenses. Subtract line 18 from line 12			1,778	10,325	
Net Assets or	<u> </u>			Beginning of Cur		End of Year	
ssets	20 Tot	tal assets (Part X, line 16)			0,211	83,014	
¥ K	21 Tot	tal liabilities (Part X, line 26)			8,817	51,295	
Ž	22 Ne	et assets or fund balances. Subtract line 21 from line 20		2	1 , 394	31,719	
F	Part II	Signature Block					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and				wledge and belief, it is	
tr	ue, correct,	, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has	s any knowledge			
Sig	gn	Signature of officer			Date		
He	re	ERIC TURPIN E	EXECUT	'IVE DIR	ECTOR		
		Type or print name and title					
	F	Print/Type preparer's name Preparer's signature		Date	Check	if PTIN	
Pai	d P.	PAMELA JUNE, CPA PAMELA JUNE, CPA		09/16/	/21 self-em	ployed P00636703	
Pre	parer	Firm's name JUNECPA			irm's EIN 🕨	20-4046229	
Use	e Only	99 MAIN STREET			2 - 2 - 2		
	F	Firm's address		P	hone no.	843-842-6500	
Ma	•	discuss this return with the preparer shown above? See instructions		1.		X Yes No	

308,420

Total program service expenses ▶

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If			٠,
_	"Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		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			x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		<u> </u>
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u		11a	x	
b	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f		Х
12a				
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<u>. </u>		,,
4.5	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H CLIENT CO	20a		X
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domestic government on rate ix, column (x), tille real res, complete schedule i, ratis ratio ii			_ 42

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these X 27 persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a COIFNT Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Form 990 (2020) NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358

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

	otatements regarding other into rinings and rax compliance (contains	<u>uou,</u>			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	2						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b		X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
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? If "No" to line 3b, provide an explanation on Schedule C			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority	over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	nt)?	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 Ad	ccounts	s (FBAR).	_					
5a						X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?				X			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	!				.			
				<u>6a</u>		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or		Ch					
7	gifts were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).	odo							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go			7a					
h	and services provided to the payor?								
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7b					
·				7c					
d	required to file Form 8282? 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 cor			7e					
f									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	е						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:		ı						
а	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:		l						
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources	ا ہم ا							
120	against amounts due or received from them.)	11b		40-					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a					
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(20) qualified popprofit health insurance issuers	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a					
а	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								
J	the organization is licensed to issue qualified health plans	13b							
С	Fatantha assessment of second on bound	13c							
14a	Did the organization receive any payments for indeer tenning convices during the tay year?		l	14a		х			
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>					<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera								
	excess parachute payment(s) during the year?			15		x			
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome	2LIENT	COP16		х			
	If "Yes," complete Form 4720, Schedule O.								

Form 990 (2020) NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 Page 6 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 $|\mathbf{x}|$ Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 10 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. 10 Enter the number of voting members included on line 1a, above, who are independent ______ 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? Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Х X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, b Х stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 ▶

ERIC TURPIN
HILTON HEAD ISLAND

539 WILLIAM HILTON PARKWAY

SC 29926

842-255-7303

DAA

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0rm 990 (2020)	NAIIVE.	LOLIAND	BUDINEDD	~			- 1 1 1 7 3 3 6

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

 <u>See</u> instructions for the order in which to list the persons above.

Check this box if neither the orga	anization nor any	rela	ted	orga	nizat	ion cor	mpe	ensated any current officer	, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any	box	(C) Position do not check more than one ox, unless person is both an ficer and a director/trustee)			s both ar	า	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) THOMAS CURTIS BA	RNWELL,	II	I							
GULLAH CHAIRMAN	0.00	х						0	0	0
(2) ROSELLE WILSON										
	0.00									
CHAIRMAN	0.00			Х				0	0	0
(3) RALPH MILLIDGE										
	0.00							_	_	_
DIRECTOR	0.00	Х						0	0	0
(4) ERIC TURPIN										
	40.00								_	_
EXECUTIVE DIRECTOR	0.00	X		Х				41,200	0	0
(5) NELL BARNWELL-HA										
	0.00							_	_	_
VICE CHAIRMAN	0.00			Х				0	0	0
(6) DAVID MURRAY										
	0.00							_	_	_
DIRECTOR	0.00	Х						0	0	0
(7) PAMELA REDMON										
	0.00							_	_	_
DIRECTOR	0.00	Х						0	0	0
(8) QUINCY JERMAINE	CAMPBELL	•								
	0.00									
TREASURER	0.00			Х				0	0	0
(9) JAMES ERIC BARNV										
	0.00								_	
DIRECTOR	0.00	Х						0	0	0
(10) JAYME LOPKO										
	0.00			<u></u>				_	_	
SECRETARY	0.00			Х			_	0	0	0
(11) QUINCY JERMAINE	CAMPBELL	ł							CLIEIVI	COPY
	0.00							_	_	
DIRECTOR	0.00	X			L			0	0	0

	(A) Name and title	(B) Average hours per week (list any	bo	x, unle		rson i	s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	C	(F) timated a of oth compens from the	er ation ne	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatic ed orga		s
1b c	Subtotal							>	41,200		-			
<u>d</u>			nite	d to				bove	41,200 who received more than s	\$100,000 of				
3	Did the organization list any fo employee on line 1a? <i>If</i> "Yes," For any individual listed on line organization and related organization and related organization and related organization.	complete Schede 1a, is the sum nizations greater	<i>ule</i> of rethan	J for porta \$15	<i>such</i> able 60,00	ind com 0? It	ividua pens "Yes	al atio s," c	n and other compensation for successions	rom the		3	Yes	X X
5	Did any person listed on line 1 for services rendered to the or	la receive or acc	rue	comp	pensa	ation	from	n ar	y unrelated organization or	individual		5		Х
	ion B. Independent Contracto	ors							•			<u>'</u>		
1	Complete this table for your fix compensation from the organization	zation. Report co							ar year ending with or withir	n the organization's tax yea	ar.		(0)	
	Name and	(A) business address							Descript	(B) lion of services		Cor	(C) mpensati	ion
										CLIENT	COF	ργ		
										OLILINI		-		
2	Total number of independent of								se listed above) who	0				

Part VIII Statement of Povenue

Pa	rt V		t of Revenue Schedule O conta	ains a	response or	note	to any line in this	s Part VIII		
			30,000,000	<u></u>	тоороноо оп		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ts	1a	Federated campaig	ans	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	9	1b						
δ, An G	С	Fundraising events	······	1c						
iifts ar /	d	Related organization	ons	1d						
s, mil		Government grants (contri		1e	161,	417				
ons r Si		All other contributions, gifts			•					
outi the		and similar amounts not in	-	1f	34,	200				
ntri A O	g	Noncash contributions incli	uded in lines 1a-1f	1g						
Col	h		a–1f			•	195,617			
					Business	Code				
بو	2a	GULLAH CELEB	BRATION				169,177	169,177		
rvic	b	MISC EVENTS					4,623	4,623		
Program Service Revenue	С	MISC EVENTS					280	280		
ram Seve	d									
rog	е									
Ь	f		service revenue		■					
	g	Total. Add lines 2a	a–2f			•	174,080			
	3	Investment income	(including dividends	s, intere	est, and					
		other similar amou	ints)			•	32			32
	4		tment of tax-exempt			•				
	5	Royalties		<u></u>		•				
			(i) Real		(ii) Personal					
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental inc. or (loss)	6c							
	d	Net rental income	or (loss)			•				
	/a	Gross amount from sales of assets	(i) Securities	i	(ii) Other					
			7a							
ine	b	Less: cost or other								
Revenue		basis and sales exps.	7b							
	С	Gain or (loss)	7c							
Other	d	Net gain or (loss) .				•				
₹	8a	Gross income from fu	-							
		(not including \$								
		of contributions reported								
		See Part IV, line 18 .		8a						
		Less: direct expens		8b						
			s) from fundraising e	events		•				
	9a	Gross income from ga	•							
		See Part IV, line 19 .		9a						
		Less: direct expens		9b						
		•	s) from gaming activ	ities		•				
	10a	Gross sales of inve	•		_	,				
		returns and allowa		10a	3,	514				
		Less: cost of goods		10b						
_	С	Net income or (loss	s) from sales of inve	ntory .		0	3,514	3,514		
sn					Business					
Miscellaneous Revenue	11a	OTHER INCOME			624	TOO	32		32	
ilar	b									
Re	C								IENIT CO	DV
Ξ	đ						30		ILIVI CC	
			1a–11d			<u> </u>	32	177 504	20	20
	12	rotar revenue. Se	ee instructions				373,275	177,594	32	32

Part IX Statement of Functional Expenses

Seci	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			ete column (A).	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	[(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		·	, i	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
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	68,900	34,450	34,450	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,355	2,677	2,678	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,174		1,174	
С	Accounting	5,750		5,750	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)	51 004			
12	Advertising and promotion	61,084	61,084	2 722	
13	Office expenses	2,788		2,788	
14	Information technology				
15	Royalties	0.760		0.50	
16	Occupancy	2,762		2,762	
17	Travel	585		585	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 016	1 016		
19	Conferences, conventions, and meetings	1,016	1,016		
20	Interest				
21	Payments to affiliates	41		41	
22	Depreciation, depletion, and amortization	2,586	2,586	#1	
23	Insurance Other expenses Itemize expenses not equared	2,560	2,500		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а		206,327	206,327		
a b		2,900	200/32/	2,900	
C	MISCELLANEOUS EXP	2,318	1,159	1,159	
d	PROPERTY TAXES	752	-,	752	
u e	All other expenses	-1,388	-879	-805	296
25	Total functional expenses. Add lines 1 through 24e	362,950	308,420	54,234	296
26	Joint costs. Complete this line only if the	302,300	300,120	CHENT	OPY
-	organization reported in column (B) joint costs			<u></u>	
	from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

Pa	art)	Ralance Sheet								
		Check if Schedule O contains a response or not	e to any line in	this Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			27,227	1	50,071			
	' ا	=			21,221	2	30,071			
	2	Savings and temporary cash investments				3				
	3	Pledges and grants receivable, net Accounts receivable, net				4				
	4	Loans and other receivables from any current or form				4				
	5	•	•	· '						
		trustee, key employee, creator or founder, substantial		55%		5				
	6	controlled entity or family member of any of these pers				3				
	"	Loans and other receivables from other disqualified po				6				
Assets	_	under section 4958(f)(1)), and persons described in s				7				
Ass	7	Notes and loans receivable, net								
`	8	Draweld supersess and defermed absences				9				
	9									
	10a	Land, buildings, and equipment: cost or other	100	34,308						
	 	basis. Complete Part VI of Schedule D	1 401.	1,365	32,984	100	32,943			
	l	Less: accumulated depreciation		-	32,304		32,343			
	11	Investments—publicly traded securities				11				
	12	Investments—other securities. See Part IV, line 11	nvestments—other securities. See Part IV, line 11							
	13	Investments—program-related. See Part IV, line 11				13				
	14	Intangible assets				14				
	15	Other assets. See Part IV, line 11			60,211	15	83,014			
_	16	Total assets. Add lines 1 through 15 (must equal line			00,211	16 17	03,014			
	17	Accounts payable and accrued expenses								
	18	Grants payable			18 19					
	19	Deferred revenue								
	20	Tax-exempt bond liabilities			20					
	21	Escrow or custodial account liability. Complete Part IV				21				
Liabilities	22	Loans and other payables to any current or former off		250/						
bilit		trustee, key employee, creator or founder, substantial				22				
Lial	22	controlled entity or family member of any of these pers				22				
	23	Secured mortgages and notes payable to unrelated the				23				
	24	Unsecured notes and loans payable to unrelated third				24				
	25	Other liabilities (including federal income tax, payables								
		parties, and other liabilities not included on lines 17-24			38,817	25	51,295			
	26	of Schedule D			38,817	26	51,295			
_	26	Total liabilities. Add lines 17 through 25	oro NY		30,017	20	31,293			
S		and complete lines 27, 28, 32, and 33.	ere 🖊 🔼							
nce	27				21,394	27	31,719			
sala	28	Net accete with decrease acceptations			21,331	28	31,113			
d E	20	Organizations that do not follow FASB ASC 958, or		·· ···· ·······		20				
Fun		and complete lines 29 through 33.								
o	29	Capital stock or trust principal, or current funds			29					
ts	30	Paid-in or capital surplus, or land, building, or equipme			30					
SSE	31	Retained earnings, endowment, accumulated income,				31				
Net Assets or Fund Balances	32	T. I		21,394	32	31,719				
ž	33	Total liabilities and net assets/fund balances			60,211	33	83,014			
	၂၁၁	rotal liabilities and het assets/fund balances			00,211	აა	03,015			

Form **990** (2020)

CLIENT COPY

Schedule O.

orm	990 (2020) NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358			Pa	ge 12
Pa	rt 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		73,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	3	62,	<u>950</u>
3	Revenue less expenses. Subtract line 2 from line 1	. 3		10,	325
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		21,	394
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)	1 0 1			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		31,	719
Pa	rt 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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

Form **990** (2020)

3a

3b

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIVE ISLAND BUSINESS & COMMUNITY

Employer identification number 57-1019358

Pa	art i	Reas	on for Public Charity	Status. (All organizations	must c	omplete	e this part.) See instruction	ons.						
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, ch	neck only	one box.)								
1	Ц	A church, cor	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)(A)(i).							
2	Ш	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	990 or 9	90-EZ).)								
3	Н	•	·	ce organization described in sec			•							
4	Ш	A medical res	search organization operated	in conjunction with a hospital d	lescribed i	n sectio i	n 170(b)(1)(A)(iii). Enter the ho	spital's name,						
_	\Box	city, and state												
5	Ш	_		f a college or university owned o	or operate	d by a go	overnmental unit described in							
6			(b)(1)(A)(iv). (Complete Part	II.) overnmental unit described in se	oction 17	0/b\/1\/ <i>\</i>	MA							
6 7	x			substantial part of its support from										
•			section 170(b)(1)(A)(vi). (Co		iii a govci	Timeritar v	unit of from the general public							
8		A community	trust described in section 1	170(b)(1)(A)(vi). (Complete Part	II.)									
9		An agricultura	al research organization desc	cribed in section 170(b)(1)(A)(ix	x) operate	ed in conj	unction with a land-grant colleg-	е						
		or university	or a non-land-grant college o	f agriculture (see instructions). E	nter the r	name, city	, and state of the college or							
	\Box	university:												
10	Ш	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its												
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
		acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
11	Н	•	•	exclusively to test for public safet	•									
12	Ш	-		exclusively for the benefit of, to p										
				ations described in section 509 nat describes the type of support										
	а	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving												
						•		•						
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.												
	b			pervised or controlled in connect										
			management of the support ion(s). You must complete	ing organization vested in the sa	ame perso	ons that c	control or manage the supported	d						
	С	\Box	•	supporting organization operated	in conne	ction with	and functionally integrated wit	h						
	·			tructions). You must complete				,						
	d	Type III	non-functionally integrated	I. A supporting organization ope	rated in c	onnection	with its supported organization	n(s)						
			• •	organization generally must sat	-		•	ss						
	•	_ ·	,	nust complete Part IV, Section eived a written determination fron										
	е			n-functionally integrated supporti			а туре і, туре іі, туре ііі							
	f	Enter the nur	nber of supported organization	ons										
	g	Provide the for	ollowing information about th											
(i		e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of						
	org	anization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)						
					Yes	No								
(A)														
(B)														
(C)														
(C)														
(D)														
(-)														
(E)														
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Schedule A (Form 990 or 990-EZ) 2020

Page 2

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	137,406	172,817	124,264	176,885	195,617	806,989
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	137,406	172,817	124,264	176,885	195,617	806,989
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						806,989
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	137,406	172,817	124,264	176,885	195,617	806,989
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51	32	52	37	32	204
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						807,193
12	Gross receipts from related activities, etc.	(see instructions)				12	650,406
13	First 5 years. If the Form 990 is for the or	ganization's first, se				3)	
	organization, check this box and stop here	.					▶
Sec	tion C. Computation of Public Su	• •	age				
14	Public support percentage for 2020 (line 6,	column (f) divided	by line 11, column	ı (f))		14	99.97%
15	Public support percentage from 2019 Sche	dule A, Part II, line	14			15	99.97%
16a	33 1/3% support test—2020. If the organi	zation did not chec	k the box on line 1	3, and line 14 is 33	3 1/3% or more, ch	eck this	
	box and stop here. The organization quali						► <u>X</u>
b	33 1/3% support test—2019. If the organi			ni-ation			. □
170	this box and stop here. The organization of 10%-facts-and-circumstances test—202						
174	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	cts-and-circumstand	ces" test. The orga	anization qualifies a	ıs a publicly suppo	rted	
	organization		_				▶ □
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization	meets the "facts-ar	nd-circumstances"	test, check this box	and stop here. E	Explain	
	in Part VI how the organization meets the	"facts-and-circumsta	ances" test. The o	rganization qualifies	s as a publicly sup	ported	
	organization						▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

Page 3

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.)

Sec	tion A. Public Support			, ,	•	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	0	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b c	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
<u> </u>	line 6.)							
	tion B. Total Support	(-) 0040	(1-) 0047	(-) 0040	(4) 0040	(-) 000		(O. T. (- 1
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	0	(f) Total
9	Amounts from line 6						+	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	and 12.) First 5 years. If the Form 990 is for the or							. 🗆
800	organization, check this box and stop here	upport Porcer						<u></u>
	•	<u> </u>		n (f))			15	%
15 16	Public support percentage for 2020 (line 8, Public support percentage from 2019 Sche						16	
	etion D. Computation of Investme						10	/0
17	Investment income percentage for 2020 (li			. column (f))			17	%
18	Investment income percentage for 2019 S		II line 17				18	
19a	33 1/3% support tests—2020. If the organ			14, and line 15 is				,3
	17 is not more than 33 1/3%, check this bo							▶ □
b	33 1/3% support tests—2019. If the organ		=					
	line 18 is not more than 33 1/3%, check thi	s box and stop h o	ere. The organizati	on qualifies as a p	ublicly supported o	organization .		' ▶ <u>□</u>
20	Private foundation. If the organization did	I not check a box	on line 14, 19a, or	19b, check this box	and see instruction	ons		▶ 🗌

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

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	.0		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	4.5		
	10a		
U	10h		
A (F	10b orm 99	0 or 990-	EZ) 2020

	ME A (UIII 350 UI 350-LZ) 2020 MILLIAN ISSUED DODINIDO & COMMONTI 3. IOI333	-		raye 3
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С		4.4		
Soct	detail in Part VI. ion B. Type I Supporting Organizations	11c		
Seci	ion B. Type I Supporting Organizations		V	Na
	Did the necessity had a second and of the necessity had afficent action in their afficial careaits, or more hand in affice a		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
0001	on or type it dapperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		\ /	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or CLIEN I C	UP	Y	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990 or 990-EZ) 2020

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Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 Schedule A (Form 990 or 990-EZ) 2020 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) (i) (ii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 a From 2015. **b** From 2016 **c** From 2017..... **d** From 2018 **e** From 2019 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2016 **b** Excess from 2017

Schedule A (Form 990 or 990-EZ) 2020

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c Excess from 2018d Excess from 2019e Excess from 2020

Schedule A (Forr	n 990 or 990-EZ) 2020	NATIVE	ISLAND	BUSINESS	& COMMUNIT	Y 57-10193	358 Page 8
Part VI	Supplemental I III, line 12; Part I' B, lines 1 and 2; 3a, and 3b; Part	nformation. Pro V, Section A, line Part IV, Section V, line 1; Part V	ovide the exes 1, 2, 3b, C, line 1; F, Section B	planations requests, 4b, 4c, 5a Part IV, Section, line 1e; Part \	uired by Part II, lir , 6, 9a, 9b, 9c, 11 D, lines 2 and 3	ne 10; Part II, line a a, 11b, and 11c; P ; Part IV, Section E s 5, 6, and 8; and F	I7a or 17b; Part art IV, Section , lines 1c, 2a, 2b,
	mics 2, 5, and 6	- Also complete	tilis part lo	arry additiona	i inionnation. (OC	c mandanona.j	
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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.

Open to Public

Inspection Employer identification number Name of the organization NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X

following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

scne	dule D (Form 990) 2020 NAIIVE I	PINT POSTI	A COUL	Ommont i	2/-1013	330			Pa	age 🗷
	rt III Organizations Maintainin				or Other Si	milar As	ssets	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records	, check any of	the following that m	nake significant u	se of its		,	,	
а	Public exhibition	d 🗌	Loan or excha	nge program						
b	Scholarly research	е 🗍	Other							
С	Preservation for future generations	_								
4	Provide a description of the organization's of	collections and explain	how they furth	er the organization'	s exempt purpos	e in Part				
	XIII.									
5	During the year, did the organization solicit	or receive donations of	of art, historical	treasures, or other	similar					_
	assets to be sold to raise funds rather than	to be maintained as p	oart of the organ	nization's collection?	?			Ye	s	No
Pa	ert IV Escrow and Custodial A									
	Complete if the organization	n answered "Yes	on Form 99	90, Part IV, line	9, or reported	d an am	ount o	n Form	1	
10	990, Part X, line 21.	dian ar ather intermed	ion, for contribu	tions or other seed	to not					
ıa	Is the organization an agent, trustee, custod							□ v _a) N.
h	included on Form 990, Part X?	U and complete the fol	llouring toblo:					∐ Ye	° ∟	No
D	ii res, explain the arrangement in Part XI	n and complete the lo	llowing table:					Amount		
_	Poginning halance					1c		Amount		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
f	Ending balance	Earm 000 Part V line	21 for coords	or quotodial accoun	ot liability?			☐ Ye		No
	If "Yes," explain the arrangement in Part XII								· —	INO
	irt V Endowment Funds.	i. Check here if the ex	cpiariation rias t	een provided on Fa	ait Aiii					
	Complete if the organization	n answered "Yes"	on Form 9	00 Part IV line	10					
	Complete ii the organizatio	(a) Current year	(b) Prior ye			Three years	hack	(e) Four	vears h	nack
12	Beginning of year balance	,,	(2) :)	(6))	care back (a	, ,,,,,,,	Duoit	(0) . 00.	, ou. o	-
	0 (1) (1)									
	Net investment earnings, gains, and									
·	laanaa									
Ч	Grants or scholarships									
	Other expenditures for facilities and									
·	•									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cu	rrent vear end halance	line 1a colun	nn (a)) held as:						
	Board designated or quasi-endowment ▶	%	, mio 19, colan	iii (a)) Noid do.						
	Permanent endowment ► %									
C	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
3a	Are there endowment funds not in the poss	ession of the organiza	tion that are he	ld and administered	d for the					
	organization by:	· ·						ſ	Yes	No
	(i) Unadatad annadations							3a(i)		
	(II) D 1 () ()							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requi	red on Schedul	e R?				3b		
	Describe in Part XIII the intended uses of the									
	rt VI Land, Buildings, and Eq									
	Complete if the organization	n answered "Yes'	on Form 99	00, Part IV, line	11a. See For	m 990,	Part X	, line 1	0.	
	Description of property	(a) Cost or other	basis (b) Cost or other basis	(c) Accumi	ılated		(d) Book	value	
		(investment)		(other)	depreciat	ion				
1a	Land			32,883	3				32,8	883
b	Buildings									
С	Leasehold improvements									
	Equipment									
е	Other			1,425	5	1,365	5			60
Total	L. Add lines 1a through 1e. (Column (d) must	egual Form 990. Part	X column (R)	line 10c.)	()	-	. (. (.)	HY:	32.9	943

Schedule D (Fo		S & COMMUNITY	57-1019358	Page \$
Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990. Part IV. line	: 11b. See Form 990. F	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	f valuation:
(1) Financial c	erivatives			
	d equity interests			
(2) Other				
(A)				
(B)				
(C)				
(Þ)				
(E)				
(F)				
(G)				
(H)	(i) (i) (ii) (iii)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) Investments – Program Related.			
Part VIII	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
(4)			Cost or end-of-ye	ar market value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 000 Part IV line	11d See Form 000 F	Part Y line 15
	(a) Description	FOITH 990, Fait IV, line	: Tru. See Form 990, F	(b) Book value
(1)	(a) 2000.ipidi.i			(a) Door value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	
Part X	Other Liabilities.	Farms 000 Dant IV line	. 44 44£ O F	000 D-+ V
	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal i				27.04
	LL LIABILITIES			37,065
	OAN PAYABLE			14,230
(4) (5)				
(6)				
(7)				
(8)				
(9)			CLIENT	COPY
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)			51,295

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

Schedule D (Form 990) 2020 NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 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 **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 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. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 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.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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.

Should Demi 200 2020 NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 Page 5 Part XIII Supplemental Information (continued) CLIENT COPY	Schedule D (Fo	orm 990) 2020	NATIVE	ISLAND	BUSINESS	&	COMMUNITY	57-1019358	Page 5
	Part XIII	Supplementa	al Informa	ation (contin	nued)				
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SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

ame of the organization	Employer identification number
NATIVE ISLAND BUSINESS & COMMUNITY	57-1019358
DOING BUSINESS AS - ADDITIONAL NAMES	
NIBCAA	
FORM 990 - ORGANIZATION'S MISSION	
MISSION IS TO IMPROVE THE ECONCOMIC, SOCIAL AND LIV	ING CONDITIONS OF LOW-
INCOME RESIDENTS OF HILTON HEAD ISLAND AND NEIGHBOR:	ING COMMUNITIES AND TO
RAISE AWARENESS OF HILTON HEAD'S INDIGENOUS AFRICAN	AMERICAN COMMUNITY'S
ARTS, CRAFTS, AND FOOD CULTURE.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	5 TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DI	SCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC	
	CLIENT COPY

Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return (99)

NATIVE ISLAND BUSINESS & COMMUNITY

Identifying number 57-1019358

	ess or activity to which this form relate NDIRECT DEPRECIAT							
	rt I Election To Expe		erty Under Se	ction 179				
	Note: If you have	•	•		romolete Part	ł I		
1	Maximum amount (see instruction	\	·		•		1	1,040,000
2	Total cost of section 179 property		e instructions)				2	
3	Threshold cost of section 179 pr	operty before reduction	in limitation (see in	estructions)			3	2,590,000
4	Reduction in limitation. Subtract I	ine 3 from line 2. If zer	n or less enter -0-				4	
5	Dollar limitation for tax year. Subtract I						5	
6		on of property	riess, enter o : ii man	(b) Cost (business use		Elected cost		
	()	1 -1 - 7		(.,	7, (3,			
7	Listed property. Enter the amoun	t from line 29			7			
8	Total elected cost of section 179	property Add amounts	s in column (c) lines	. 6 and 7			8	
9	Tentative deduction. Enter the si						9	
10	Carryover of disallowed deduction	n from line 13 of your 3	2019 Form 4562				10	
11	Business income limitation. Enter	the smaller of husines	es income (not less	than zero) or line 5	See instruction		11	
12	Section 179 expense deduction.					'` ······	12	
13	Carryover of disallowed deduction				13			
	: Don't use Part II or Part III below				13			
	rt II Special Deprecia	- ' ' '		eciation (Don't	include liste	d property	/ Se	e instructions)
14	Special depreciation allowance for			•		u proporti	,. U	o mondono.j
	during the tax year. See instruction		• •				14	
15	Property subject to section 168(f						15	
16	Other depreciation (including AC)(1) CICCLIO11					16	
	art III MACRS Deprecia							
	in in torto poprooid	ation (Boilt moide	Section Section		5110.)			
17	MACRS deductions for assets pla	aced in service in tax v					17	41
18								
		ed in service during the tay ve						
	If you are electing to group any assets place Section B—					reciation Sy	/stem	
		-Assets Placed in Ser	rvice During 2020	Tax Year Using th		reciation Sy	/stem	
		-Assets Placed in Ser (b) Month and year placed in	(c) Basis for depred (business/investment	Tax Year Using th		reciation Sy (f) Metho		(g) Depreciation deduction
	Section B— (a) Classification of property	-Assets Placed in Sei	rvice During 2020 (c) Basis for deprec	Tax Year Using th	e General Dep			
19a	Section B— (a) Classification of property 3-year property	-Assets Placed in Ser (b) Month and year placed in	(c) Basis for depred (business/investment	Tax Year Using th	e General Dep			
19a b	Section B— (a) Classification of property 3-year property 5-year property	-Assets Placed in Ser (b) Month and year placed in	(c) Basis for depred (business/investment	Tax Year Using th	e General Dep			
19a b c	Section B— (a) Classification of property 3-year property 5-year property 7-year property	-Assets Placed in Ser (b) Month and year placed in	(c) Basis for depred (business/investment	Tax Year Using th	e General Dep			
19a b c	(a) Classification of property 3-year property 5-year property 7-year property 10-year property	-Assets Placed in Ser (b) Month and year placed in	(c) Basis for depred (business/investment	Tax Year Using th	e General Dep			
19a b c d	Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	-Assets Placed in Ser (b) Month and year placed in	(c) Basis for depred (business/investment	Tax Year Using th	e General Dep			
19a b c d e	Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	-Assets Placed in Ser (b) Month and year placed in	(c) Basis for depred (business/investment	Tax Year Using the ation use ns) (d) Recovery period	e General Dep	(f) Metho		
19a b c d e f	Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	-Assets Placed in Ser (b) Month and year placed in	(c) Basis for depred (business/investment	Tax Year Using the ation use ns) (d) Recovery period	(e) Convention	(f) Metho		
19a b c d e f	(a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property Residential rental	-Assets Placed in Ser (b) Month and year placed in	(c) Basis for depred (business/investment	Tax Year Using the ation use ns) (d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention	(f) Method		
19a b c d e f g	Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	-Assets Placed in Ser (b) Month and year placed in	(c) Basis for depred (business/investment	Tax Year Using the ation use ns) (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention MM MM	(f) Method		
19a b c d e f g	(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real	-Assets Placed in Ser (b) Month and year placed in	(c) Basis for depred (business/investment	Tax Year Using the ation use ns) (d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention MM MM MM	(f) Method		
19a b c d e f g	Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	-Assets Placed in Set (b) Month and year placed in service	(c) Basis for deprec (business/investment only–see instructio	Tax Year Using the ation use ns) (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM	(f) Method S/L S/L S/L S/L S/L S/L	od	(g) Depreciation deduction
19a b c d e f g h	Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A	-Assets Placed in Ser (b) Month and year placed in	(c) Basis for deprec (business/investment only–see instructio	Tax Year Using the ation use ns) (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L	od	(g) Depreciation deduction
19a b c d e f g h	(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A	-Assets Placed in Set (b) Month and year placed in service	(c) Basis for deprec (business/investment only–see instructio	Tax Year Using the ation use ns) (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ax Year Using the	(e) Convention MM MM MM MM	S/L	od	(g) Depreciation deduction
19a b c d e f g h i 20a b	(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A Class life 12-year	-Assets Placed in Set (b) Month and year placed in service	(c) Basis for deprec (business/investment only–see instructio	Tax Year Using the ation use period (d) Recovery period 25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ax Year Using the 12 yrs.	(e) Convention MM MM MM MM Alternative De	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	od	(g) Depreciation deduction
19a b c d e f g h i	(a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A Class life 12-year 30-year	-Assets Placed in Set (b) Month and year placed in service	(c) Basis for deprec (business/investment only–see instructio	Tax Year Using the ation use period (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ax Year Using the 12 yrs. 30 yrs.	MM MM MM Alternative De	S/L	od	(g) Depreciation deduction
19a b c d e f g h i 20a b c d	(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A Class life 12-year 30-year	Assets Placed in Set (b) Month and year placed in service	(c) Basis for deprec (business/investment only–see instructio	Tax Year Using the ation use period (d) Recovery period 25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ax Year Using the 12 yrs.	(e) Convention MM MM MM MM Alternative De	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	od	(g) Depreciation deduction
19a b c d e f g h i 20a b c d Pa	(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A Class life 12-year 30-year 40-year	Assets Placed in Set (b) Month and year placed in service service assets Placed in Serv assets Placed in Serv assets Placed in Serv	(c) Basis for deprec (business/investment only–see instructio	Tax Year Using the ation use period (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ax Year Using the 12 yrs. 30 yrs.	MM MM MM Alternative De	S/L	Syster	(g) Depreciation deduction
19a b c d e f g h i 20a b c d Pa	(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A Class life 12-year 30-year 40-year Listed property. Enter amount fro	Assets Placed in Set (b) Month and year placed in service Assets Placed in Service Assets Placed in Service Assets Placed in Service	c) Basis for deprec (business/investment only–see instructionly–see During 2020 Table During 2020 Tabl	Tax Year Using the ation use ns) (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ax Year Using the 12 yrs. 30 yrs. 40 yrs.	MM MM Alternative De	S/L	od	(g) Depreciation deduction
19a b c d e f g h i 20a b c d Pa	(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A Class life 12-year 30-year 40-year Itt IV Summary (See in Total. Add amounts from line 12	Assets Placed in Set (b) Month and year placed in service Assets Placed in Service Assets Placed in Service Distructions.) Instructions.)	c) Basis for deprec (business/investment only–see instructionly–see instruction)	Tax Year Using the ation use ns) (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM MM MM Alternative De MM MM	(f) Method S/L S/L S/L S/L S/L S/L S/L S/	Syster	(g) Depreciation deduction
19a b c d e f g h i 20a b c d Pa	(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A Class life 12-year 30-year 40-year Listed property. Enter amount fro	Assets Placed in Set (b) Month and year placed in service Assets Placed in Service Assets Placed in Service Distructions.) In structions 14 through 17, lists of your return. Partners	c) Basis for deprec (business/investment only–see instructionly–see instructionly–se	Tax Year Using the ation use period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM MM MM Alternative De MM MM	(f) Method S/L S/L S/L S/L S/L S/L S/L S/	Syster 21	(g) Depreciation deduction

NATIVEISLAN Native Island Business & Community
57-1019358 Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
1	MACRS: GATEWAY COMPUTER Asset	4/17/12 6/15/17	725 700 1,425		X X	362 350 712	5 HY 200DB 5 HY 200DB	725 599 1,324	0 41 41
	Grand Totals Less: Dispositions and Trans Less: Start-up/Org Expense Net Grand Totals	fers	1,425 0 0 1,425			712 0 0 712		1,324 0 0 1,324	41 0 0 41

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NATIVEISLAN Native Island Business & Community
57-1019358 SC Asset Report

FYE: 12/31/2020

Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
1 (MACRS: GATEWAY COMPUTER Asset	4/17/12 6/15/17	725 700	725 700	725 498	0 81	0 41	0 -40
		_	1,425	1,425	1,223	81	41	
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	_	1,425 0 0 1,425	1,425 0 0 1,425	1,223 0 0 1,223	81 0 0 81	41 0 0 41	-40 0 0 -40

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NATIVEISLAN Native Island Business & Community
57-1019358 AMT Asset Report

Form 990, Page 1 FYE: 12/31/2020

Asset Description	Date In Service	Cost	Bus Sec <u>%</u> 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS: 1 GATEWAY COMPUTER 2 Asset	4/17/12 6/15/17 _	725 700 1,425	X X	362 350 712	5 HY 200DB 5 HY 200DB	725 599 1,324	0 41 41
Grand Totals Less: Dispositions and Transf Net Grand Totals	ers _	1,425 0 1,425		712 0 712		1,324 0 1,324	41 0 41

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NATIVEISLAN Native Island Business & Community
57-1019358
Bonus Depreciation Report
FYE: 12/31/2020
Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
	GATEWAY COMPUTER Asset	4/17/12 6/15/17	725 700		0	0	363 350	362 350
		Grand Total	1,425	•	0	0	713	712

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<u>Form</u>	Unit A	<u>Asset</u>	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS	S Adjus	stments:				
Page 1 Page 1	1	1	GATEWAY COMPUTER	0	0	0
Page 1	1	2	Asset	41	41	0
				41	41	0

NATIVEISLAN Native Island Business & Community
57-1019358 Future Depreciation Report FYE: 12/31/21

Form 990, Page 1 FYE: 12/31/2020

Asset	Description	Date In Service	Cost	Tax	AMT
Prior M	MACRS:				
1 2	GATEWAY COMPUTER Asset	4/17/12 6/15/17	725 700 1,425	0 40 40	0 40 40
	Grand Totals		1,425	40	40

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NATIVEISLAN Native Island Business & Community SC Future Depreciation Report FYE: 12/31/21

Form 990, Page 1 FYE: 12/31/2020

Asset	Description	Date In Service	Cost	SC
Prior M	IACRS:			
1 2	GATEWAY COMPUTER Asset	4/17/12 6/15/17	725 700	0 81
			1,425	81
	Grand Totals		1,425	81

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Form 990 Two Year Comparison Report
For calendar year 2020, or tax year beginning , ending

2019 & 2020

Name Taxpayer Identification Number

N	NATIVE ISLAND BUSINESS & COMMUNITY			57	-101	L9358
			2019	2020		Differences
	1. Contributions, gifts, grants	1.	10,300	34,20	00	23,900
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.	166,585	161,41	17	-5,168
n e	4. Program service revenue	4.	87,283	174,08	30	86 , 797
e n	5. Investment income	5.	37	•	32	-5
>	6. Proceeds from tax exempt bonds	6.				
R e	7. Net gain or (loss) from sale of assets other than inventory	7.				
	8. Net income or (loss) from fundraising events	8.	24,090			-24,090
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.	3,816	3,51		-302
	11. Other revenue	11.	206		32	-174
	12. Total revenue. Add lines 1 through 11	12.	292,317	373,27	75	80,958
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.				
	16. Salaries, other compensation, and employee benefits	16.	69,516	74,25	55	4,739
e	17. Professional fundraising fees	17.				
α	18. Other professional fees	18.	6,781	6,92	24	143
Ш	19. Occupancy, rent, utilities, and maintenance	19.	4,527	2,76	62	-1,765
	20. Depreciation and Depletion	20.	67		41	-26
	21. Other expenses	21.	213,204	278,96		65 , 764
	22. Total expenses. Add lines 13 through 21	22.	294,095	362,95		68 , 855
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-1,778			12,103
	24. Total exempt revenue	24.	292,317	373,27		80,958
	25. Total unrelated revenue	25.	206		32	-174
ö	26. Total excludable revenue	26.	91,136	177,62	26	86,490
mat	27. Total assets	27.	60,211	83,01	14	22,803
ē	28. Total liabilities	28.	38,817	51,29		12,478
드	29. Retained earnings	29.	21,394	31,71	19	10,325
	30. Number of voting members of governing body	30.	9	10		
	31. Number of independent voting members of governing body	31.	9	10		
	32. Number of employees	32.	2	2		
	33. Number of volunteers	33.	50	50		

Form **990T**

Two Year Comparison Report

endin

For calendar year 2020, or tax year beginning

2019 & 2020

Name

Taxpayer Identification Number

			2019	2020	Differences
.	Gross profit/loss on business activities	1.	2010	2020	Dilitoronoco
	Comital mains/language	2.			
	2. Capital gains/losses 3. Income/loss from partnerships and S corporations				
	Rent income (net of expense)	4.			
ן ע	5. Unrelated debt-financed income (net of expense)	5.			
	Income from controlled organizations (net of expense)	6.			
	7. Section 501(c)(7)(9)(17) organization income (net of expense)	7.			
	3. Exploited exempt activity income (net of expense)	8.			
	3. Advertising income (net of expense)	9.			
1	Other income	10.	206	32	-174
ļ.,	O. Other income Total trade or business income. Combine lines 1 through 10	11.	206	32	-17
-	2. Compensation of officers, directors, and trustees	12.	200	32	<u> </u>
		13.			
֡֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	3. Other salaries and wages	14.			
	4. Repairs and maintenance	15.			
	5. Bad debts	16.			
₀ 1	6. Interest				
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	7. Taxes and licenses	18.			
ָר ב <u>י</u>	8. Charitable contributions	19.			
2 1 <	9. Depreciation and Depletion	20.			
	Contributions to deferred compensation plans				
2	1. Employee benefit programs				
2	2. Other deductions	22.			
- 1	3. Total deductions. Add lines 12 through 22		206	32	-17
	4. Net income (990T/first activity); Subtract line 23 from 11	24.	1	1	-17-
	5. Number of unrelated business activities for this return	25.	206	<u> </u>	-200
	6. Unrelated business taxable income from all trades		200		-200
K	7. Disallowed employee fringe benefits				
Ľ	8. Charitable contributions	28.	206		-200
۲	9. Taxable income before NOL loss	29.	200		-200
3	Net operating loss (pre-2018)			1,000	1 000
3	1. Specific deduction	31.	206	1,000	1,000 -200
	2. Unrelated business taxable income.	32.	206		-200
	3. Income tax (corporate or trust)				
3	4. Proxy tax	34.			
b b	5. Other taxes	35.			
5 3	6. Total taxes	36.			
8 ^{[3}	7. Other credits	37.			
د ع ت	3. General business credit	38.			
- 3	9. Credit for prior year minimum tax	39.			
4	0. Total credits	40.			
4	1. Net tax after credits	41.			
	2. Recapture taxes and 965 tax				
_	3. Total Taxes	43.			
	4. Prior year overpayment and estimated tax payments	44.			
5 4	5. Payment made with extension				
	6. Backup withholding and foreign withholding	46.			
4	7. Other payments	47.			
<u>4</u>	8. Total payments	48.			
٠ 4	9. Balance due/(Overpayment)	49.		CHEKIT	
-		1 50 1	1		I I Y
5	Overpayment applied to next year Penalties	50. 51.		CLILINI C	

Form **SchM**

Two Year Comparison for Unrelated Business Activity

2019 & 2020

For calendar year 2020, or tax year beginning

, ending

Organization Name
NATIVE ISLAND BUSINESS & COMMUNITY

Taxpayer Identification Number

57-1019358

Unin	corporated Business Income Tax Code: 624100 Activity: UNREL	ATE	D BUSINESS AC	CTIVITY	
			2019	2020	Differences
	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
n e	3. Income/loss from partnerships and S corporations	3.			
e D	4. Rental income (net of expense)	4.			
>	5. Unrelated debt-financed income (net of expense)	5.			
8	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.	206	32	-174
	11. Total trade or business income. Combine lines 1 through 10	11.	206	32	-174
	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
s	16. Interest	16.			
s e	17. Taxes and licenses	17.			
<u>_</u>	18. Depreciation and Depletion	18.			
ď	19. Contributions to deferred compensation plans	19.			
×	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	22. Total deductions. Add lines 12 through 22	22.			
	23. Taxable income before deductions. Subtract line 23 from 11	23.	206	32	-174
	24. Deductible losses	24.			
	25. Unrelated business taxable income (loss)	25.	206	32	-174

Total expenses

Excess or (Deficit)

Total exempt revenue

Total unrelated revenue

Total excludable revenue

Total Assets

Total Liabilities

Net Fund Balances

Tax Return History							
SLAND BUSINESS &	COMMUNITY				ver Identification Number		
2016	2017	2018	2019	2020	2021		
137,406	172,817	124,264	176,885	195,617			
93,198	72,525	99,765	87,283	174,080			
51	32	52	37	32			
24,758	5,399	23,325	24,090				
691	248	2,364	4,022	3,546			
256,104	251,021	249,770	292,317	373,275			
71,762	77,814	49,367	69,516	74,255			
6,077	9,765	7,860	6,781	6,924			
4,550	4,223	4,158	4,527	2,762			
42	441	112	67	41			
165,753	133,420	222,939	213,204	278,968			
	2016 137,406 93,198 51 24,758 691 256,104 71,762 6,077 4,550 42	2016 2017 137,406 172,817 93,198 72,525 51 32 24,758 5,399 691 248 256,104 251,021 71,762 77,814 6,077 9,765 4,550 4,223 42 441	SLAND BUSINESS & COMMUNITY 2016 2017 2018 137,406 172,817 124,264 93,198 72,525 99,765 51 32 52 24,758 5,399 23,325 691 248 2,364 256,104 251,021 249,770 71,762 77,814 49,367 6,077 9,765 7,860 4,550 4,223 4,158 42 441 112	2016 2017 2018 2019 137,406 172,817 124,264 176,885 93,198 72,525 99,765 87,283 51 32 52 37 24,758 5,399 23,325 24,090 691 248 2,364 4,022 256,104 251,021 249,770 292,317 71,762 77,814 49,367 69,516 6,077 9,765 7,860 6,781 4,550 4,223 4,158 4,527 42 441 112 67	Employ 57-		

284,436

-34,666

249,770

102,181

61,450

38,278

23,172

294,095

292,317

91,136

60,211

38,817

21,394

206

-1,778

225,663

251,021

72,805

95,241

37,403

57,838

25,358

248,184

256,104

93,940

94,324

39,259

55,065

7,920

362,950

373,275

177,626

83,014

51,295

31,719

32

10,325

Form 990T Tax Return History 2	2020
--------------------------------	------

Name
NATIVE ISLAND BUSINESS & COMMUNITY

Employer Identification Number 57-1019358

* Income shown net of expenses						
	2016	2017	2018	2019	2020	2021
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income				206	32	
Total trade or business income.				206	32	
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History					
Name	NATIVE ISLAND BUSINESS & COMMUNITY	Employer Ide 57-101	entification Number 19358			

	2016	2017	2018	2019	2020	2021
Other deductions						
Net income (990T/first activity)				206	32	
UBTI from all trades	0	0	0	206	0	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction					1,000	
Income after expense and deductions				206		
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

NATIVEISLAN Native Island Business & Community 57-1019358 Federal Statements

FYE: 12/31/2020

Taxable Interest on Investments

Description

Unrelated Exclusion Postal Acquired after US Business Code Code 6/30/75 Obs (\$ or %)

9/16/2021

BANK INTEREST

TOTAL

32

Amount

14

NATIVEISLAN Native Island Business & Community

Federal Statements

FYE: 12/31/2020

57-1019358

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses		Program Service		Management & General		Fund Raising	
BANK & CREDIT CARD FEES DUES & MEMBERSHIPS	\$	296 270	\$	135	\$	135	\$	296
GIFTS PAYROLL EXPENSE-OTHER		74 -2,028		-1,014		74 -1,014		
TOTAL	\$	-1,388	\$	-879	\$	-805	\$	296

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9/16/2021

57-1019358

Federal Statements

FYE: 12/31/2020

Schedule A, Part II, Line 1(e)

Description	Amoun	<u>it </u>
HILTON HEAD ATAX	\$ 161	,417
BEAUFORT COUNTY ATAX		
INDIVIDUAL/BUSINESS CONTRIBUTIONS	2	,700
CORPORATE SPONSORSHIPS	6	,500
BBT CORP	10	,000
SOUTHERN PARTNERS FUDN	15	,000
TOTAL	\$ <u>195</u>	,617

Schedule A, Part II, Line 8(e)

	Description			Amount		
BANK	INTEREST		\$		32	
	TOTAL		\$		32	

Schedule A, Part II, Line 9(e)

Description	Amount	
	\$	
OTHER INCOME		32
LESS: DEDUCTIONS		00
TOTAL	\$ -9	68

NATIVEISLAN Native Island Business & Community

Federal Statements

FYE: 12/31/2020

57-1019358

Schedule A, Part II, Line 12 - Current year

Description	Amount
GULLAH CELEBRATION MISC EVENTS MISC EVENTS MERCHANDISE SALES REFRESHMENT BOOTH	\$ 169,177 4,623 280 3,514
TOTAL	\$ 177,594

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South Carolina Return Summary

For calendar year 2020, or tax year beginning , and ending

NATIVE ISLAND BUSINESS & COMMUNITY

General Information	Charitable Registration Information						
Federal employer identification number 57-1019358	South Carolina registration number _	P12042					
Exempt Charitable Entity	Initial Application						
Annual Reporting, Federal 990/990PF/990EZ X	Initial Fee						
Annual Reporting, Federal 990N with Financial Report	Renewal	<u>_x</u>					
SC990-T, Unrelated Business Income							
Amended (SC990-T)							
Return due date/ Extended due date	Return due date/ Extended due date	05/17/21					
UNRELATED BUSINESS IN	COME						
Income							
South Carolina taxable income (unrelated business income)							
,							
Tax							
Tax on taxable income							
Credits and Payments							
Payments and Credits							
Withholding Credits	_						
Total payments							
Net tax due /-overpayment							
Penalties and Interest							
Underpayment tax penalty							
Interest and Other Penalties							
	-						
Net amount due/-refund							
Overpayment to be credited to next year's estimated tax							
Balance due/-refund							
Next Year's Estimates (SC990-T)							
Hox real 5 Estimates (55550 1)							
1st quarter							
2nd quarter							
3rd quarter							
4th quarter							
Total							

SOUTH CAROLINA SECRETARY OF STATE

PUBLIC CHARITIES DIVISION

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

Filing Instructions

- Pursuant to Section 33-56-30 of the South Carolina Code of Laws, failure to complete <u>all</u> sections of this form may
 cause your registration to be returned to you and may result in a possible violation and/or fine.
- If this is a renewal, this form cannot be accepted more than six (6) weeks prior to the current expiration.
- This form must be signed and accompanied by a filing fee of \$50.00 made payable to the Secretary of State.
- If the annual financial report for the immediately preceeding fiscal year has not already been filed with the Secretary of State's Office, please submit it with this form. You may submit your financial report on the Annual Financial Report for a Charitable Organization which can be found on our website www.scsos.com or on IRS Form 990, 990EZ, or 990PF; we cannot accept IRS Form 990-N. If the financial report is not ready you must submit a copy of the extension request submitted to the IRS.
- Please contact our office with any questions regarding this form at 803-734-1790 or email charities@sos.sc.gov.
- Mail to South Carolina Secretary of State, Attn: Division of Public Charities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.

		Check o	ne:	[] Initial	Registration	[X] R	enewal		
		Current	Fiscal	Year	Dates	01/01/20 (mo/day/yea		to	12/31/20 (mo/day/year		_
iter	Federal Employer's Ide	ntification	Numb	er:	57-	1019358			Charity Public	c ID:	P12042 (Renewal only)
_eg	al Name of Organization:	_NATI	VE	ISI	LAND	BUSINESS	& C	OMM	UNITY		
ā.	Doing Business As (DBA)	Names:	NI	BCZ	\A						
	Former Names Used by the	ne Charity:			`	applicable)					
	Organization's Website: Please provide a contact					applicable)					
	ERIC TURPIN		•	Ū			EXEC	UTI	VE DIRECTOR	₹	
	Name					HILTON	Title HEAD	IS:	LAND S	SC.	29925
	PO BOX 23452										
	PO BOX 23452 Address, City, State, Zip C404-229-2056	Code			ET	URPIN@MIN	DSPR	INC	G.COM		
	Address, City, State, Zip C	Code			ET		DSPR	INC	G.COM		

NATIVEISLA

tate SC	Count	try UNITED	STATE	S Date	11/21	/1994
					(mo/day	y/year)
orm of organization. Che	eck one: [X] ** Corpo	ration (includes all no	nprofit [i.e	. 501(c)3] and	for profit cor	porations)
	[] Associatio	on [] Other				
	[] Association	on [] Other	(Plea	se Specify)		
* All corporations <u>mus</u> PAMELA JUNE	t provide a name and str	eet address for a req	gistered a	agent.		
	e name of the organization)					
99 MAIN STREET			HEAD	ISLAND	SC	29926
treet Address (PO Box of	cannot be accepted)	City			State	Zip Code
omplete A or B, whichev	ver applies: (6A or 6B mus	t be a street address	s, not a P	О Вох)		
. Principal address of t				·		
PO BOX 23452		HILTON	ПЕДП	TCT.AND	SC	20025
treet Address, City, State If the organization doe of the organization's f	es not maintain an office, pl					29925 custody
treet Address, City, State If the organization doe of the organization's f	es not maintain an office, pl					
treet Address, City, State If the organization doe of the organization's fame	es not maintain an office, pl financial records:					
treet Address, City, State If the organization doe of the organization's fame treet Address, City, State ddresses of any of your	es not maintain an office, pl financial records:	lease provide the nam	e and ad	dress of the p		
treet Address, City, State If the organization doe of the organization's fame Itreet Address, City, State Iddresses of any of your SEE STMT 2	es not maintain an office, pl financial records: e, Zip Code	lease provide the nam	e and ad	dress of the po		
treet Address, City, State If the organization doe of the organization's fame treet Address, City, State ddresses of any of your SEE STMT 2	es not maintain an office, pl financial records: e, Zip Code organization's <u>offices in So</u>	lease provide the name	list if nec	dress of the posterior	erson having	custody
treet Address, City, State If the organization doe of the organization's fame treet Address, City, State ddresses of any of your SEE STMT 2 lame lames and addresses of	es not maintain an office, pl financial records: e, Zip Code	lease provide the name	list if nec	dress of the posterior	erson having	custody
treet Address, City, State If the organization doe of the organization's fame treet Address, City, State ddresses of any of your SEE STMT 2 lame lames and addresses of	es not maintain an office, pl financial records: e, Zip Code organization's <u>offices in So</u>	lease provide the name	list if nec	dress of the posterior	erson having	custody
treet Address, City, State If the organization doe of the organization's falame treet Address, City, State ddresses of any of your SEE STMT 2 lame lames and addresses of ecessary. SEE STMT 3	es not maintain an office, pl financial records: e, Zip Code organization's <u>offices in So</u>	lease provide the name	list if nec	dress of the possessary. Sode South Carolin	erson having	custody
treet Address, City, State If the organization doe of the organization's falame treet Address, City, State ddresses of any of your SEE STMT 2 lame lames and addresses of ecessary. SEE STMT 3	es not maintain an office, pl financial records: e, Zip Code organization's <u>offices in So</u>	lease provide the name buth Carolina. Attach a Address, City, St affiliates of your organ	list if nec	dress of the possessary. Sode South Carolin	erson having	custody
treet Address, City, State If the organization doe of the organization's fame treet Address, City, State ddresses of any of your SEE STMT 2 lame lames and addresses of ecessary. SEE STMT 3 lame for the current fiscal years	es not maintain an office, plinancial records: e, Zip Code organization's offices in So any chapters, branches or	euth Carolina. Attach a Address, City, St affiliates of your organ Address, City, St	list if neo	dress of the possessary. Sode South Carolin	erson having a. Attach a lis	custody st if
treet Address, City, State If the organization doe of the organization's fame treet Address, City, State ddresses of any of your SEE STMT 2 ame ames and addresses of ecessary. SEE STMT 3 ame or the current fiscal ye	es not maintain an office, planacial records: e, Zip Code organization's offices in So any chapters, branches or	euth Carolina. Attach a Address, City, St affiliates of your organ Address, City, St	list if neo	dress of the possessary. Sode South Carolin	erson having a. Attach a lis	custody st if
Street Address, City, State 3. If the organization does of the organization's feature Street Address, City, State Addresses of any of your SEE STMT 2 Itame It	es not maintain an office, plifinancial records: e, Zip Code organization's offices in So any chapters, branches or ear, please provide the namers. Attach a list if necessar	euth Carolina. Attach a Address, City, St affiliates of your organ Address, City, St	list if neo	dress of the possessary. Sode South Carolin	erson having a. Attach a lis	custody st if

Address, City, State, Zip Code

Address, City, State, Zip Code

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Title

Title

Name

Name

NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358

10. Check all states in which your organization is authorized to solicit contributions.

AL	AK	AR	ΑZ	CA	СО		СТ	DC	DE	
FL	GA	Η	IA	ID	⊒		IN	KS	KY	
LA	MA	MD	ME	MI	MN		МО	MS	MT	
NC	ND	NE	NH	NJ	NM		NV	NY	OH	
OK	OR	PA	PR	RI	SC	X	SD	TN	TX	
UT	VA	VT	WA	WI	WV		WY			

If any other governmental authority that is not listed above has authorized your organization to solicit contributions, enter the name of the governmental authority. Attach a list if necessary.

11.	C	Check up to three boxes below that best de	scribe th	e general purpose for which solicited contribution	ons ar	e to	be used.		
X		Arts, Culture, Humanities	L.	Housing, Shelter		Τ.	Philanthropy, Volunteerism,		
		(inc. historical)		(inc. senior citizen housing)			Grant-making (inc. foundations)		
	١.	Educational Institutions	М.	Public Safety, Disaster		U.	Science and Technology		
		(inc. literacy)		Preparedness and Relief			Research Institutes		
	; .	Environment, Beautification		(inc. rescue squads, auto safety)			(inc. computer science, engineering)		
		(inc. gardening, outdoor education)	N.	Recreation, Sports, Leisure,	\square	٧.	Social Sciences Institutes		
).	Animal-Related		Athletics	_		(inc. institutes for studies on populatio		
		(inc. wildlife sanctuaries)		(inc. social clubs, Special Olympics)			minorities and economics)		
		Health-General, Rehabilitative	О.	Youth Development	\Box	W.	Public Affairs, Society Benefit		
		(inc. nursing, family planning)	P.	Human Services	_		(inc. citizen participation, con-		
F		Mental Health, Crisis Intervention		(inc. thrift stores, YMCAs and YWCAs,			sumer protection, veterans'		
		(inc. alcoholism, services for rape and abuse		hearing- or sight-impaired orgs.)			orgs., leadership development)		
		victims)	Q.	International, Foreign Affairs,		Χ.	Religion, Spiritual Development		
	.	Disease, Disorders, Medical Disciplines	_	National Security (inc. cultural			(inc. religious broadcasters and		
П	١.	Medical Research		exchange)			interfaith coalitions)		
П		Crime, Legal-Related	R.	Civil Rights, Social Action,	\square	Υ.	Mutual / Membership Benefit		
		(inc. prevention of abuse, delinquency)	_	Advocacy (inc. right to life and			(inc. fraternal organizations,		
П		Employment, Job-Related		right to die, reproductive rights)			cemeteries)		
		(inc. voc. rehabilitation, unions)	X s.	Community Improvement,	\square	Z.	Unknown, Other		
Пк	,	Agriculture, Food, Nutrition	_	Capacity Building			Please Specify:		
		(inc. livestock breeding)		(inc. neighborhood associations,			• •		
		.		service clubs, bus. development)					
12.	c fe ir	haritable solicitation, fundraising campaign, ederal governmental authority including, bur hjunctions or suspensions? [] YES	or camp t not limi [X] 1	een the subject of a legal or administrative activation with a commercial co-venturer by anothe ted to, registration or license revocation or der NO If "Yes," please attach an explanation of a stees or board members been the subject of a	r local, nial, fin Il actio	, st es, ns.	ate or		
13.	ir s	ncluding guilty or nolo contendere pleas, in	volving a	iny charitable solicitations act, fraud, dishonest	y, or fa	alse	•		
14.		any of the charitable organization's officers narriage or adoption, please provide a state		ors, trustees or board members are related to cost to the relationship(s).	one and	oth	er by blood,		
15.	15. If any of the charitable organization's officers, directors, trustees or board members are related by blood, marriage or adoption to a director or officer of a professional fundraising counsel or professional solicitor under contract with the charitable organization, please provide a statement as to the relationship(s).								

NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358

16. If your organization intends to use a professional solicitor, professional fundraising counsel, or commercial co-

venturer, or hire individuals to solicit, plo	ease list their names and	and contact information. Attach a list if necessary.						
Name		Phone						
Address, City, State, Zip Code								
I certify that the information furnished in this the best of my knowledge, information and b constitute a misdemeanor carrying a penalty	pelief. I understand that the upon conviction of a fine	e giving of false or incorrect information ma of not more than two thousand dollars or	ay					
imprisonment for not more than one year, or felony carrying a penalty upon conviction of a five years, or both.		•						
CHIEF FINANCIAL OFFICER / TREAS	SURER	CHIEF EXECUTIVE OFFICER / PRESIDENT						
QUINCY J. CAMPBELL		ERIC TURPIN						
Print Name		Print Name						
Signature	Date	Signature	Date					
PO BOX 23452		PO BOX 23452						
Mailing Address HILTON HEAD ISLAND SC 29925		Mailing Address HILTON HEAD IS SC 29925	LAND					
City, State, Zip		City, State, Zip						
842-255-7303		842-255-7303						
Phone Number		Phone Number						

^{*} The persons signing this form as CEO/President and CFO/Treasurer must be designated as such on the current fiscal year's list of officers, directors, trustees, and board members. If not, the registration will be returned for correction.

South Carolina Statements

FYE: 12/31/2020

57-1019358

Statement 1 - Registration Statement, Line 2 - Purpose of Organization

Description

MISSION IS TO IMPROVE THE ECONCOMIC, SOCIAL AND LIVING CONDITIONS OF LOW-INCOME RESIDENTS OF HILTON HEAD ISLAND AND NEIGHBORING COMMUNITIES AND TO RAISE AWARENESS OF HILTON HEAD'S INDIGENOUS AFRICAN AMERICAN COMMUNITY'S ARTS, CRAFTS, AND FOOD CULTURE.

Statement 2 - Registration Statement, Line 7 - Organization's Offices in South Carolina Name Address City State Zip SAME AS ABOVE Statement 3 - Registration Statement, Line 8 - Organization's Chapters, Branches, and Affiliates in South Carolina Name Address City State Zip NONE

<u>Statement 4 - Registration Statement, Line 9 - Current Officers, Directors, Trustees and Board Members</u>

Name			
Title	Address	City	State Zip
THOMAS CURTIS BARNWE			
GULLAH CHAIRMAN	370 SQUIRE POPE ROAD	HILTON HEAD ISLAND	SC 29926
ROSELLE WILSON			
CHAIRMAN	7 BRADLEY BEACH RD.	HILTON HEAD ISLAND	SC 29928
RALPH MILLIDGE			
DIRECTOR	127 WOODLAKE VILLAS	HILTON HEAD ISLAND	SC 29926
ERIC TURPIN			
EXECUTIVE DIRECTOR	6 KNIGHTSBRIDGE LN.	HILTON HEAD ISLAND	SC 29928
NELL BARNWELL-HAY	0.0		22 2222
VICE CHAIRMAN	82 UNION CEMETERY RO	HILTON HEAD ISLAND	SC 29926
DAVID MURRAY	C GUGADEE DDIVE	DITIERMON	gg 20010
DIRECTOR PAMELA REDMON	6 SUGAREE DRIVE	BLUFFTON	SC 29910
DIRECTOR	24 SEBURN DRIVE	BLUFFTON	SC 29910
OUINCY JERMAINE CAMP	Z4 SEBOKN DKIVE	BHOFFION	50 29910
TREASURER	540 SPANISH WELLS RD	HILTON HEAD ISLAND	SC 29926
JAMES ERIC BARNWELL			
DIRECTOR	230 OLD POST OFFICE	BLUFFTON	SC 29910
JAYME LOPKO			
SECRETARY	56 GOLD OAK DR.	HILTON HEAD ISLAND	SC 29926
QUINCY JERMAINE CAMP			
DIRECTOR	540 SPANISH WELLS RD	HILTON HEAD ISLAND	SC 29926

Return of Organization Exempt From Income Tax

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

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

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the 2	2020 calendar year, or tax year beginning , and ending				
В	Check if appl	licable: C Name of organization			D Employer	identification number
П	Address char	nge NATIVE ISLAND BUSINESS & COMMUN	IITY			
Ħ	Name change	Doing husiness as NTDCAA			57-1	019358
님	Name change	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone	
Ш	Initial return	PO BOX 23452			842-	255-7303
П	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code				
一	Amended ret	HILTON HEAD ISLAND SC 29925			G Gross reco	eipts \$ 373,275
님		r Name and address of principal officer:		IV-) lo this a gra	um ratura for a	ubordinates? Yes X No
Ш	Application p	pending ERIC TURPIN		H(a) Is this a gro	oup return for s	
		6 KNIGHTSBRIDGE LN.		H(b) Are all sub	ordinates incli	uded? Yes No
		HILTON HEAD ISLAND SC 29928		If "No,"	attach a list.	See instructions
ī	Tax-exempt	status: X 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or 5	527	1		
	Website:			H(c) Group exer	mption numbe	r >
ĸ	Form of orga		L Ye	ear of formation: 1		M State of legal domicile: SC
	Part I	Summary				
_		iefly describe the organization's mission or most significant activities:				
4	1 .	SEE SCUEDILE O				
ű	• • •	DEE SCHEDULE O				
Governance						
) Ve	2 Ch	neck this box ▶ if the organization discontinued its operations or disposed of more				
	2 011					10
∞ ∞	3 Nu	umber of voting members of the governing body (Part VI, line 1a)			3	10
Activities	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)			. 4	2
ξį		tal number of individuals employed in calendar year 2020 (Part V, line 2a)				
Ac	1	tal number of volunteers (estimate if necessary)				50
		tal unrelated business revenue from Part VIII, column (C), line 12				32
	b Ne	et unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>			0
		estable stigned and process (Don't VIII. line Ale)		Prior Yea		Current Year
ne	8 0	ontributions and grants (Part VIII, line 1h)			5,885	195,617
Revenue	9 Pro	ogram service revenue (Part VIII, line 2g)		0	7,283	174,080
Şe,	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.4	37	32
	1	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	I		8,112	3,546
		tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		292	2,317	373,275
	13 Gra	ants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)				0
es	15 Sal	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots\dots}$		69	9,516	74,255
xpenses	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25)				0
ă X	b Tot	tal fundraising expenses (Part IX, column (D), line 25) ▶				
Ш		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,579	288,695
	18 Tot	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			4,095	362,950
	+	evenue less expenses. Subtract line 18 from line 12			1,778	10,325
Net Assets or	<u> </u>			Beginning of Cur		End of Year
ssets	20 Tot	tal assets (Part X, line 16)			0,211	83,014
¥ K	21 Tot	tal liabilities (Part X, line 26)			8,817	51,295
Ž	22 Ne	et assets or fund balances. Subtract line 21 from line 20		2	1 , 394	31,719
F	Part II	Signature Block				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and				wledge and belief, it is
tr	ue, correct,	, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has	s any knowledge		
Sig	gn	Signature of officer			Date	
He	re	ERIC TURPIN E	EXECUT	'IVE DIR	ECTOR	
		Type or print name and title				
	F	Print/Type preparer's name Preparer's signature		Date	Check	if PTIN
Pai	d P.	PAMELA JUNE, CPA PAMELA JUNE, CPA		09/16/	/21 self-em	ployed P00636703
Pre	parer	Firm's name JUNECPA			irm's EIN 🕨	20-4046229
Use	e Only	99 MAIN STREET			2 - 2 - 2	
	F	Firm's address		P	hone no.	843-842-6500
Ma	•	discuss this return with the preparer shown above? See instructions		1.		X Yes No

308,420

Total program service expenses ▶

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If			٠,
_	"Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		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			x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		<u> </u>
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u		11a	x	
b	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f		Х
12a				
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<u>. </u>		,,
4.5	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H CLIENT CO	20a		X
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domestic government on ratery, column (n), the real rest complete schedule i, ratis ratio ii			_ 42

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these X 27 persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a COIFNT Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Form 990 (2020) NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358

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

	otatements regarding other into rinings and rax compliance (contains	<u>uou,</u>			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	2							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b		X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
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? If "No" to line 3b, provide an explanation on Schedule C			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority	over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	nt)?	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 Ad	ccounts	s (FBAR).	5a		x				
5a	b. Bit and a state of the second of the state of the state of the second of the state of the sta									
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
_	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	!				.				
				<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or		Ch						
7	gifts were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).	odo								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go			70						
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?									
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			······						
·				7c						
d	required to file Form 8282? 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 cor			7e						
f										
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	е							
	sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:		ı							
а	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:		l							
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources	ا ہم ا								
120	against amounts due or received from them.)	11b		40-						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a						
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(20) qualified popprofit health insurance issuers	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a						
а	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									
J	the organization is licensed to issue qualified health plans	13b								
С	Fatantha assessment of second on bound	13c								
14a	Did the organization receive any payments for indeer tenning convices during the tay year?		l	14a		х				
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>					<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera									
	excess parachute payment(s) during the year?			15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome	2LIENT	COP16		х				
	If "Yes," complete Form 4720, Schedule O.									

Form 990 (2020) NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 Page 6 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 $|\mathbf{x}|$ Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 10 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. 10 Enter the number of voting members included on line 1a, above, who are independent ______ 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? Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Х X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, b Х stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 ▶

ERIC TURPIN
HILTON HEAD ISLAND

539 WILLIAM HILTON PARKWAY

SC 29926

842-255-7303

DAA

orm 000 (2020)	NATTVE	TST.AND	BUSTNESS	ድ	COMMUNITY	57-1019358
'OHH 990 (ZUZU)	NUTTAR	TOTIVID	DOSTNESS	Œ	COMMONTIT	2/-TOT3220

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Page	

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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the orga	anization nor any	rela	ted	orga	nizat	ion cor	mpe	ensated any current officer	, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both ar	า	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) THOMAS CURTIS BA	RNWELL,	II	I							
GULLAH CHAIRMAN	0.00	х						0	0	0
(2) ROSELLE WILSON										
	0.00									
CHAIRMAN	0.00			Х				0	0	0
(3) RALPH MILLIDGE										
	0.00							_	_	_
DIRECTOR	0.00	Х						0	0	0
(4) ERIC TURPIN										
	40.00								_	_
EXECUTIVE DIRECTOR	0.00	X		Х				41,200	0	0
(5) NELL BARNWELL-HA										
	0.00							_	_	_
VICE CHAIRMAN	0.00			Х				0	0	0
(6) DAVID MURRAY										
	0.00							_	_	_
DIRECTOR	0.00	Х						0	0	0
(7) PAMELA REDMON										
	0.00							_	_	
DIRECTOR	0.00	X						0	0	0
(8) QUINCY JERMAINE	CAMPBELL	•								
	0.00									
TREASURER	0.00			X				0	0	0
(9) JAMES ERIC BARNW										
	0.00								_	
DIRECTOR	0.00	Х						0	0	0
(10) JAYME LOPKO										
	0.00			<u></u>				_	_	
SECRETARY	0.00			Х			_	0	0	0
(11) QUINCY JERMAINE	CAMPBELL	ł							CLIEIVI	COPY
	0.00							_	_	
DIRECTOR	0.00	X			L			0	0	0

	(A) Name and title	(B) Average hours per week (list any	bo	x, unle		rson i	s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatic ed orga		s
1b c	Subtotal								41,200					
<u>d</u> 2			nite	d to				bove	41,200 e) who received more than S	\$100,000 of				
3	Did the organization list any fo employee on line 1a? <i>If "Yes,"</i> For any individual listed on line organization and related organization and related organization.	complete Schede 1a, is the sum nizations greater	<i>ule</i> of rethan	J for porta \$15	<i>such</i> able 60,00	ind com 0? It	ividua pens "Yes	al atio s," c	n and other compensation for successions	rom the		3	Yes	X
5	Did any person listed on line 1 for services rendered to the or	la receive or acc	rue	comp	pensa	ation	from	n an	y unrelated organization or	individual		5		х
	ion B. Independent Contracto	ors							•					
1	Complete this table for your fix compensation from the organization	zation. Report co							ar year ending with or withir	n the organization's tax yea	ar.		(0)	
	Name and	(A) business address							Descript	(B) ion of services		Cor	(C) mpensati	ion
										CLIENT	COF	ργ		
										OLILINI				
2	Total number of independent of								se listed above) who	0				

1 6	IIL V			edule O cont	ains a	respon	se or note	to any line in this	s Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated camp	aigns		1a						
iran Sun	b	Membership due			1b						
۾ <u>.</u> ۾ ۾	c	Fundraising ever			1c						
iifts ar/	ď	Related organiza			1d						
aγ. Θ∺	e	Government grants (co			1e		161,417				
Sis	f	All other contributions,									
je j	-	and similar amounts no			1 _f		34,200				
풀	a	Noncash contributions i	ncluded	in lines 1a-1f	1g	\$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines						195,617			
							Business Code				
വ	2a	GULLAH CEL	EBRA'	TION				169,177	169,177		
<u>Š</u>	b	MISC EVENTS						4,623	4,623		
Se P	С	MISC EVENTS						280	280		
Program Service Revenue	d										
5	е										
Д	f	All other progran									
	q	Total. Add lines						174,080			
	3	Investment incon									
		other similar am		-			•	32			32
	4	Income from inve	estme				▶ [
	5	Royalties					▶				
				(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d	Net rental incom	e or (I	oss)							
	7a	Gross amount from		(i) Securities	3	(ii)	Other				
		sales of assets other than inventory	7a								
ē	b	Less: cost or other									
en		basis and sales exps.	7b								
Rev	С	Gain or (loss)	7c								
Other Revenue	d	Net gain or (loss)								
된	8a	Gross income from									
		(not including \$									
		of contributions repo	orted o	n line 1c).							
		See Part IV, line 18			8a						
	b	Less: direct expe	enses		8b						
	С	Net income or (le	oss) fr	om fundraising	events						
	9a	Gross income from	gamin	g activities.							
		See Part IV, line 19			9a						
	b	Less: direct expe	enses		9b						
	С	Net income or (le	oss) fr	om gaming activ	vities						
	10a	Gross sales of in	vento	ry, less							
		returns and allow			10a		3,514				
	b	Less: cost of goo	ods so	ıld	10b						
	l	Net income or (lo			entory			3,514	3,514		
s							Business Code				
Miscellaneous Revenue	11a	OTHER INCO	ME				624100	32		32	
ane	b										
Selle	С										
SE B	d	All other revenue							CL	JENI CC	PY
_		Total. Add lines						32			
	12	Total revenue.	See ir	netructions				373,275	177,594	32	32

Part IX Statement of Functional Expenses

360	Check if Schedule O contains a respon			ete column (A).	
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		ехрепьез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals Cos Dort IV line 22				
•	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		68,900	34,450	34,450	
7 2	Other salaries and wages Pension plan accruals and contributions (include	00,300	34,430	34,430	
8	section 401(k) and 403(b) employer contributions)				
9					
10	Other employee benefits Payroll taxes	5,355	2,677	2,678	
11	Payroll taxes Fees for services (nonemployees):	3,333	2,017	2,070	
a	` ' ' '				
b	1	1,174		1,174	
c	Accounting	5,750		5,750	
d	Labbyina	7,100			
e	5 () 1 () 1 () 3 () 5 () 1 () 47				
f	·				
q					
Ŭ	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	61,084	61,084		
13	Office expenses	2,788	_	2,788	
14	Information technology				
15	Royalties				
16	Occupancy	2,762		2,762	
17	Travel	585		585	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,016	1,016		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41		41	
23	Insurance	2,586	2,586		
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.)	206 207	206 207		
a	· · · · · · · · · · · · · · · · · · ·	206,327	206,327	2 000	
b	CHARITABLE CONTRIBUTIONS	2,900	1 150	2,900	
C	MISCELLANEOUS EXP	2,318 752	1,159	1,159	
d	PROPERTY TAXES	-1,388	-879	752 -805	296
e 25	All other expenses	362,950	308,420	54,234	296
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	304,330	300,420		COPY
20	organization reported in column (B) joint costs			OLILIVI	
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if				

Pa	art)	Residue Sheet					
		Check if Schedule O contains a response or not	e to any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			27,227	1	50,071
	2	Savings and temporary cash investments			•	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantial	,	· ·			
		controlled entity or family member of any of these pers				5	
	6	Loans and other receivables from other disqualified pe		ned			
s		under section 4958(f)(1)), and persons described in s				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventorios for colo er use				8	
	9	Describe a second and defended absence				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	34,308			
	b	Less: accumulated depreciation	1 401.	1,365	32,984	10c	32,943
	11	Investments—publicly traded securities				11	
	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	
	16	Total assets. Add lines 1 through 15 (must equal line			60,211	16	83,014
	17	Accounts payable and accrued expenses			17		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D)		21	
S	22	Loans and other payables to any current or former off					
ij		trustee, key employee, creator or founder, substantial	contributor, or	35%			
Liabilities		controlled entity or family member of any of these pers	sons			22	
⊐	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third	nartice			24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24	1). Complete Pa	art X			
		of Schedule D			38,817	25	51,295
	26	Total liabilities. Add lines 17 through 25	<u></u>		38,817	26	51,295
		Organizations that follow FASB ASC 958, check h	ere ▶ X				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			21,394	27	31,719
Ва	28					28	
pur		Organizations that do not follow FASB ASC 958, or	check here				
Ę.		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equipme	ent fund			30	
As	31	Retained earnings, endowment, accumulated income,	or other funds	· L		31	
Net Assets or Fund Balances	32				21,394	32	31,719
_	33	Total liabilities and net assets/fund balances			60,211	33	83,014

Form **990** (2020)

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Schedule O.

orm	990 (2020) NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358			Pa	ge 12
Pa	rt 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		73,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	3	62,	<u>950</u>
3	Revenue less expenses. Subtract line 2 from line 1	. 3		10,	<u> 325</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		21,	394
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)	1 0 1			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		31,	719
Pa	rt 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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

Form **990** (2020)

3a

3b

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIVE ISLAND BUSINESS & COMMUNITY

Employer identification number 57-1019358

Pa	art I	Reas	on for Public Charity	Status. (All organizations	must c	omplete	e this part.) See instruction	ons.		
Γhe	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, ch	neck only	one box.)				
1		A church, coi	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)(A)(i).			
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	990 or 9	90-EZ).)				
3	П			ce organization described in sec			ii).			
4	П	A medical res	search organization operated	in conjunction with a hospital d	escribed i	n sectio i	170(b)(1)(A)(iii). Enter the ho	spital's name,		
	ш	city, and state		,				•		
5		•		f a college or university owned of	or operate	d by a go	overnmental unit described in			
-	ш	•	(b)(1)(A)(iv). (Complete Part	•		, 3-				
6				overnmental unit described in s e	ection 17	0(b)(1)(A)	(v).			
7	x						• •			
	ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community	trust described in section 1	170(b)(1)(A)(vi). (Complete Part	II.)					
9	П			cribed in section 170(b)(1)(A)(ix		ed in conj	unction with a land-grant colleg-	е		
	ш	•	-	of agriculture (see instructions). E						
		university:								
10		An organizati	on that normally receives: (1)) more than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, and gros	S		
		•		pt functions, subject to certain ex	•	` '				
		• • •	•	d unrelated business taxable inc	•		•			
	\Box		•), 1975. See section 509(a)(2).						
11	Н	•	•	exclusively to test for public safet	•		. , . ,			
12	Ш	-	•	exclusively for the benefit of, to parations described in section 509						
			. ,		. , . ,			•		
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the									
	supporting organization. You must complete Part IV, Sections A and B.									
	b	Type II.	A supporting organization sup	pervised or controlled in connect	tion with i	ts suppor	ted organization(s), by having			
		control or	r management of the support	ting organization vested in the sa	ame perso	ons that c	ontrol or manage the supported	d		
		organizat	ion(s). You must complete	Part IV, Sections A and C.						
	С			supporting organization operated				h,		
			• , , ,	tructions). You must complete						
	d			1. A supporting organization ope						
				organization generally must sat	-		•	SS		
	_		,	nust complete Part IV, Section						
	е			eived a written determination fron n-functionally integrated supporti			a type i, type ii, type iii			
	f		mber of supported organization							
	g		ollowing information about th							
(i		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
		ganization	, ,	(described on lines 1–10		ur governing	support (see	other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
					Yes	No				
(A)										
/F :										
(B)										
<i>(</i> C)										
(C)										
(D)										
(D)										
/E\										
(E)							CLIENT	COPY		
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ITA										

Schedule A (Form 990 or 990-EZ) 2020

Page 2

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	137,406	172,817	124,264	176,885	195,617	806,989
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	137,406	172,817	124,264	176,885	195,617	806,989
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						806,989
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	137,406	172,817	124,264	176,885	195,617	806,989
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51	32	52	37	32	204
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						807,193
12	Gross receipts from related activities, etc.	(see instructions)				12	650,406
13	First 5 years. If the Form 990 is for the or	ganization's first, se				3)	
	organization, check this box and stop here	.					▶
Sec	tion C. Computation of Public Su	• •	age				
14	Public support percentage for 2020 (line 6,	column (f) divided	by line 11, column	ı (f))		14	99.97%
15	Public support percentage from 2019 Sche	dule A, Part II, line	14			15	99.97%
16a	33 1/3% support test—2020. If the organi	zation did not chec	k the box on line 1	3, and line 14 is 33	3 1/3% or more, ch	eck this	
	box and stop here. The organization quali						► <u>X</u>
b	33 1/3% support test—2019. If the organi			ni-ation			. □
170	this box and stop here. The organization of 10%-facts-and-circumstances test—202						
1 <i>1</i> a	10%-racts-and-circumstances test—202 10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	cts-and-circumstand	ces" test. The orga	anization qualifies a	ıs a publicly suppo	rted	
	organization		_				▶ □
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization	meets the "facts-ar	nd-circumstances"	test, check this box	and stop here. E	Explain	
	in Part VI how the organization meets the	"facts-and-circumsta	ances" test. The o	rganization qualifies	s as a publicly sup	ported	
	organization						▶ □
18	Private foundation. If the organization did						·····
	instructions						▶ □

Page 3

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.)

Sec	tion A. Public Support	, ,		, ,	'	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	0	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
<u> </u>	line 6.)							
	tion B. Total Support	(-) 0040	(1-) 0047	(-) 0040	(4) 0040	(-) 000		(O. T. (- 1
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	0	(f) Total
9	Amounts from line 6						+	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	and 12.) First 5 years. If the Form 990 is for the or							. 🗆
900	organization, check this box and stop here	upport Porcer	ntago					<u></u>
	•	<u> </u>		n (f))			15	0/
15 16	Public support percentage for 2020 (line 8, Public support percentage from 2019 Sche						16	<u>%</u> %
	etion D. Computation of Investme						10	/0
17	Investment income percentage for 2020 (li			. column (f))			17	%
18	Investment income percentage for 2019 S		II lina 17				18	
19a	33 1/3% support tests—2020. If the organ			14, and line 15 is				,3
	17 is not more than 33 1/3%, check this bo							▶ □
b	33 1/3% support tests—2019. If the organ		=					
	line 18 is not more than 33 1/3%, check thi	is box and stop h	ere. The organizati	on qualifies as a p	ublicly supported o	organization .		' ▶ <u>□</u>
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this box	and see instruction	ons		▶ 🗌

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

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	0-		
	9с		
	10a		
C(JP	Y	
	10b		
A (Fo	orm 99	0 or 990-	EZ) 2020

	die A (rollii 300 of 350-LZ) 2020 MITTAL ISBAID BOBINISD & COMMONTH 37, IOI353	-		raye 3
Par	rt IV Supporting Organizations (continued)			6-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b		11b		
С				
Soct	detail in Part VI. ion B. Type I Supporting Organizations	11c		
Seci	on B. Type I Supporting Organizations		V	NIa
	Did the annualization of the annual section in the section in their efficient executions of annual section of		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
	Sir C. Type in Cupperining C.guinizationic		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
	,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	0.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	OD	V	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L.	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	l an		l

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

Schedule A (Form 990 or 990-EZ) 2020

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5

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 Schedule A (Form 990 or 990-EZ) 2020 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) (i) (ii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 a From 2015. **b** From 2016 **c** From 2017..... **d** From 2018 **e** From 2019 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2016 **b** Excess from 2017

Schedule A (Form 990 or 990-EZ) 2020

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c Excess from 2018d Excess from 2019e Excess from 2020

Schedule A (Forr	n 990 or 990-EZ) 2020	NATIVE	ISLAND	BUSINESS	& COMMUNIT	Y 57-10193	358 Page 8
Part VI	Supplemental IIII, line 12; Part IVB, lines 1 and 2;	nformation. Pro V, Section A, lin Part IV, Section V, line 1; Part V	ovide the exes 1, 2, 3b, C, line 1; F, Section B	xplanations requested as the section of the section	uired by Part II, li , 6, 9a, 9b, 9c, 1 ² n D, lines 2 and 3 /, Section D, lines	ne 10; Part II, line Ia, 11b, and 11c; F ; Part IV, Section E s 5, 6, and 8; and F	17a or 17b; Part lart IV, Section , lines 1c, 2a, 2b,
	mics 2, 5, and 6.	Also complete	tilis part lo	i arry additiona	r irriormation: (Oc	e instructions.)	
•							
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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.

Open to Public

Inspection Employer identification number Name of the organization NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X

following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

scne	dule D (Form 990) 2020 NAIIVE I	PINT POSTI	vess & C	CIMIONTII	3/-10193	30		Pa	ige 🗷
	rt III Organizations Maintainin				or Other Sim	ilar Assets	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records	, check any of	the following that ma	ake significant use	of its	•	,	
а	Public exhibition	d 🗌	Loan or exchai	nge program					
b	Scholarly research	е 🗍	Other						
С	Preservation for future generations	_							
4	Provide a description of the organization's of	collections and explain	how they furth	er the organization's	exempt purpose	in Part			
	XIII.								
5	During the year, did the organization solicit	or receive donations of	of art, historical	treasures, or other s	imilar				
	assets to be sold to raise funds rather than	to be maintained as p	oart of the organ	ization's collection?			Ye	s 🔝	No
Pa	ert IV Escrow and Custodial A	-							
	Complete if the organization	n answered "Yes	on Form 99	90, Part IV, line 9	9, or reported	an amount	on Form	1	
10	990, Part X, line 21.	dian ar ather intermed	ion, for contribu	iono or other coasta	not				
ıa	Is the organization an agent, trustee, custod		-				□ v _a		N.
h	included on Form 990, Part X?	U and complete the fol	llowing table:				. L Ye	» □	No
D	ii res, explain the arrangement in Part XI	n and complete the lo	llowing table:				Amount		
_	Poginning halance					1c	Amount		
	Beginning balance					1d			
	Additions during the year					1e			
	Distributions during the year					1f			
f	Ending balance	Eorm 000 Port V line	21 for coordy	or austodial associat	liobility?	$\overline{}$	Ye	\Box	— No
	If "Yes," explain the arrangement in Part XII							_	NO
	rt V Endowment Funds.	i. Check here ii the ex	pianation has b	een provided on r ai	It XIII				
	Complete if the organization	n answered "Yes"	on Form 99	0 Part IV line	10				
	Complete ii the organizatio	(a) Current year	(b) Prior ye			nree years back	(e) Four	vears b	ack
12	Beginning of year balance	,,	(3) :) 5	(6) 1.110 year	are such (a)	yeare baen	(6) : 64:	, ou. o	
	0 (1) (1)								
	Net investment earnings, gains, and								
·	laanaa .								
Ч	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cu	rrent vear end balance	e (line 1a. colum	nn (a)) held as:					
	Board designated or quasi-endowment ▶	%	(19,	(-))					
	Permanent endowment ► %								
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.							
3a	Are there endowment funds not in the poss	ession of the organiza	ition that are he	ld and administered	for the				
	organization by:	· ·					ſ	Yes	No
	(i) Unrelated organizations						3a(i)		
	(II) D 1 () ()						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requi	red on Schedule	R?			3b		
	Describe in Part XIII the intended uses of the						,		
Pa	rt VI Land, Buildings, and Eq	uipment.							
	Complete if the organization	n answered "Yes'	on Form 99	0, Part IV, line 1	l1a. See Form	990, Part 2	X, line 1	0.	
	Description of property	(a) Cost or other	basis (b)	Cost or other basis	(c) Accumulat	ed	(d) Book	value	
		(investment)		(other)	depreciation				
1a	Land			32,883				32,8	883
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other			1,425	1	.,365	· · · · ·		60
Total	L Add lines 1a through 1e. (Column (d) must	egual Form 990. Part	X column (R)	line 10c.)	(: I	DD 1 ■ LD	JHY.	32.9	143

Schedule D (Fo	,	S & COMMUNITY	57-1019358	Page \$
Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990. Part IV. line	e 11b. See Form 990. F	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	valuation:
(1) Financial c	erivatives			
	d equity interests			
(2) Other				
(A)				
(B)				
(C)				
(Þ)				
(E)				
(F)				
(G)				
(H)	(i)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) Investments – Program Related.			
Part VIII	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, F	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
(4)			Cost or end-of-ye	ar market value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 000 Part IV line	11d Soo Form 900 F	Part Y line 15
	(a) Description	TOITH 990, Fait IV, line	e i iu. See i oiiii 990, r	(b) Book value
(1)	(a) 2000.pag.			(D) Door value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	
Part X	Other Liabilities. Complete if the organization answered "Yes" on	Form 000 Port IV line	110 or 11f Con Form	000 Port V
	line 25.	Form 990, Part IV, line	e Tie of Til. See Follii	990, Part A,
1.	(a) Description of liability			(b) Book value
(1) Federal i				20.06
	LL LIABILITIES			37,065 14,230
	OAN PAYABLE			14,230
(4) (5)				
(6)				
(7)				
(8)				
(9)			CLIENT	COPY
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)			51,295

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

Schedule D (Form 990) 2020 NATIVE ISLAND BUSINESS & COMMUNITY 57-1019358 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 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 **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 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. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 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.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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.

Schedule D (Fo	orm 990) 2020	NATIVE	ISLAND	BUSINESS	&	COMMUNITY	57-1019358	Page 5
Part XIII	Supplementa	al Informa	ation (contin	nued)		COMMUNITY		
								_
• • • • • • • • • • • • • • • • • • • •								
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SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

me of the organization	Employer identification number
NATIVE ISLAND BUSINESS & COMMUNITY	57-1019358
DOING BUSINESS AS - ADDITIONAL NAMES	
NIBCAA	
FORM 990 - ORGANIZATION'S MISSION	
MISSION IS TO IMPROVE THE ECONCOMIC, SOCIAL AND LIV	ING CONDITIONS OF LOW-
INCOME RESIDENTS OF HILTON HEAD ISLAND AND NEIGHBORE	ING COMMUNITIES AND TO
RAISE AWARENESS OF HILTON HEAD'S INDIGENOUS AFRICAN	AMERICAN COMMUNITY'S
ARTS, CRAFTS, AND FOOD CULTURE.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	S TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DI	SCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC	
NO DOCOMENTS AVAIDABLE TO THE PUBLIC	



Board Meeting Minutes

DATE: TIME: 6:30 PM MEETING TYPE: LOCATION:

AUGUST 24, 2023 BOARD MEETING VIRTUAL – ZOOM

MEETING CALLED BY: Eric Turpin called the meeting to order at 6:33PM

FACILITATOR: Eric Turpin

RECORDER: Natashia Aiken - Administrative Assistant

BOARDMEMBERS Roselle Wilson, Nell Hay, Quincy Campbell, Nell Hay, T. Curtis Barnwell,

PRESENT: Jayme Lopko

BOARD MEMBERS

ABSENT: Eric Barnwell, David Murray

STAFF PRESENT: Eric C. Turpin, Natashia Aiken

CONFERENCE CALL IN #:

NEXT MEETING:

The Meeting was called to order at 6:45PM by Eric Turpin.

The Invocation was given by David Murray.

- **I. Approval of Agenda -** Motion made by Nell Hay and seconded by Roselle Wilson to accept the agenda.
- **II. Approval of Minutes -** Motion made by Nell Hay and seconded by Roselle Wilson to accept the minutes.
- III. Executive Director's Report Eric C. Turpin
 - 1. ATAX Application
 - 2. **Ask for a motion to approve the submission of the ATAX application** Motion made by Nell Hay and seconded by David Murray
- IV. Open Floor
- V. Q & A
- VI. Adjourn

Meeting was adjourned at 7:30PM

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

JUN 1 6 2015

NATIVE ISLAND BUSINESS AND COMMUNITY AFFAIRS ASSOCIATION INC PO BOX 23452 HILTON HEAD ISLAND, SC 29925

Employer Identification Number: 57-1019358 DLN: 17053082313005 Contact Person: MARK BRECKNER ID# 95217 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: September 15, 2014 Contribution Deductibility: Addendum Applies:

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

No

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

NATIVE ISLAND BUSINESS AND

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Director, Exempt Organizations

Tamera Ripperda

Date: 3 25 96

NATIVE ISLAND BUSINESS & COMMUNITY AFFAIRS ASSOCIATION, INC. P.O. BOX 23452
HILTON HEAD ISLAND, SC 29925-3452

Employer Edentification Number: 57-1019358

Case Number:

586032087

Contact Person:

EP/EO CUSTOMER SERVICE UNIT

Contact Telephone Number:

(410) 962-6058

Internal Revenue Code

Section 501(c)(4)

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Addendum Applies:

No

Dear Applicant:

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(a) of the Internal Revenue Code as an organization described in the section indicated above.

Unless specifically excepted, you are liable for taxes under the Federa Insurance Contributions Act (social security taxes) for each employee to who you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federa taxes, please address them to this office.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

In the heading of this letter we have indicated whether you must file For 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in th mail, please file the return even if you do not exceed the gross receipts tes If you are not required to file, simply attach the label provided, check the box in the heading to indicate—that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 per

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cent of your gross receipts for the year, whichever is leafn. This penalty also be charged if a return is not complete, so please be sure your return complete before you file it.

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 C If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we 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 employed it 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 Inte Revenue Service.

Donors may not deduct contributions to you because you are not an organization described in section 170(c) of the Code. Under section 5113, any fundraising solicitation you make must include an express statement (in a conspicuous and easily recognizable format) that contributions or gifts to are not deductible as charitable contributions for Federal income tax purpose This provision does not apply, however, if your annual gross receipts are normally \$100,000 or less, or if your solicitations are made to no more than ten persons during a calendar year. The law provides penalties for failure comply with this requirement, unless failure is due to reasonable cause.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

Enclosure: Addendum