2024

Accommodations Tax Funds Request Application

Organization Name: Sea Pines Forest Preserve Foundation

Project/Event Name: Sea Pines Forest Preserve Foundation Interpretive Signage

Executive Summary

An ATAX Effectiveness Measurement form has been attached to this application.

Efforts to Increase Tourism/Education

Develop Content and Illustrations for History, Location, etc BUDGET \$23000 ACTUAL \$23000 On-Site Filming and Editing BUDGET \$6500 ACTUAL \$6572.64

Panels and Bases for Exhibits BUDGET \$5500 ACTUAL \$5625.

TOTAL BUDGET \$35000 TOTAL ACTUAL \$35197.64

2024

Accommodations Tax Funds Request Application

Date Received: 08/31/2023 Time Received: 10:25 AM By: Online Submittal

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

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Sea Pines Forest Preserve Foundation

Project/Event Name: Sea Pines Forest Preserve Foundation Interpretive Signage

Contact Name: David Henderson Title: Director of Special Projects and

Operations

Address: 175 Greenwood Drive, Hilton Head Island, SC 29928

Email Address: wildlife@csaseapines.com Contact Phone: 843-671-1343

Event Date: No specific event date, an ongoing

project

Event Location: Sea Pines Forest Preserve

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

This grant would be used to produce twenty (20) new interpretative signs at the Sea Pines Forest Preserve, including professional 1) research, 2) layout, 3) fabrication and 4) installation.

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 preserve is the largest track of undeveloped land remaining on Hilton Head Island. The preserve is rated by TripAdvisor as a top 10 thing to do while on the island. The preserve is accessible to the public and offers a unique natural and historic experience that complements their visit to Hilton Head. Impacts are primarily measured by working with third-parties who conduct recreational activities in the preserve. Additionally, impacts are measured by performing analytics on viewers of recently installed shell ring interpretative signage, by documenting the number of visitor maps distributed annually and by gauging participation in annual events.

- A. Total Number of Physical Tourists Served: Approximately 34,000/year A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.
- B. Total Number of Physical Visitors Served: Approximately 1,300/year *A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.*
- C. Total Number of Physical Residents Served: Approximately 5,000/year A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.
- D. Total Number of Physical Patrons Served (A+B+C=D): Approximately 40,300/year

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

The Sea Pines Forest Preserve has limited mechanisms to account for the total number of visitors and the percentage of those visitors who would be considered tourists. However, we can obtain data from third parties who conduct recreational activities in the preserve, from the annual number of visitor maps distributed within the preserve and from annual event participation. Data was provided for 2021 to 2023 YTD by Lawton Stables (horseback tours in the preserve), H2O Sports (boat tours in the preserve) and the Sea Pines Resort (fishing and wagon tours in the preserve). The Sea Pines Forest Preserve Foundation is responsible for printing visitor maps and hosting annual events.

Specifically, Lawton Stables brings in approximately 12,000 people into the preserve annually while H2O Sports brings in 7,200 and the Sea Pines Resort 1,700. The Sea Pines Forest Preserve Foundation prints 15,000 visitor maps per year and hosts approximately 700 people per year at annual events. An estimated 3,700 visits occur annually by "regulars".

When calculating the total number of physical tourists served, we used the best data available from the third parties and the Sea Pines Forest Preserve Foundation. Lawton Stables provided zip codes for approximately 5,000 people per year (these are the individuals who made reservations on behalf of their group). While H2O Sports and the Sea Pines Resort provided actual numbers for participation, they did not have zip code data and estimated tourist participation. An analysis of Lawton Stable's data calculated 95% of trail riders were tourists while H2O Sports and the Sea Pines Resort estimated tourists comprised 95% and 90%, respectively, of their activities in the preserve. Lawton Stables had the best data, so we assumed 95% of the visitor maps were utilized by tourists. We estimated 0% tourist participation in annual events.

When calculating the total number of physical visitors served we utilized the percentage of visitors calculated from Lawton Stable's data and applied it to the other organizations/activities. Visitor participation in annual events was estimated to be 36%.

When calculating the total number of physical residents served we utilized the percentage of residents calculated from Lawton Stable's data and applied it to the other organizations/activities. Resident participation in annual events was estimated to be 64%. We also estimated 3,700 visits occur annually by "regulars" (i.e. residents).

B. DESCRIPTION OF OPERATIONS:

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

The Sea Pines Forest Preserve Foundation is a 501(c)(3) non-profit organization. The primary purpose of the Foundation is to operate a wildlife refuge on Hilton Head Island for the purpose of permanently providing a natural habitat for indigenous plants and animals; to maintain such wildlife refuge for the protection of the animals inhabiting it; and to provide educational programs for guests to the wildlife refuge to acquaint them with the natural beauty of the environment.

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

This grant would be used to produce twenty (20) new interpretative signs at the Sea Pines Forest Preserve, including professional 1) research, 2) layout, 3) fabrication and 4) installation. The signs will each be 18" by 24" in size and in color. Additionally, this grant would be used to generate QR code(s) and any necessary subscriptions to gather/analyze user city/state information to determine the percentage of tourist participation.

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)

If partial funding is received, the Sea Pines Forest Preserve Foundation will determine if the budget can cover the shortfall. If the budget is unable to provide the needed funds the project could be delayed until additional funds become available. Alternatively, the number of interpretative signs produced could be reduced.

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

The Sea Pines Forest Preserve is a major tourism draw to Hilton Head. As an example, TripAdvisor consistently lists the Preserve as one of the top attractions on Hilton Head and

gives the Preserve a 4.5/5.0 rating. It is an attraction for bird watching, fishing, biking, hiking, photography and others who enjoy a sense of welcome detachment from everyday life that is seldom found in our culture today. The interpretative signage will enhance the guest experience which in turn will result in greater guest satisfaction and yield higher guest return rates to Hilton Head Island.

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:

Total:	100	%
7 - Operation of Visitor Information Centers Operating visitor information centers.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
5 - Tourist Public Transportation Tourist shuttle transportation.	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	%
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	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	0	%
1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	100	%

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

One of the Sea Pines Forest Preserve Foundation's primary purpose is education. The proposed interpretative signs will in part describe native flora/fauna, the importance of conservation and the role of land management in maximizing the diversity of wildlife habitats and the species that depend on them. Recent interpretative signage work conducted by the Audubon Newhall Preserve (2023 ATAX grant) will be mentioned and tourists will be encouraged to visit there. Once completed, the digital files for the interpretative signs will be shared with interested organizations. Organizations that may

recreational activities offered by Lawton Stables, H2O Sports and the Sea Pines Resort bring their guests within the heart of the Sea Pines Forest Preserve. The Sea Pines Forest Preserve Foundation will also share with these organizations to promote natural resources and conservation awareness/appreciation amongst their guests. 7. Additional comments. (250 words or less) C. FUNDING: 1. Please describe how the organization is currently funded. (100 words or less) The Sea Pines Forest Preserve Foundation is primarily funded by donations. 2. Please also estimate, as a percentage, the source of the organization's total annual funding. Private Contributions, Donations **Government Sources** 93 and Grants Corporate Support, Sponsors Membership, Dues, Subscriptions Ticket Sales, or Sales Other 6 and Services 3. Has the organization requested other ATAX or any other funding from other public sources or organizations? Yes ___ No _X_ If so, please list top 3 sources and amounts. D. FINANCIAL INFORMATION: Fiscal Year Disclosure: Start Month: **January** End Month: December

be interested in sharing this information could include the Coastal Discovery Museum, The Town of Hilton Head Island and the Hilton Head-Bluffton Chamber of Commerce. The

Financial Statement Requirements:

1. The <u>upcoming fiscal year's</u> **operating budget** for the organization.

Budget Provided: Yes

 The <u>previous two fiscal years</u> and <u>current year-to-date</u> profit and loss reports for the organization.
Current fiscal year Profit Loss Report Provided: Yes
Previous fiscal year Profit Loss Reports Provided:
2022- Previous FY 1 2021- Previous FY 2
3. The <u>previous two fiscal years</u> and <u>current year-to-date</u> balance sheets .
Current fiscal year Balance Sheet Provided: Yes
Previous fiscal year Balanace Sheets Provided:
2022 - Previous FY 1
2021 - 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:
2020 - Previous FY 1
2019 - Previous FY 2
E. FINANCIAL GUARANTEES AND PROCEDURES:
Provide a copy of the official minutes wherein the organization approves the submission of this application.
An official set of minutes have been attached to this application.
 2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the 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:

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

2022 \$35,000.00 Sea Pines Forest Preserve Shell Ring Educational Materials

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)

ATAX funds were used to produce six new interpretative signs for the Sea Pines Shell Ring, including 1) research, 2) layout, 3) fabrication and 4) installation. Digital versions of the signs were also provided to local organizations. Six two-minute videos were also produced. Each sign (both physical and digital) has its own QR code that links to a video, which provides sign-specific context and additional information. The design for a companion brochure was also completed. All our objectives were achieved.

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

Shell rings were constructed 3,000 to 5,000 years ago by Native Americans along the Atlantic and Gulf coasts between South Carolina and Mississippi. Currently more than 50 shell rings have been identified along these coasts. Archaeologists are unsure why these rings were built, but they were constructed during a pivotal point in time and place that included the development of tribal identities. The Sea Pines Shell Ring is one of the most pristine known to exist. Archaeological work by Binghamton University conducted at the Sea Pines Shell Ring from 2015-2019 revealed significant new information.

This project is impactful in several ways. First, the continued stewardship of the shell ring by the Sea Pines Forest Preserve Foundation reinforces our conservation ethic to the community. Second, the story of shell rings and Hilton Head archaeology is compelling. Educating residents, visitors and tourists fosters curiosity/appreciation and enhances their sense of place and guest experience. Lastly, ATAX's support of this project affirms our island community's commitment to natural resource protection thereby fostering a higher quality of life for both residents and guests.

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

The effectiveness of the signage was measured by obtaining reports from both the QR code and video hosting sites for the period February 1, 2023 to August 22, 2023. Each sign (both physical and digital) has its own unique QR code that links the user to a sign-specific video. Six hundred and seventy-six (676) videos were watched after a QR code was scanned from a physical sign (i.e., from the shell ring). The number of scans from digital signs was negligible and is not included in the analysis. In addition to South Carolina, mobile devices from 21 other states and the District of Columbia were used to scan the QR code. International devices included Canada and Germany. The 3 biggest markets were Charlotte, North Carolina (22%), Hilton Head Island, South Carolina (17%) and Atlanta, Georgia (14%).

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)

An ATAX Effectiveness Measurement form has been attached to this application.

Efforts to Increase Tourism/Education

Develop Content and Illustrations for History, Location, etc BUDGET \$23000 ACTUAL \$23000

On-Site Filming and Editing BUDGET \$6500 ACTUAL \$6572.64

Panels and Bases for Exhibits BUDGET \$5500 ACTUAL \$5625.

TOTAL BUDGET \$35000 TOTAL ACTUAL \$35197.64

Signature: David Henderson

Title/Position: Director of Special Projects and Operations

Mailing Address: 175 Greenwood Drive, Hilton Head Island, sc 29928

Email Address: wildlife@csaseapines.com

Office Phone Number: 843-671-1343

Home Phone Number:		

Community Services Associates, Inc. Sea Pines - CSA : Forest Preserve

Budget Income Statement From Jan 2023 to Dec 2023

Financial Row	Amount
Ordinary Income/Expense	
Income	
4320 - Donations	
4320 - Donations	\$80,000.00
4324 - Sea Pines Resort Opt Out Program	\$100,000.00
Total - 4320 - Donations	\$180,000.00
4400 - Permit Fees	\$1,000.00
4410 - Trail Fees	\$20,000.00
4420 - Merchandise Sales	\$2,500.00
4430 - Fundraising Events	\$40,000.00
4812 - Fish Island Pavillon Rental	\$100.00
Total - Income	\$243,600.00
Gross Profit	\$243,600.00
Expense	
5100 - Salaries & Benefits	\$44,720.00
5101 - Overtime	\$1,200.00
5103 - Medical Insurance	\$9,080.00
5104 - Workers Compensation	\$1,485.00
5105 - FICA	\$3,513.00
5106 - Unemployment	\$95.47
5108 - 401k Match	\$1,836.78
5120 - Laundry & Uniforms	\$1,500.00
5122 - Accounting Services	\$2,500.00
5133 - Surveillance	\$750.00
5140 - Insurance	\$700.00
5151 - Legal Fees	\$1,000.00
5163 - Operating Supplies	\$2,000.00
5165 - Small Tools	\$1,000.00
5183 - Equipment Repair & Maintenance	\$2,500.00
5250 - Safety Screening	\$100.00
5290 - Property Taxes	\$3,000.00
5465 - Website Development	\$500.00
5640 - License & Permits	\$100.00
5660 - Domain Name Management	\$25.00
5700 - Trail Map Printing	\$2,500.00
5720 - Tree/Environment Enhancement	\$6,500.00
5722 - Land Management Plan	\$35,000.00
5731 - Tree Removal	\$6,500.00
5861 - Shell Ring Research Project	(\$33,100.00)
5880 - Signs Repair & Maintenance	\$10,000.00
5900 - Utilities	\$6,000.00
5902 - Portable Restrooms	\$4,800.00
5910 - Marketing	\$1,000.00
5930 - Forest Preserve Events	\$10,000.00
8000 - Permitting	\$35,000.00
Total - Expense	\$161,805.25
Net Ordinary Income	\$81,794.75
Other Income and Expenses	
Other Income	
7075 - Interest Income	\$8,000.00
Total - Other Income	\$8,000.00
Other Expense	
6000 - Depreciation	\$21,079.75
Total - Other Expense	\$21,079.75
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 Financial Row
 Amount

 Net Other Income
 (\$13,079.75)

 Net Income
 \$68,715.00

Sea Pines - CSA : Forest Preserve

Income Statement

From Jan 2023 to Jul 2023

Financial Row	Amount
Ordinary Income/Expense	
Income	
4320 - Donations	
4320 - Donations	\$25,696.55
4324 - Sea Pines Resort Opt Out Program	\$67,687.22
Total - 4320 - Donations	\$93,383.77
4400 - Permit Fees	\$200.00
4410 - Trail Fees	\$13,664.00
4420 - Merchandise Sales	\$1,229.00
4430 - Fundraising Events	\$10,835.16
Total - Income	\$119,311.93
Gross Profit	\$119,311.93
Expense	
5100 - Salaries & Benefits	\$18,962.24
5101 - Overtime	\$1,451.31
5103 - Medical Insurance	\$4,268.26
5104 - Workers Compensation	\$1,000.00
5105 - FICA	\$1,517.07
5106 - Unemployment	\$103.88
5108 - 401k Match	\$792.54
5120 - Laundry & Uniforms	\$535.92
5133 - Surveillance	\$306.49
5140 - Insurance	\$912.40
5151 - Legal Fees	\$295.00
5163 - Operating Supplies	\$1,002.91
5165 - Small Tools	\$532.75
5182 - Building Repairs & Maintenance	\$34.88
5183 - Equipment Repair & Maintenance	\$775.72
5250 - Safety Screening	\$44.25
5430 - Bank Service Charge	\$9.92
5530 - Business Meals	\$67.07
5540 - Printing	\$184.04
5640 - License & Permits	\$51.85
5720 - Tree/Environment Enhancement	\$4,729.95
5722 - Land Management Plan	\$12,411.06
5731 - Tree Removal	\$2,736.00
5880 - Signs Repair & Maintenance	\$1,160.70
5900 - Utilities	\$3,787.63
5902 - Portable Restrooms	\$3,058.82
5930 - Forest Preserve Events	\$2,142.73
8250 - Surveying	\$200.00
8350 - Repairs/Remodels	\$207.00
Total - Expense	\$63,282.39
Net Ordinary Income	\$56,029.54
Other Income and Expenses	
Other Income	
7000 - Unrealized Gain or Loss	(\$284.61)
7075 - Interest Income	\$5,624.20
7200 - Other Income	\$300.00
7230 - Governmental Grant	\$35,000.00
Total - Other Income	\$40,639.59
Other Expense	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6000 - Depreciation	\$12,297.04
Total - Other Expense	\$12,297.04

 Financial Row
 Amount

 Net Other Income
 \$28,342.55

 Net Income
 \$84,372.09

Community Services Associates, Inc. Sea Pines - CSA : Forest Preserve

Income Statement

From Jan 2022 to Dec 2022

Financial Row	Amount
Ordinary Income/Expense	
Income	
4320 - Donations	
4320 - Donations	\$110,168.75
4323 - Private Donation	(\$100,000.00)
4324 - Sea Pines Resort Opt Out Program	\$128,472.65
Total - 4320 - Donations	\$138,641.40
4400 - Permit Fees	\$1,560.00
4410 - Trail Fees	\$21,768.84
4420 - Merchandise Sales	\$3,469.00
4430 - Fundraising Events	\$52,772.97
Total - Income	\$218,212.21
Gross Profit	\$218,212.21
Expense	
5100 - Salaries & Benefits	\$28,432.56
5101 - Overtime	\$172.93
5103 - Medical Insurance	\$4,087.04
5104 - Workers Compensation	\$742.00
5105 - FICA	\$2,154.98
5106 - Unemployment	\$103.88
5108 - 401k Match	\$390.41
5122 - Accounting Services	\$2,220.00
5126 - Landscaping Contractor	\$15,600.00
5133 - Surveillance	\$1,631.11
5140 - Insurance	\$708.00
5151 - Legal Fees	\$375.00
5160 - Office Supplies	\$77.20
5161 - Postage & Freight	\$1,247.89
5163 - Operating Supplies	\$1,187.08
5165 - Small Tools	\$548.92
5181 - Vehicle Repairs & Maintenance	\$997.83
5183 - Equipment Repair & Maintenance	\$6,741.04
5250 - Safety Screening	\$116.74
5290 - Property Taxes	\$1,914.40
5430 - Bank Service Charge	\$330.35
5540 - Printing	\$2,440.67
5620 - Equipment & Furniture	\$7,065.00
5640 - License & Permits	\$72.35
5660 - Domain Name Management	\$21.17
5700 - Trail Map Printing	\$3,535.00
5720 - Tree/Environment Enhancement	\$5,272.90
5722 - Land Management Plan	\$41,707.00
5731 - Tree Removal	\$8,660.00
5850 - Park & Ruins Repair & Maintenance	\$1,635.33
5900 - Utilities	\$12,397.46
5902 - Portable Restrooms	\$3,769.78
5930 - Forest Preserve Events	\$6,495.01
8250 - Surveying	\$1,230.50
8300 - Construction	\$5,420.00
8350 - Repairs/Remodels	\$29,777.64
Total - Expense	\$199,279.17
Net Ordinary Income	\$18,933.04
Other Income and Expenses	
Other Income	

Other Income

Financial Row	Amount
7000 - Unrealized Gain or Loss	(\$24,386.55)
7075 - Interest Income	\$8,837.76
7200 - Other Income	(\$101.00)
Total - Other Income	(\$15,649.79)
Other Expense	
6000 - Depreciation	\$19,214.92
Total - Other Expense	\$19,214.92
Net Other Income	(\$34,864.71)
Net Income	(\$15,931.67)

Community Services Associates, Inc. Sea Pines - CSA : Forest Preserve

Income Statement

From Jan 2021 to Dec 2021

Financial Row	Amount
Ordinary Income/Expense	
Income	
4320 - Donations	
4320 - Donations	\$130,245.42
4321 - Lawton Stables Donation	\$35,000.00
4322 - Salty Dog Cafe Donation	\$10,000.00
4323 - Private Donation	\$100,000.00
4324 - Sea Pines Resort Opt Out Program	\$109,678.61
Total - 4320 - Donations	\$384,924.03
4400 - Permit Fees	\$1,765.00
4410 - Trail Fees	\$24,829.24
4420 - Merchandise Sales	\$2,236.00
4430 - Fundraising Events	\$22,283.64
4812 - Fish Island Pavillon Rental	\$300.00
Total - Income	\$436,337.91
Gross Profit	\$436,337.91
Expense	
5100 - Salaries & Benefits	\$32,459.69
5101 - Overtime	\$424.79
5102 - Palmetto Pass	\$39.25
5103 - Medical Insurance	\$260.40
5104 - Workers Compensation	\$1,608.00
5105 - FICA	\$2,438.96
5106 - Unemployment	\$61.66
5108 - 401k Match	\$1,191.65
5122 - Accounting Services	\$1,700.00
5140 - Insurance	\$493.60
5151 - Legal Fees	\$672.50
5161 - Postage & Freight	\$1,088.10
5163 - Operating Supplies	\$178.11
5183 - Equipment Repair & Maintenance	\$1,508.92
5290 - Property Taxes	\$2,828.85
5430 - Bank Service Charge	\$727.43
5465 - Website Development	\$21.17
5540 - Printing	\$11,339.85
5640 - License & Permits	\$51.85
5700 - Trail Map Printing	\$1,483.43
5720 - Tree/Environment Enhancement	\$4,817.89
5722 - Land Management Plan	\$30,274.76
5870 - Fencing	\$2,800.00
5900 - Utilities	\$6,830.49
5902 - Portable Restrooms	\$3,322.45
5930 - Forest Preserve Events	\$6,096.74
8000 - Permitting	\$1,073.75
8100 - Legal	\$217.50
8250 - Surveying	\$7,846.30
8300 - Construction	\$44,100.00
Total - Expense	\$167,958.09
Net Ordinary Income	\$268,379.82
Other Income and Expenses	
Other Income	
7000 - Unrealized Gain or Loss	\$2,521.36
7050 - Realized Gain or Loss on Investments	(\$10.80)
7075 - Interest Income	\$1,348.34
	·

Financial Row	Amount
7200 - Other Income	(\$6,670.98)
7230 - Governmental Grant	\$50,000.00
Total - Other Income	\$47,187.92
Other Expense	
6000 - Depreciation	\$15,029.52
6616 - Tropical Storm Elsa	\$37,241.00
Total - Other Expense	\$52,270.52
Net Other Income	(\$5,082.60)
Net Income	\$263,297.22

Sea Pines - CSA : Forest Preserve

Balance Sheet End of Aug 2023

Financial Row	Amount
ASSETS	
Current Assets	
Bank	
1000 - Sea Pines Forest Preserve - Operating - Sea Pines Forest Preserve	\$329,831.51
1030 - Sea Pines Forest Preserve - Money Market - Sea Pines Forest Preserve	\$140,022.13
1050 - Sea Pines Forest Preserve - Investment Money Fund - Sea Pines Forest Preserve	\$14,462.46
Total Bank	\$484,316.10
Total Current Assets	\$484,316.10
Fixed Assets	
1600 - Land	\$62,300.00
1610 - Buildings and Facilities	\$187,880.64
1620 - Furniture Fixtures and Equipment	\$113,437.59
1699 - Accumulated Depreciation	(\$145,778.50)
Total Fixed Assets	\$217,839.73
Other Assets	
1100 -SPFP - Investment Cost - Sea Pines Forest Preserve	\$251,250.89
1120 - Unrealized gain/ (loss)	(\$22,149.80)
Total Other Assets	\$229,101.09
Total ASSETS	\$931,256.92
Liabilities & Equity	
Current Liabilities	
Accounts Payable	
2400 - Interco AP CSA	\$3,970.01
Total Accounts Payable	\$3,970.01
Total Current Liabilities	\$3,970.01
Equity	
3060 - Fund Balance - Beach Trust	\$56,690.27
Retained Earnings	\$773,617.00
Net Income	\$96,979.64
Total Equity	\$927,286.91
Total Liabilities & Equity	\$931,256.92

Sea Pines - CSA : Forest Preserve

Balance Sheet

End of Dec 2022

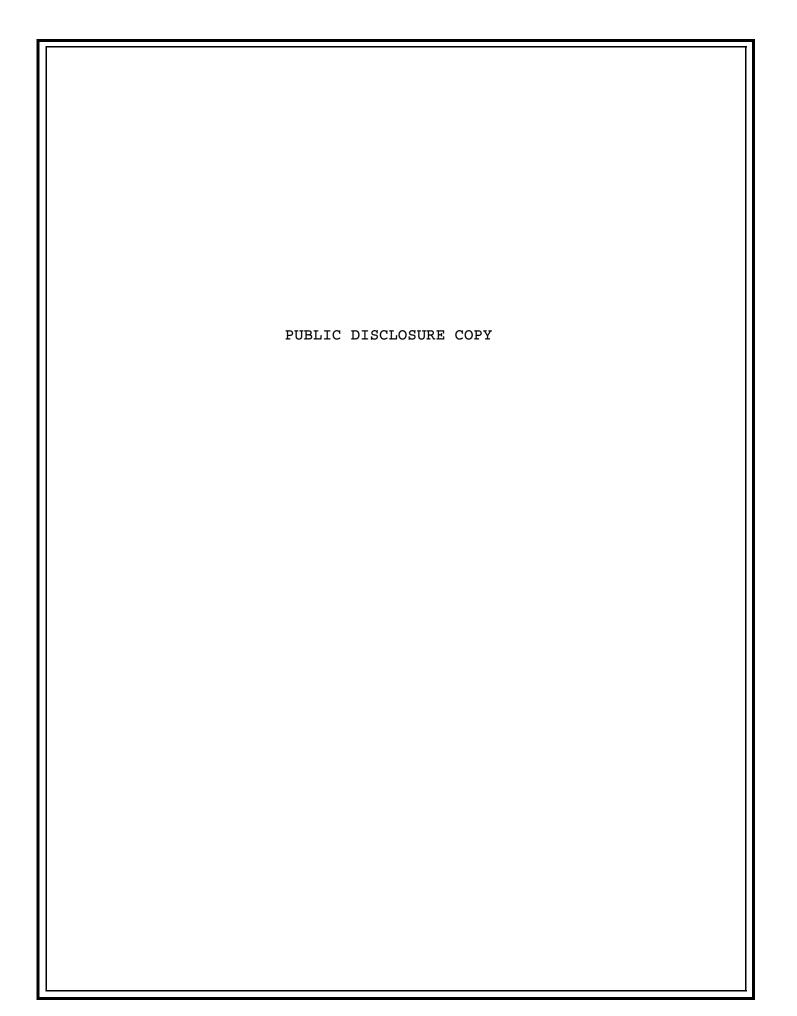
Financial Row	Amount
ASSETS	· · · · · · · · · · · · · · · · · · ·
Current Assets	
Bank	
1000 - Sea Pines Forest Preserve - Operating - Sea Pines Forest Preserve	\$231,971.54
1030 - Sea Pines Forest Preserve - Money Market - Sea Pines Forest Preserve	\$140,014.00
1050 - Sea Pines Forest Preserve - Investment Money Fund - Sea Pines Forest Preserve	\$10,265.45
Total Bank	\$382,250.99
Other Current Asset	
Undeposited Funds	\$20,575.00
Total Other Current Asset	\$20,575.00
Total Current Assets	\$402,825.99
Fixed Assets	
1600 - Land	\$62,300.00
1610 - Buildings and Facilities	\$187,880.64
1620 - Furniture Fixtures and Equipment	\$108,333.69
1699 - Accumulated Depreciation	(\$131,724.74)
Total Fixed Assets	\$226,789.59
Other Assets	
1100 -SPFP - Investment Cost - Sea Pines Forest Preserve	\$249,831.83
1120 - Unrealized gain/ (loss)	(\$21,865.19)
Total Other Assets	\$227,966.64
Total ASSETS	\$857,582.22
Liabilities & Equity	
Current Liabilities	
Accounts Payable	
2400 - Interco AP CSA	\$26,974.95
Total Accounts Payable	\$26,974.95
Other Current Liability	
2350 - Other Current Liability	\$300.00
Total Other Current Liability	\$300.00
Total Current Liabilities	\$27,274.95
Equity	
3060 - Fund Balance - Beach Trust	\$56,690.27
Retained Earnings	\$789,548.67
Net Income	(\$15,931.67)
Total Equity	\$830,307.27
Total Liabilities & Equity	\$857,582.22

Sea Pines - CSA : Forest Preserve

Balance Sheet

End of Dec 2021

Financial Row	Amount
ASSETS	
Current Assets	
Bank	
1000 - Sea Pines Forest Preserve - Operating - Sea Pines Forest Preserve	\$185,473.55
1030 - Sea Pines Forest Preserve - Money Market - Sea Pines Forest Preserve	\$140,300.96
1031 - Sea Pines Forest Preserve - Money Market - Sea Pines Forest Preserve (2)	\$63,376.76
1050 - Sea Pines Forest Preserve - Investment Money Fund - Sea Pines Forest Preserve	\$2,166.45
Total Bank	\$391,317.72
Other Current Asset	
Undeposited Funds	\$3,181.00
Total Other Current Asset	\$3,181.00
Total Current Assets	\$394,498.72
Fixed Assets	
1600 - Land	\$62,300.00
1610 - Buildings and Facilities	\$187,880.64
1620 - Furniture Fixtures and Equipment	\$65,976.09
1699 - Accumulated Depreciation	(\$112,509.82)
Total Fixed Assets	\$203,646.91
Other Assets	
1100 -SPFP - Investment Cost - Sea Pines Forest Preserve	\$249,157.08
1120 - Unrealized gain/ (loss)	\$2,521.36
Total Other Assets	\$251,678.44
Total ASSETS	\$849,824.07
Liabilities & Equity	
Current Liabilities	
Accounts Payable	
2400 - Interco AP CSA	\$3,585.13
Total Accounts Payable	\$3,585.13
Total Current Liabilities	\$3,585.13
Equity	
3060 - Fund Balance - Beach Trust	\$56,690.27
3061 - Fund Balance - Lake Mary Boardwalk	\$100,000.00
Retained Earnings	\$426,251.45
Net Income	\$263,297.22
Total Equity	\$846,238.94
Total Liabilities & Equity	\$849,824.07



** PUBLIC DISCLOSURE COPY **

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)

2021

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.

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending										
B c	heck if pplicable	C Name of organization			D Employer identifie	cation number				
	Addres	SEA PINES FOREST PRESERVE FOUNDATION	N							
	Name change				57-0985915					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	F	Room/suite	E Telephone number					
	Final return/	175 GREENWOOD DRIVE			843-671-					
	termin- ated □Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	487,686.					
L	return	HILTON HEAD ISLAND, SC 29926			H(a) Is this a group re					
	Applica tion pendin		N		for subordinates					
		SAME AS C ABOVE			H(b) Are all subordinates in					
			a)(1) or	527	1 ′	list. See instructions				
		e: WWW.SEAPINESLIVING.COM organization: X Corporation Trust Association Other		1	H(c) Group exemptio					
		Summary		L Year	of formation: 1993 N	1 State of legal domicile: SC				
	_	Briefly describe the organization's mission or most significant activities: AP	PRO	XTMΔT	ELV 40 000 I	PERSONS				
Se	' ;	VISITED THE SEA PINES FOREST PRESERVE 1	TN 2	2021.	THESE VISIT	ORS TOOK				
Governance		Check this box if the organization discontinued its operations or di								
Veri	l		-		3	5				
Ĝ	l	Number of independent voting members of the governing body (Part VI, line 1				5				
م د		Fotal number of individuals employed in calendar year 2021 (Part V, line 2a)				0				
ij		Total number of volunteers (estimate if necessary)				5				
Activities		Total unrelated business revenue from Part VIII, column (C), line 12				0.				
_<		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.				
					Prior Year	Current Year				
Φ	8 (Contributions and grants (Part VIII, line 1h)			189,189.	434,924.				
'n	9 1	Program service revenue (Part VIII, line 2g)			12,747.	26,594.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			328.	1,337.				
—	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,196.	18,723.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1			203,460.	481,578.				
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-			0.	0.				
Expenses	16a 	Professional fundraising fees (Part IX, column (A), line 11e)		_	0.	0.				
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25)		0.	227,487.	220,798.				
_	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			227,487.	220,798.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12			-24,027.	260,780.				
	19	nevertue less expenses. Subtract line 16 from line 12		Re	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			592,324.	847,303.				
Ass Bal	21	Fotal liabilities (Part X, line 26)			9,386.	3,585.				
.et	22	Net assets or fund balances. Subtract line 21 from line 20			582,938.	843,718.				
	ırt II	Signature Block								
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying sche	edules a	and stateme	ents, and to the best of my	knowledge and belief, it is				
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information	of whic	ch preparer	has any knowledge.					
Sig	า	Signature of officer			Date					
Her	e	VICTORIA SHANAHAN, DIRECTOR OF FINAN	NCE							
		Type or print name and title		I r	Doto In F	DTIN				
.		Print/Type preparer's name Preparer's signature Preparer's signature	7.1		Date Check	PTIN				
Paid		JANICE A RATICA Janua Juli	cco		05/12/22 self-employed P00358837 Firm's EIN ► 57-0381582					
	arer	Firm's name ELLIOTT DAVIS, LLC/PLAC	י ים יי	700	Firm's EIN	21-0301207				
บริย	Only	Firm's address 500 EAST MOREHEAD STREET, SUIT CHARLOTTE, NC 28202	16 .	, 00	Dhone no / 7	04) 333-8881				
May	the IP	S discuss this return with the preparer shown above? See instructions			Filolie IIo. (7	X Yes No				
iviay	LI IC IC	o alboado alia rotalii witii tilo proparoi dilowii above: dee iildiidolloiid				103 100				

Form		SEA PINES			FOUNDATIO	N 57-09	85915	Page 2
Pai	t III Statement of Pro	ogram Service	Accomplis	shments				
	Check if Schedule O	contains a respons	e or note to ar	ny line in this Part	<u>III</u>			🔲
1	Briefly describe the organiza							
	THE FOUNDATION							
	SEA PINES FORE				DED BY DO	NATIONS RECEIV	ED FROM	11
	VISITORS AND R	RESIDENTS (OF SEA	PINES.				
2	Did the organization underta	ake any significant	program servi	ces during the ye	ar which were not l	isted on the		
	prior Form 990 or 990-EZ?						Yes	X No
	If "Yes," describe these nev							77
3	Did the organization cease			hanges in how it	conducts, any proc	gram services?	Yes	X No
	If "Yes," describe these cha	· ·						
4	Describe the organization's		•				· ·	
	Section 501(c)(3) and 501(c)		- ·	report the amour	it of grants and allo	cations to others, the total (expenses, and	a
	revenue, if any, for each pro			cluding grants of \$) (Revenue \$	26 5	594.
4a	(Code:) (Expenses \$ THE FOUNDATION				IIDGRADES			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	FOREST PRESERV						1110	
	RESIDENTS OF S						ZE AND	TS
	THE LARGEST TR							
	THE FOUNDATION							
	PERMANENTLY PR							
	ANIMALS AND TO							HE
	NATURAL BEAUTY	OF THE E	NVIRONM	ENT.				
4b	(Code:) (Expenses \$		in	cluding grants of \$) (Revenue \$		}
4c	(Code:) (Expenses \$	<u> </u>	in	cluding grants of \$) (Revenue \$		
	(Oodc) (Expenses w		"') (Nevenue #		
4d	Other program services (De	scribe on Schedule	e O.)					

including grants of \$ 206,709 .

			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		х
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		х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
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 debt negotiation services?			7,7
	If "Yes," complete Schedule D, Part IV	9		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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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		Х
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		Х
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	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	110		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Δ.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

	990 (2021) SEA PINES FOREST PRESERVE FOUNDATION 57-098	915	Р	age 4			
Pa	rt IV Checklist of Required Schedules (continued)		1				
			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		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	X	<u> </u>			
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			l			
	Schedule K. If "No," go to line 25a	24a		X			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		X			
	entity (including an employee thereof) or family member of any of these 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 the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			. v			
	"Yes," complete Schedule L, Part IV	28a		X			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		 ^-			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			₩			
00	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x			
04	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31					
32	, ,	32		X			
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1			
33		33		x			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		1			
J -1		34	х				
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 25	Х			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a					
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000					
00	If "Yes," complete Schedule R, Part V, line 2	36		x			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u> </u>			
-55		38	х				
Pa		, 55					
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ______ c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

132004 12-09-21

Form 990 (2021) SEA PINES FOREST PRESERVE FOUNDATION

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

	i (continued)			T					
0-	Fatantha annahan of annalances was adod as Fama W.O. Transprittal of Warra and Tay Obstanants		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 0								
_	, , , , , , , , , , , , , , , , , , , ,	2b							
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	20							
22	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х					
		3b							
	If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30							
-14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
b	If "Yes," enter the name of the foreign country	16							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a									
	any contributions that were not tax deductible as charitable contributions?	6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
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:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders								
b	, , , , , , , , , , , , , , , , , , , ,								
192	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZU							
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							
_	Note: See the instructions for additional information the organization must report on Schedule O.								
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								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Ves " 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			X							
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	5									
	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.										
b	Enter the number of voting members included on line 1a, above, who are independent	5									
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		Х							
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		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х							
6	Did the organization have members or stockholders?	6		Х							
7a											
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	_								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		X							
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►SC										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))s only)	availa	ble							
	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)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finar	icial								
	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										
	VICTORIA SHANAHAN - 843-671-1343										
	175 GREENWOOD DRIVE, HILTON HEAD, SC 29928		000								

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

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

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

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

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

Check this box if neither the organiz	ation nor any related	orga	niza	tion	con	ompensate		ed any current officer, d	irector, or trustee.		
(A)	(B)		(C)					(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos	itior _{more}	າ than ເ	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both officer and a director/trust			s both	n an	compensation	compensation	amount of	
	week		Cei ai	lu a u	liecto	T	(66)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for related	or di	ee.			sated		organization	(W-2/1099-MISC/	from the	
	organizations	ustee	trust		ee	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below	lual t	tiona		oldr	yee Co	_	1033 (420)		organizations	
	line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio	
(1) CHARLES BENNETT	1.00	Ī	_								
PRESIDENT-CSA	39.00			Х				0.	302,156.	11,552.	
(2) DON SIGMON	1.00										
AT-LARGE		Х						0.	0.	0.	
(3) LARRY MOVSHIN	1.00										
CHAIRMAN		Х		Х				0.	0.	0.	
(4) JAMES KASKIE	1.00	4									
VICE CHAIRMAN		Х		Х				0.	0.	0.	
(5) CAROLYN ADAMS	1.00			l							
SECRETARY	0.00	Х	_	Х				0.	0.	0.	
(6) DAVID BORGHESI	2.00	-		.,							
TREASURER		Х		Х				0.	0.	0.	
		-									
		₩									
		1									
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(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	(D) Reportable compensation	(E) Reportable compensation	n	an	(F) timate nount o		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	s SC/	compensation from the organization and related organizations		e ion ed
1b Subtotal c Total from continuation sheets to Part VI	I, Section A						>	0.	302,15	0.	. 0.		0.
d Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							o re	0 . eceived more than \$100,	302,15			L,5:	0
3 Did the organization list any former officer,	director, truste	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on	٦		Yes	No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su	uch individual										3		Х
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	Х	
rendered to the organization? If "Yes," com Section B. Independent Contractors											5		X
Complete this table for your five highest count the organization. Report compensation for the organization.								the organization's tax y		pensat			
(A) Name and business	address	NC	NE	<u> </u>				(B) Description of s	services	C	(C omper		<u>1</u>
Total number of independent contractors (ir \$100,000 of compensation from the organize)	ŭ	ot lin	nited	d to	thos (ted	above) who received mo	ore than			990 <i>(</i> (

		Check if Schedule O contains a response or	note to any line	e in this Dart VIII			
		Check is Schedule O contains a response of	Tible to arry lim	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Toveride	function revenue	business revenue	from tax under
							sections 512 - 514
S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	h	Membership dues 1b					
S S							
ts, Ar	C						
ig ig	C	Related organizations 1d	<u> </u>				
in,	е	Government grants (contributions) 1e	50,000.				
ior	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f 3	84,924.				
ÖĘ	c	Noncash contributions included in lines 1a-1f					
ν	i h	Total. Add lines 1a-1f		434,924.			
<u> </u>			Business Code	131/3210			
		<u></u>		26 504	26 504		
ce	2 a	TRAIL & PERMIT FEES	110000	26,594.	26,594.		
ēΞ	b						
S Z	c	·					
an eve	c						
Pg	e						
Program Service Revenue	f	All other program service revenue					
			•	26,594.			
		Total. Add lines 2a-2f		20,374.			
	3	Investment income (including dividends, interest		1 240			1 240
		other similar amounts)		1,348.			1,348.
	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 300.					
		'					
		` ,		200	200		
		Net rental income or (loss)		300.	300.		
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ē		and sales expenses 7b11.					
Revenue	c	Gain or (loss) 7c -11.					
ě		Net gain or (loss)		-11.			-11.
F.							
ther	8 8	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	22,284.				
	b	Less: direct expenses8b	6,097.				
	c	Net income or (loss) from fundraising events	▶	16,187.			16,187.
		Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		· · · · · · · · · · · · · · · · · · ·					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns	0 006				
		and allowances 10a	2,236.				
	b	Less: cost of goods sold10b	0.				
	c	Net income or (loss) from sales of inventory		2,236.	2,236.		
		I	Business Code				
ns	11 a						
eo ne							
llar æn	b						
Miscellaneous Revenue	C						
Mis	C	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		481,578.	29,130.	0.	17,524.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 890. 890. Legal 1,700. 1,700. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 14,089. 14,089. Office expenses 13 21. 21. Information technology 14 Royalties 15 51,466. 51,466. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 15,030. 15,030. Depreciation, depletion, and amortization 22 494. 494. 23 Other expenses. Itemize expenses not covered 24 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.) 44,100. 44,100. CONSTRUCTIONS TROPICAL STORM ELSA 37,241. 37,241. 30,275. 30,275. LAND MANAGEMENT PLAN 7,846. 7,846. SURVEYING 17,646. 17,646. All other expenses 220,798. 206,709. 14,089. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

Par	ιχ	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			119,977.		185,474
	2	Savings and temporary cash investments			203,674.	2	455,001
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			50,000.	4	0
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of th	ese person	ns		5	
	6	Loans and other receivables from other disqua	ons (as defined				
		under section 4958(f)(1)), and persons describ	on 4958(c)(3)(B)		6		
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		316,157.			
	b	Less: accumulated depreciation		112,510.	218,673.	10c	203,647
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	3,181		
	16	Total assets. Add lines 1 through 15 (must ed			592,324.	16	847,303
	17	Accounts payable and accrued expenses	9,386.	17	3,585		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
<u>a</u>		controlled entity or family member of any of th				22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin of Schedule D	es 17-24). (Complete Part X		25	
	26				9,386.	26	3,585
+	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl			<i>J</i> ,500.	20	3,303
တ္ထ		and complete lines 27, 28, 32, and 33.	ieck liele				
2	27					27	
3919	28	Net assets with donor restrictions				28	
9	20	Organizations that do not follow FASB ASC				20	
ב ב		and complete lines 29 through 33.	000, 01100	K nore			
5	29	Capital stock or trust principal, or current fund		0.	29	0	
ets	30	Paid-in or capital surplus, or land, building, or		0.	30	0	
Ass	31	Retained earnings, endowment, accumulated			582,938.	31	843,718
Net Assets or Fund Balances	32	Total net assets or fund balances			582,938.	32	843,718
2	33				592,324.	33	847,303
	33	Total liabilities and net assets/fund balances			534,344.	33	64/, Form 99

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		<u>1,5</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,7				
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>80.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58	<u>2,9</u>	38.			
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			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	84	3,7	<u> 18.</u>			
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: Cash X 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 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 Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	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	(2021)			

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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

2021
Open to Public

Inspection
Employer identification number

Name of the organization SEA PINES FOREST PRESERVE FOUNDATION 57-0985915 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71	<u> </u>	,								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	294,494.	235,133.	131,902.	189,189.	434,924.	1285642.					
2	Tax revenues levied for the organ-											
	ization'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	204 404	005 100	121 000	100 100	424 024	1005640					
	Total. Add lines 1 through 3	294,494.	235,133.	131,902.	189,189.	434,924.	1285642.					
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,						227 056					
_	column (f)						327,856. 957,786.					
	Public support. Subtract line 5 from line 4.						937,700.					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
	Amounts from line 4	294,494.	235,133.	131,902.	189,189.	434,924.	1285642.					
	Gross income from interest,	274,474.	233,133.	131,302.	105,105.	9. 434,924. 1283642						
0	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	233.	145.	2,292.	378.	1,637.	4,685.					
۵	Net income from unrelated business	2331	113.	2,2321	3700	1,03,0	1,003.					
3	activities, whether or not the											
	business is regularly carried on	10,394.	36,450.	44,050.	257.	16,187.	107,338.					
10	Other income. Do not include gain	20,0010	30,1301	11,0001	2371	20,20,0	201/0001					
10	or loss from the sale of capital											
	assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10						1397665.					
12	Gross receipts from related activities,	etc. (see instructio	nns)			12	71,890.					
	First 5 years. If the Form 990 is for th	•	,				,					
	organization, check this box and stor	-		•								
Sec	tion C. Computation of Publi	c Support Per	centage				<u> </u>					
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	68.53 %					
15	- · · · · · · · · · · · · · · · · · · ·					15	74.52 %					
16a	33 1/3% support test - 2021. If the o					ore, check this box	and					
	stop here. The organization qualifies	as a publicly supp	orted organization				> X					
b	33 1/3% support test - 2020. If the o											
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>					
17a	10% -facts-and-circumstances test											
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation					
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		>					
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or					
	more, and if the organization meets the	ne facts-and-circum	nstances test, ched	ck this box and st	t op here. Explain i	n Part VI how the						
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□					
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>					

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40		
10a		
405		
10b	n 990)	2021

132024 01-04-21

Par	t IV	Supporting Organizations (continued)			-g
		The state of the s		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	N how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	suppo	rted organizations played in this regard.	3		
Sec		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		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.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see institution Text Access Visco Constitution (See Institution Constitution).	struction		
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а		ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
h		nese activities constituted substantially all of its activities. e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Ła		
b		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

SEA PINES FOREST PRESERVE FOUNDATION

57-0985915

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 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	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
Special I	property) from any o	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
X	sections 509(a)(1) are contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions of is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., etc., contributions totaling \$5,000 or more during the year				
answer "	No" on Part IV, line 2	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

SEA PINES FOREST PRESERVE FOUNDATION

57-0985915

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>109,679.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SEA PINES FOREST PRESERVE FOUNDATION

57-0985915

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

Name of organization Employer identification number

EA PI	INES FOREST PRESERVE FO	UNDATION			57-0985915
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following lir charitable, etc., contributions of \$1,00	ne entry. For or	rganizations	
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer o	f gift		
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer o	f gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
Ì		(e) Transfer o	f gift		
_	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
}		(e) Transfer o	f gift		
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2021
Open to Public

Open to Public Inspection

Name of the organization

SEA PINES FOREST PRESERVE FOUNDATION

Employer identification number 57-0985915

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the
	organization answered Tes On Form 990, Part IV, line	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	()		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets he	ld in donor advised fu	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the orga	nization during the tax
_	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri			□ v □ u.
•	violations, and enforcement of the conservation easements it		d anfaraing concernat	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d emorcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and on	forcing conservation o	acoments during the year
′	\$\\$\$ \$\$	iii ig or violations, and em	lording conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4)(l	3)(i)
Ū	and section 170(h)(4)(B)(ii)?	• •		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne			
	organization's accounting for conservation easements.	3		
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, 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	8, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			, provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			k .
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		62,300.		62,300.
b Buildings				
c Leasehold improvements				
d Equipment		253,857.	112,510.	141,347.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	203,647.			

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SEA PINES F	OREST PRESERV	E FOUNDATION	57-0985915 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	_	_	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X	-
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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) 2021

(9)

Par	rt XI Reconciliation of Revenu	e per Audited Financial State	ments With Revenเ	ue per Return.	
	Complete if the organization ans	wered "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 F	Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investm	ents	2a		
b	•				
С	. , , ,				
d	Other (Describe in Part XIII.)		2d		
е	J				
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VI		1 1		
а					
b			4b		
С					
5 Do:	Total revenue. Add lines 3 and 4c. (This	must equal Form 990, Part I, line 12.)	monto With Evnon	5	
Par		es per Audited Financial State	-	ises per Return.	
		wered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited f			1	
2	Amounts included on line 1 but not on F		1.1		
a	•				
b	, , ,				
С.					
d	, , , , , , , , , , , , , , , , , , , ,				
_	J				
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX	•	4-		
a					
b	A 1 1 2 4 1 41			40	
5	Total expenses. Add lines 3 and 4c. (Th	is asset asset Farms 000, Bart I line 10.			
	rt XIII Supplemental Informatio	is must equal Form 990, Part I, line 18.) n.		3	
	ride the descriptions required for Part II, lir		Part IV lines 1h and 2h· I	Part V line 4: Part X line 2: Part X	ı
	3 2d and 4b; and Part XII, lines 2d and 4b.			a , , a ,	-,

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

	ES FOREST PRESERVE	FOU	JND	ATION	57-0985	915
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	etees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
⁻ otal						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration

132081 10-21-21

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	(a) Event #1	EZ, lines 1 and 6b. List e	(c) Other events	(d) Total events
			BONFIRE EVENT		NONE	(add col. (a) through
4)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	22,284.			22,284.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	22,284.			22,284.
	4	Cash prizes				
S	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				6,097.
	10	Direct expense summary. Add lines 4 through			>	6,097.
Da	11					16,187.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac				Yes No
b) IT "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·			Yes No
13208	32 10	D-21-21			Sche	dule G (Form 990) 2021

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 SEA PINES FOREST PRESERVE FOUNDATION 57-0	1985915	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12			
	Indicate the percentage of gaming activity conducted in:	ا مدا	0.4
	The organization's facility	13a	<u>%</u>
b	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\blacktriangleright*		
_	: If "Yes," enter name and address of the third party:		
C	the res, entername and address of the unit party.		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Coming manager companyation		
	Gaming manager compensation \$		
	Description of services provided		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
4-	Manufakana diakilia diama		
	Mandatory distributions:		
а	solution is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990)	SEA	PINES	FOREST	PRESERVE	FOUNDATION	57-0985915	Page 4
Part IV	(Form 990) Supplemental Infor	mation	(continued)				
			(
-								
_								

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number SEA PINES FOREST PRESERVE FOUNDATION 57-0985915 **Questions Regarding Compensation**

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		_X_
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		_ <u>x</u> _
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_ <u>x</u> _
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation (ii) Bonus incentive compensat		(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHARLES BENNETT	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT-CSA	(ii)	302,156.	0.	0.	8,431.	3,121.	313,708.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SEA PINES FOREST PRESERVE FOUNDATION

Employer identification number 57-0985915

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SELF-GUIDED TOURS OF THE PRESERVE. APPROXIMATELY 40 DIFFERENT GROUPS
AND ORGANIZATIONS HELD EDUCATIONAL AND ENVIRONMENTAL FUNCTIONS IN THE
PRESERVE USING THE FACILITIES PROVIDED BY THE FOUNDATION. THE
FOUNDATION PROVIDES MAINTENANCE AND HABITAT IMPROVEMENTS TO THE SEA
PINES PRESERVE WHICH ARE FUNDED BY DONATIONS RECEIVED FROM VISITORS AND
RESIDENTS OF SEA PINES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT BEFORE
FILING.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	SEA PINES FORE	EST PRESERVE FOUND	ATION				57-09859	15	
Part I	Identification of Disregarded Entities. Comple	te if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year	assets			g
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34, b	pecause it had one	or more	e related tax-exer	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		Section 512(b)(13 controlled entity?	
			,,,		501(c)(3))			Section 512(controlle entity? Yes	No
57-0888	TY SERVICES ASSOCIATES, INC 471, 175 GREENWOOD DRIVE, HILTON HEAD SC 29928	HOMEOWNERS ASSOCIATION	SOUTH CAROLINA	501(C)(4)					х
		_							21

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

Schedule R (Form 990) 2021

	11 "" " (D.) 10 T 11 D 1 11	0 - - - - - - -	IIX / II F 000	D - 4 B/ Page 04 In a 24 I	and and an arrangement of the second
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, because it r	nad one or more related
Part III	organizations treated as a partnership during the tax year.		•	, ,	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Percenta ping ownersh	age ship
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
										Ш		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		enary:	
		country)		,				Yes	No	
-										
	_									
-										
-										
	-									

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
					1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		Х			
	Loans or loan guarantees to or for related organization(s)				1d		Х			
	Loans or loan guarantees by related organization(s)				1e	Х				
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
	Performance of services or membership or fundraising solicitations for related organization				11		Х			
m	n Performance of services or membership or fundraising solicitations by related organization	n(s)			1m		Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х			
	Sharing of paid employees with related organization(s)				10		Х			
р	p Reimbursement paid to related organization(s) for expenses									
	Reimbursement paid by related organization(s) for expenses				1q		Х			
r	Other transfer of cash or property to related organization(s)				1r		Х			
s	Other transfer of cash or property from related organization(s)				1s		X			
	If the answer to any of the above is "Yes," see the instructions for information on who must									
	(a)	(b)	(c)	(d)						
		ansaction	Amount involved	Method of determining amount inv	olved					
	t <u>y</u>	ype (a-s)								
		_								
1) (COMMUNITY SERVICES ASSOCIATES, INC.	P	211,447.	FMV						
		_								
2) (COMMUNITY SERVICES ASSOCIATES, INC.	E	3,585.	FMV						
3)										
4)										
5)										

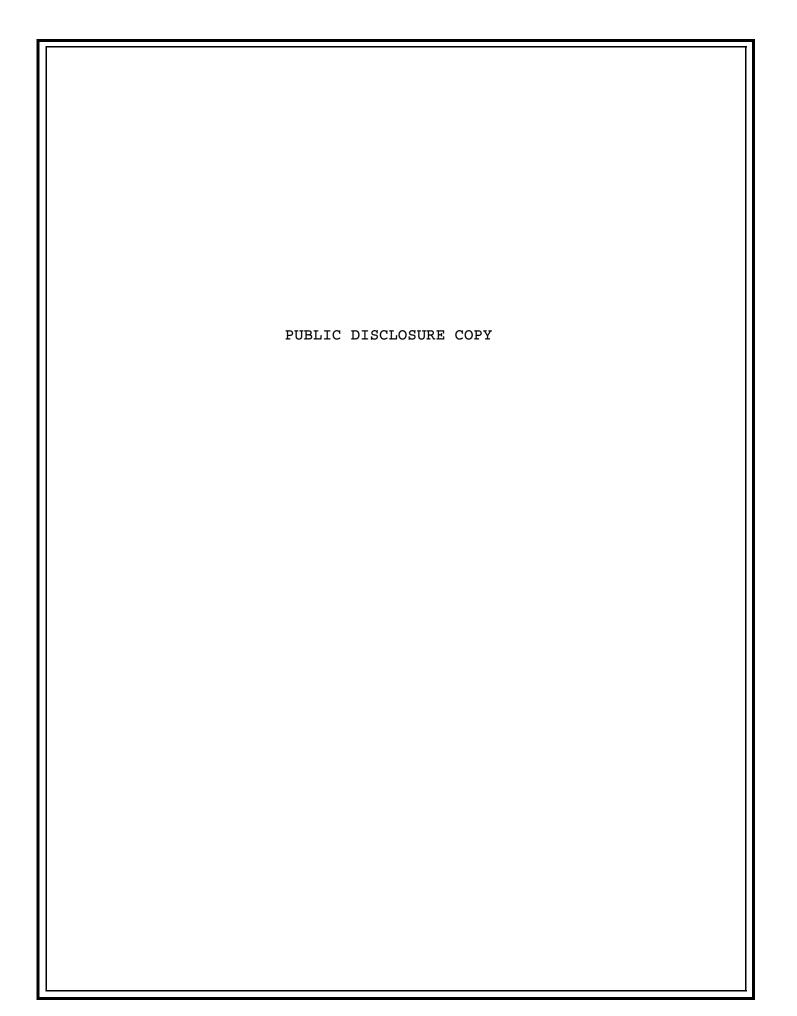
Schedule R (Form 990) 2021

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		General manage partner	(k) Al or Percentage ging ownership
	-									
										-
	_							Ochodolo		



Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

J	
, 2019, and ending	, 20

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning

▶ 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 Name of exempt organization Employer identification number SEA PINES FOREST PRESERVE FOUNDATION 57-0985915 Name and title of officer DAVID BORGHESI TREASURER Type of Return and Return Information (Whole Dollars Only) Part I 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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 211,416. 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) _____ 2b ____ 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) _______ **3b** _____ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here ▶ **b Balance Due** (Form 8868, line 3c) _______ **5b** _____ **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize ELLIOTT DAVIS, LLC/PLLC to enter my PIN ERO firm name Enter five numbers, but as my signature on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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. Officer's signature Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 57072229401 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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. Date $ightharpoonup _{11}/13/20$ ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020)

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

Open to Public

OMB No. 1545-0047

Department of the Treasury

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

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SEA PINES FOREST PRESERVE FOUNDATION Name change 57-0985915 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 175 GREENWOOD DRIVE 843-671-1343 211,416. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return HILTON HEAD ISLAND, SC 29928 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DAVID BORGHESI for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.SEAPINESLIVING.COM **H(c)** Group exemption number ▶ **K** Form of organization: \overline{X} Corporation Trust Association Other > L Year of formation: 1993 M State of legal domicile; SC Part I Summary Briefly describe the organization's mission or most significant activities: APPROXIMATELY 40,000 PERSONS **Activities & Governance** VISITED THE SEA PINES FOREST PRESERVE IN 2019. THESE VISITORS TOOK if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** 235,133. 131,902.Contributions and grants (Part VIII, line 1h) 8 <u>20,</u>136. 14,094. Program service revenue (Part VIII, line 2g) 145. 2,292. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 50,963. 57,086. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 300,335. 211,416. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 274,728. 189,056. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 274,728. 189,056. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25,607. 22,360. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 584,605. 618,557. Total assets (Part X, line 16) 0. 11,592. 21 Total liabilities (Part X, line 26) 三年 584,605. 606,965 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DAVID BORGHESI, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/13/20 self-employed BRANDON T. RENAUD P00743576 Paid Firm's EIN ▶ 57-0381582 Firm's name ► ELLIOTT DAVIS, LLC/PLLC Preparer Firm's address 100 CALHOUN STREET, SUITE 300 Use Only CHARLESTON, SC 29401 Phone no. (843) 577-7040

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Pa	Part III Statement of Program Service Accomp	
	•	any line in this Part III
1	3	ENANCE AND HADIMAN IMPROVEMENTS TO THE
		ENANCE AND HABITAT IMPROVEMENTS TO THE
		CH ARE FUNDED BY DONATIONS RECEIVED FROM
	VISITORS AND RESIDENTS OF SEA	PINES.
2	Did the organization undertake any significant program ser	rvices during the year which were not listed on the
		Yes X No
	If "Yes," describe these new services on Schedule O.	
3	,	t changes in how it conducts, any program services?Yes X No
	If "Yes," describe these changes on Schedule O.	3 7 71 3
4	,	ents for each of its three largest program services, as measured by expenses.
-		to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	170 065	including grants of \$) (Revenue \$ 20,136.)
		ENANCE AND UPGRADES TO THE SEA PINES
		ATIONS RECEIVED FROM VISITORS AND
	RESIDENTS OF SEA PINES.	
4b	b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	C (Code:) (Expenses \$	including grants of \$) (Revenue \$)
) (Expenses 4	
	-	
	-	
•		
4d	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	e Total program service expenses ► 178	3,865.
		Form 990 (2019)

Form 990 (2019) SEA PINES FOREST PRESERVE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6				-23
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? 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			7,7
	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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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	11c		х
А	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			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
		116		-25
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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 Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	L
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	democre government on Fartix, column (x), into FF II Fes. Complete Scriedule I, Parts Fariu II	<u> </u>		

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Form **990** (2019)

SEA PINES FOREST PRESERVE FOUNDATION 57-0985915 Page 4 Form 990 (2019) Part IV | 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 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 Х 24a Schedule K. If "No," go to line 25a b 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 to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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? If "Yes." complete 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see 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 **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 19? Х Note: All Form 990 filers are required to complete Schedule O 38

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		

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Form 990 (2019) SEA PINES FOREST PRESERVE FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		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 at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X
b	•	and and	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				X
لم	to file Form 8282?	7d	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	•	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co 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		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the consequence in the consequence of the consequence of the distributions and the consequence of the co		9a		
b			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:	1			
а		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
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	-		
	Enter the amount of reserves on hand	13c	44-		Х
			14a		├^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule to the against to the action (1000 tox on payment(s) of more than \$1,000,000 in representations.		14b	 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration payment(s) during the year?		45		X
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.		10		
	n 100, complete i om 4120, conedate O.		Eorn	990	/2010

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			X
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 5			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		Х
4		4		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		X
5		6		X
6	Did the organization have members or stockholders?	ь		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v
	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			37
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u>X</u>	
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 Internal Revenue Code.)			
			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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	e only)	availal	hle
10		o Orliy)	avallal	DIE
	for public inspection. Indicate how you made these available. Check all that apply.			
40	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	fina	vio!	
19		ппапс	ııal	
00	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			
	VICTORIA SHANAHAN - 843-671-1343			
	175 GREENWOOD DRIVE, HILTON HEAD, SC 29928			

Form **990** (2019)

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 organization n	or any related	orga	niza	tion	con	nper	ısate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless person is both an officer and a director/trustee)		ox, unless person is bo		compensation	compensation	amount of		
	week				a director/trustee)			from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		e e	Suedic		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK GRIFFITH	1.00		_		_	1				
CHAIRMAN		Х		Х				0.	0.	0.
(2) MICHAEL TUCKER	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(3) STU RODMAN	1.00								-	
TREASURER		Х		Х				0.	0.	0.
(4) CAROLYN ADAMS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) DON SIGMON	1.00									
AT-LARGE		Х						0.	0.	0.
(6) BRET MARTIN	1.00									
PRESIDENT (CSA)	39.00			Х				0.	205,606.	26,752.
						_				
			_			├				
						┝				
-						\vdash				
					-	-	-			
						\vdash				
						T				
	•	_	_	-	_	-	•			

Form 990 (2019)

Part	Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	iH t	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		ገ than (one	Reportable	Reportable	- 1		stimate	
		hours per week	box	, unle	ss pe	rson i	is both or/trus	n an	compensation	compensation	- 1	an	nount	of
		(list any	tor					ĺ	from the	from related organizations		com	other pensa	ition
		hours for	direc				р В		organization	(W-2/1099-MIS			om th	
		related	tee or	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
		organizations below	al trus	onal tr		loyee	comp						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
			드	드	ō	3	= ₽	꼰			\dashv			
			1											
			<u> </u>								\dashv			
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			1											
			<u> </u>				_				\rightarrow			
											\dashv			
			1											
			<u> </u>								\dashv			
			1											
1b S	Subtotal							<u> </u>	0.	205,60	6.		6,7	52.
	otal from continuation sheets to Part VI								0.		0.		, ,	0.
	otal (add lines 1b and 1c)							<u> </u>	0.	205,60	6.	2	6,7	52.
	otal number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	,			•
C	ompensation from the organization												Yes	0 No
3 D	olid the organization list any former officer,	director trust	امما	(A) (mnl	lova	a or	hia	thest compensated emp	lovee on	Г		163	NO
	ne 1a? If "Yes," complete Schedule J for s	•	,	,	•	,	,	_		,	- 1	3		х
	or any individual listed on line 1a, is the su													
	nd related organizations greater than \$150										[4	Х	
	oid any person listed on line 1a receive or a													
	endered to the organization? If "Yes," com	plete Schedule	∋ <i>J f</i> ¢	or su	ıch <u>ı</u>	pers	on					5		Х
	on B. Independent Contractors Complete this table for your five highest co	mnoneated inc		ndo	ot or	ntr-	acto	rc th	nat received more than ⁽	:100 000 of comp	oncati	ion fr	om.	
	ne organization. Report compensation for										Crisati	OII II	J111	
	(A)								(B)			(0	C)	
	Name and business	address	NC	ONE	3				Description of s	ervices	C	ompe	nsatio	n
			_					\dashv						
2 T	otal number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than				
	100,000 of compensation from the organization					(_							
											ı	Form	990 (2019)

Form 990 (2019) SEA PIN
Part VIII Statement of Revenue

_		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		<u> </u>		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	, c	Membership dues 1b					
S S		Fundraising events 1c					
fts, Ar		I Related organizations 1d					
ig ig		•					
ons,		Government grants (contributions) 1e					
utio	T	All other contributions, gifts, grants, and	131 002				
ğ			131,902.				
ont	9	Noncash contributions included in lines 1a-1f		121 002			
<u>O</u> 8	r	Total. Add lines 1a-1f	Business Code	131,902.			
	_	MA THIRENIA NOTE		20 126	20 126		
Program Service Revenue	2 a	MAINTENANCE	110000	20,136.	20,136.		
	t	·					
n S	c						
ran 3ev	C						
rog	e	·					
Ф		All other program service revenue		00.106			
	ç	Total. Add lines 2a-2f		20,136.			
	3	Investment income (including dividends, interest					
		other similar amounts)		2,292.			2,292.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses					
en	c	Gain or (loss) 7c					
Rev	c	Net gain or (loss)					
her Revenue		Gross income from fundraising events (not	,				
퉏		including \$ of					
_		contributions reported on line 1c). See					
		Part IV, line 188a	44,050.				
	b	Less: direct expenses 8b	0.				
		Net income or (loss) from fundraising events	•	44,050.			44,050.
		Gross income from gaming activities. See		,			
		Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
		and allowances 10a	2,634.				
	r	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	•	2,634.	2,634.		
-		The modifie of floody from sales of fiveritory	Business Code	2,001.	_,,,,,		
Sn.	11 -	LOGGING SALES	110000	10,402.			10,402.
eo Tue	ii a		11000	10,402			10,1006
Miscellaneous Revenue							
Sce		I All other revenue					
Ξ				10,402.			
	12	Total Add lines 11a-11d		211,416.	22,770.	0.	56,744.
	14	Total revenue. See instructions			, , , , , , , , ,	ı •	, JJ,, TT.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 4,630. 4,630. Legal 1,300. 1,300. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 9,033. 9,033. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 10,191. 10,191. Office expenses 13 Information technology 14 Royalties 15 49,913. 49,913. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 12,000. 12,000. Depreciation, depletion, and amortization 22 698. 698. 23 Other expenses. Itemize expenses not covered 24 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.) 53,050. 53,050. HURRICANE MATTHEW LAND MANAGEMENT PLAN 18,364. 18,364. 11,180. 11,180. HURRICANE DORIAN 7,317. 7,317. SPECIAL PROJECTS 11,380. 11.380. All other expenses 10,191. 0. 189,056. 178,865. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2019)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X | Balance Sheet

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			57,701.	1	75,605
	2	Savings and temporary cash investments			188,890.	2	309,246
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			122,748.	4	0 .
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantial co	ontributor, or 35%			
		controlled entity or family member of any of	these perso	ns		5	
	6	Loans and other receivables from other disquared	ualified pers				
ts		under section 4958(f)(1)), and persons descri	bed in secti	on 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	316,157.			
	b	Less: accumulated depreciation	10b	82,451.	215,266.	10c	233,706
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e	equal line 33	3)	584,605.	16	618,557.
	17	Accounts payable and accrued expenses			0.	17	11,592.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Ħ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of				22	
-	23	Secured mortgages and notes payable to un		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela		Г		24	
	25	Other liabilities (including federal income tax	, , ,	1			
		parties, and other liabilities not included on li	•	•			
		of Schedule D			0.	25	11,592.
	26	Total liabilities. Add lines 17 through 25			0.	26	11,592
ý		Organizations that follow FASB ASC 958,	cneck nere				
nce	07	and complete lines 27, 28, 32, and 33.				07	
ala	27	Net assets without donor restrictions				27	
d B	28	Net assets with donor restrictions				28	
Ē		Organizations that do not follow FASB AS	C 958, cned	ck nere \blacktriangleright \triangle			
ᅙ	00	and complete lines 29 through 33.	a da	1	0.	00	0
şte	29	Capital stock or trust principal, or current fur		0.	29	0.	
1886	30	Paid-in or capital surplus, or land, building, o		584,605.	30	606,965.	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			584,605.	31	606,965.
ž	32	Total net assets or fund balances			584,605.	32	618,557.
	33	Total liabilities and net assets/fund balances			304,003.	33	010,337

Form **990** (2019)

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		1,4				
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,0				
3	Revenue less expenses. Subtract line 2 from line 1	3		2,3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58	4,6	05.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7 Investment expenses 7								
8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pa	t 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: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
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 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 Single Audit								
Act and OMB Circular A-133?								
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	(2019)			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Employer identification number

57-0985915

Name of the organization

SEA PINES FOREST PRESERVE FOUNDATION

Pa	ırt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.					
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12. c	heck only	one box.)						
1		A church, convention of ch	•	•	•	•	ινανί)					
2	H	A school described in sect					יאריאיזי					
	H			•			::\					
3	H	A hospital or a cooperative										
4		A medical research organiz	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 1/0(b)(1)(A)(III). Enter	the nospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
		university:										
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns membership fees ar	nd gross receipts from				
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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.										
				(less section of reax) inc	iii busiiles	sses acqui	red by the organization a	aiter durie 30, 1973.				
44		See section 509(a)(2). (Col		valv to toot for public on	fatu Caa	aaatian E(20(=)(4)					
11	Н	An organization organized a										
12		An organization organized a	•	•	-		•					
		more publicly supported or	-					Sneck the box in				
		lines 12a through 12d that					, ,					
а	ı		· · · · · · · · · · · · · · · · · · ·	•	•	-						
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting				
	_	organization. You must o	complete Part IV, Se	ections A and B.								
b)		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing				
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
c	: [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.					
c	ı 🗀	Type III non-functionally	, integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness				
		requirement (see instructi	-		-							
e	, [Check this box if the orga	•	= '								
	-	functionally integrated, or					31 - 7 31 - 7 31					
f	Ente	er the number of supported o	• •	nan, musgratsa sappera								
		vide the following information		d organization(s)								
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				above (see instructions))								
	-1							 				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	124,735.	118,059.	294,494.	235,133.	131,902.	904,323.
2	Tax revenues levied for the organ-						
	ization'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	124,735.	118,059.	294,494.	235,133.	131,902.	904,323.
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)						142,536.
	Public support. Subtract line 5 from line 4.						761,787.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	124,735.	118,059.	294,494.	235,133.	131,902.	904,323.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,077.	847.	233.	145.	2,292.	4,594.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	12,458.	8,008.	10,394.	36,450.	44,050.	111,360.
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						1020277.
12	Gross receipts from related activities,	•	,			12	107,725.
13	First five years. If the Form 990 is for	~			•		. \Box
800	organization, check this box and stor						>
	etion C. Computation of Publi			. (0)			74.66 %
	Public support percentage for 2019 (li					14	
15	Public support percentage from 2018					15	
168	33 1/3% support test - 2019. If the content have The expenientian qualifies						, 37
L	stop here. The organization qualifies		•			or more, shock thi	
L.	33 1/3% support test - 2018. If the c						
170	and stop here. The organization qual						
17 a	10% -facts-and-circumstances test and if the organization meets the "fac	-					
	_			=	· ·	-	
L	meets the "facts-and-circumstances" 10% -facts-and-circumstances test						
i.	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•		•		,
10	Private foundation. If the organization			•			
18	i rivate iounidation. Il the organizatio	ii did fiot bliech a l	DON OIT III TO 10, TO	4, 100, 11a, 01 11b	, oriect trile bux al	ia see iristructions	

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support						
alendar year (or fiscal year beginning in) 🕨 📗	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per-						
formed, 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 bus-						
iness under section 513						
1 Tax revenues levied for the organ-						+
ization'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						
Total. Add lines 1 through 5				1		
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						
c Add lines 7a and 7b						
Public support. (Subtract line 7c from line 6.)						
ection B. Total Support						
lendar year (or fiscal year beginning in) ► 📙	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Amounts from line 6						
0a 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						
c Add lines 10a and 10b						
Net income from unrelated business						1
activities not included in line 10b,						
whether or not the business is						
regularly carried on						+
or loss from the sale of capital						
assets (Explain in Part VI.)						+
Total support. (Add lines 9, 10c, 11, and 12.)						
First five years. If the Form 990 is for t	· ·		•	•	. , . ,	· . —
check this box and stop here						P L
ection C. Computation of Public			(6)		T 45 T	
Public support percentage for 2019 (lin					15	
Public support percentage from 2018 Section D. Computation of Invest					16	
ection D. Computation of Invest			10! (5)		147	
Investment income percentage for 201					17	
Investment income percentage from 20					18	
oa 33 1/3% support tests - 2019. If the o						17 is not
more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶∟
b 33 1/3 % support tests - 2018. If the c	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	, and
line 18 is not more than 33 1/3%, check	k this box and s t	top here. The orga	nization qualifies	as a publicly suppo	orted organizatior	າ ▶□
O Private foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	▶□

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.
- **b** 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.**
- c Did a disqualified person (as defined in 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.
- 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	I		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	
			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	_		
800	the supported organization(s).	1		
Sec	nion b. All Type III Supporting Organizations		V	NI -
	Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wearth of the		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	4		
•	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	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	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	3		
Sec	supported organizations played in this regard. Stion 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).			
· a				
b				
c		ctions)		
2	Activities Test. Answer (a) and (b) below.	0110113)	Yes	No
а				
	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				
	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 (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	•		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
С	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018e Excess from 2019

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

Name of the organization

SEA PINES FOREST PRESERVE FOUNDATION

Employer identification number 57-0985915

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Funds and othe	r accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis-	ed funds	
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors 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	
				Yes No
Pa	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, I	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	on or education) Preservation of	a historically important la	and area
	Protection of natural habitat	Preservation of	a certified historic structi	ure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easeme	nt on the last
	day of the tax year.		Held at the	End of the Tax Year
а	Total number of conservation easements		2a	
b			_	
С	Number of conservation easements on a certified historic structure.			
d	Number of conservation easements included in (c) acquired af			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele			ax
	year >			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	· · · · · · · · · · · · · · · · · · ·		
	violations, and enforcement of the conservation easements it I			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			g the year
	•			•
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	tion easements during the	e year
	▶ \$		•	•
8	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)?	•		Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	·		
	organization's accounting for conservation easements.	<u> </u>		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
	If the organization elected, as permitted under FASB ASC 958	. not to report in its revenue statement a	nd balance sheet works	
	of art, historical treasures, or other similar assets held for publ	•		
	service, provide in Part XIII the text of the footnote to its finance	,	•	
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public of	•		
	provide the following amounts relating to these items:		oranies or paisies sorries,	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
	(m) A		. .	
2	If the organization received or held works of art, historical treat			
_	the following amounts required to be reported under FASB AS		. g, p. 51146	
а	Revenue included on Form 990, Part VIII, line 1	_	> \$	
	Assets included in Form 990, Part X			
			F Y	

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Par	t III Organizations Maintaining Col	lections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continue	 d)
3	Using the organization's acquisition, accession	, and other record	s, check	any of the t	following that	t make sig	nificant us	se of its		
	collection items (check all that apply):									
а	Public exhibition	c	ı 🔲 ı	Loan or exc	hange progra	am				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	n how the	ey further th	ne organizatio	on's exemp	ot purpose	e in Part	XIII.	
5	During the year, did the organization solicit or r	eceive donations	of art, his	torical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be main	tained as part of t	he organ	ization's co	llection?				Yes	No
Par	t IV Escrow and Custodial Arrange	ements. Compl	ete if the	organizatio	n answered	"Yes" on F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for c	ontribution	s or other as	sets not in	cluded			
	on Form 990, Part X?							\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII an									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Forr						/?		Yes	No
	If "Yes," explain the arrangement in Part XIII. C					-				
Par							١.			
		(a) Current year		rior year	(c) Two yea			ars back	(e) Four yea	ırs back
1a	Beginning of year balance			•						
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curren	t vear end balanc	e (line 1a	. column (a)) held as:					
	Board designated or quasi-endowment		%	, 55.5 (5,	,,					
	Permanent endowment	%								
	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the possess	•	ation that	are held ar	nd administer	red for the	organizat	ion		
	by:						o. ga <u>_</u> a.		Ye	s No
	(i) Unrelated organizations								3a(i)	1
	(ii) Related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organization	ns listed as requir	red on Sc	:hedule B?					3b	
4	Describe in Part XIII the intended uses of the or									
	t VI Land, Buildings, and Equipme		WITHOUT I	arido.						
	Complete if the organization answered). Part IV	. line 11a. S	See Form 990). Part X. lii	ne 10.			
	Description of property	(a) Cost or o			or other		cumulated	4	(d) Book va	
	Bosonption of property	basis (investr			(other)	, , ,	eciation	[*]	(u) Doon ve	ao
12	Land	, , , , , , , , , , , , , , , , , , , ,	,		2,300.				62.	300.
	Buildings				_,				<u> </u>	
	Leasehold improvements									
	Equipment			2.5	3,857.		82,45	1.	171,	406-
	Other	1			-,,		,			
	. Add lines 1a through 1e. (Column (d) must equ		X colum	n (R) lino 1	Oc.)	I			233,	706-
. 5.01		arı onu 330. Fall	n. colulli	(D). III (C 1	vv./					

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 SEA PINES FOR Part VII Investments - Other Securities.	OREST PRESERVI	E FOUNDATION	57-0985915 Page 3
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 10	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	
(1) Financial derivatives	(-,	(2)	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (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	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	F 000 P+ IV I'	14 d Oce Form 000 Post V Pro 46	_
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 13	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		•
Part X Other Liabilities.	10.,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability		·	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(0)			

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) 2019

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Par	t XI	Reconciliation of Revenue per Audited Financial St	atements With Revenue	per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		red services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)	1 4 . 1		
е	Add li	nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	
Pai	rt XII	Reconciliation of Expenses per Audited Financial S		es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV,		ГТ	
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ed services and use of facilities			
b		year adjustments			
С		losses			
d		(Describe in Part XIII.)	<u></u>		
_		nes 2a through 2d			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	<u></u>	4.5	
		nes 4a and 4b			
5 Par	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	<u> 18.)</u>	5	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1.4: Part IV lines 1b and 2b: Pa	rt V line 4: Part V line 2: Part	
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide		11 v, 1110 4, 1 art A, 1110 2, 1 art A	ν,
	20 and	1 45, and 1 are xii, into 24 and 45. 7100 complete this part to provide	arry additional information.		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

			_
Mama	of the	organizatio	'n

Employer identification number

SEA PINES FOREST PRESERVE FOUNDATION 57-0985915						915		
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not								
required to complete this part								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
List all states in which the organizatio or licensing.	n is registered or licensed to solicit		utions	or has been notified	it is exempt from re	L gistration		
3								

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

Schedule G (Form 990 or 990-EZ) 2019

	11 L I	of fundraising event contributions and gr				
		ŭ ŭ	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue						
Reve	1	Gross receipts			44,050.	44,050.
	,	Less: Contributions				
	-	Less. Contributions				
	3	Gross income (line 1 minus line 2)			44,050.	44,050.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Expe						
ect	7	Food and beverages				
Ē	١.	Estatabased				
	8	Entertainment Other direct expenses	I			
	10				•	
		Net income summary. Subtract line 10 from I	ine 3, column (d))	44,050.
Pa	art I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						() ()
Ĕ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Į Ž						
jrec	4	Rent/facility costs				
		Otherwaltered community				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9		ter the state(s) in which the organization condu	_	0		
		the organization licensed to conduct gaming a No," explain:	ctivities in each of these s	states?		Yes No
	, 11	ito, ospiaiii.				
		ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
k) If "	Yes," explain:				
	_					

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990 EZ) 2019 SEA PINES FOREST PRESERVE FOUNDATION 57-0	198591	5 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
17	The the flame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
Ū	The first marie and address of the difficiently.		
	Name		
	Traille P		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	•		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	☐ No
	retain the state gaming license?	1es	NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part		
Pa		t III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	SEA	PINES	FOREST	PRESERVE	FOUNDATION	57-0985915	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation	(continued))				
			,					
_								

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

SEA PINES FOREST PRESERVE FOUNDATION

 $Employer\ identification\ number \\ 57-0985915$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		_ <u>x</u> _
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a		1

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(5)(1)(0)	reported as deferred on prior Form 990
(1) BRET MARTIN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	205,606.	0.	0.	8,224.	18,528.	232,358.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
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	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

SEA PINES FOREST PRESERVE FOUNDATION

Employer identification number 57-0985915

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SELF-GUIDED TOURS OF THE PRESERVE. APPROXIMATELY 40 DIFFERENT GROUPS
AND ORGANIZATIONS HELD EDUCATIONAL AND ENVIRONMENTAL FUNCTIONS IN THE
PRESERVE USING THE FACILITIES PROVIDED BY THE FOUNDATION. THE
FOUNDATION PROVIDES MAINTENANCE AND HABITAT IMPROVEMENTS TO THE SEA
PINES PRESERVE WHICH ARE FUNDED BY DONATIONS RECEIVED FROM VISITORS AND
RESIDENTS OF SEA PINES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT BEFORE
FILING.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SEA PINES FORE	SEA PINES FOREST PRESERVE FOUNDATION								
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(d) (e) Total income End-of-year asse		(f) sets Direct control entity		g	
	_								
Identification of Related Tax-Exempt Organiza	ations. Complete if the organization	on answered "Yes" on Form 99	0. Part IV. line 34. l	pecause it had one	or more	related tax-exe	mpt		
organizations during the tax year.		_			I				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	status (if section entity		ct controlling	Section 512(b)(13 controlled entity?		
				501(c)(3))			Yes	No	
COMMUNITY SERVICES ASSOCIATES, INC 57-0888471, 175 GREENWOOD DRIVE, HILTON HEAD	_								
ISLAND, SC 29928	HOMEOWNERS ASSOCIATION	SOUTH CAROLINA	501(C)(4)					х	
	_								
	-								

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

Schedule R (Form 990) 2019

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Dienroportionata		Code V-UBI	General c	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
				1					1		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:	
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		X		
	b Gift, grant, or capital contribution to related organization(s)								
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)				1d		X		
	Loans or loan guarantees by related organization(s)					X			
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
	Purchase of assets from related organization(s)						X		
i	Exchange of assets with related organization(s)				1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
	Performance of services or membership or fundraising solicitations for related organ						X		
	Performance of services or membership or fundraising solicitations by related organ						X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization						X		
	Sharing of paid employees with related organization(s)						X		
р	Reimbursement paid to related organization(s) for expenses				1p	X			
q	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r		X		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered re	elationships and transaction thresholds.					
	(a)	(b)	(c)	(d)					
	(a) Name of related organization	Transaction	Amount involved	Method of determining amou	ınt involved				
		type (a-s)							
1) (COMMUNITY SERVICES ASSOCIATES, INC.	P	172,803.	FMV					
2) (COMMUNITY SERVICES ASSOCIATES, INC.	E	11,592.	FMV					
3)									
4)									
5)									

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 57-0985915 SEA PINES FOREST PRESERVE FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 175 GREENWOOD DRIVE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. HILTON HEAD ISLAND, SC 29928 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 06 Form 990-T (trust other than above) Form 8870 12 VICTORIA SHANAHAN The books are in the care of ► 175 GREENWOOD DRIVE - HILTON HEAD, SC 29928 Telephone No. ► 843-671-1343 Fax No. ● If the organization does not have an office or place of business in the United States, check this box _______ ▶ | If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

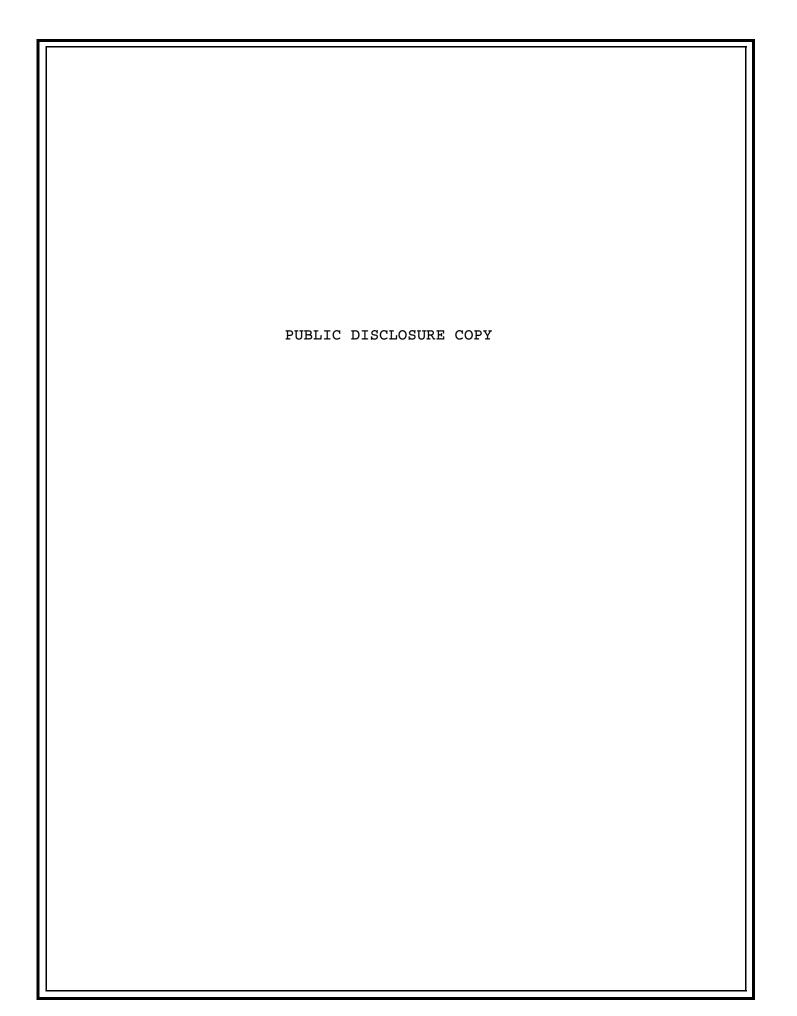
using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment



** PUBLIC DISCLOSURE COPY **

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.

Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2020 calendar year, or tax year beginning and	ending		
B c	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Addres	SEA PINES FOREST PRESERVE FOUNDATION			
Name chan Initia				57-09859	15
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		-
	Final return/	175 GREENWOOD DRIVE		843-671-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	203,460.
	Ameno			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: DAVID DORGIESI		for subordinates	s? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		e: WWW.SEAPINESLIVING.COM		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1993 I	M State of legal domicile: SC
Pa	rt I	Summary		10 000	
Φ	1 .	Briefly describe the organization's mission or most significant activities: APPR	PAMIXO	ELY 40,000	PERSONS
auc	· '	VISITED THE SEA PINES FOREST PRESERVE IN			
Governance	l	Check this box if the organization discontinued its operations or dispos		1 -	1
Š	ı			3	5
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			0
ijes		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5
Activities &	6	Total number of volunteers (estimate if necessary)		7a	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			
		Net difference business taxable income from 1 offi 950-1, 1 at 1, life 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		131,902.	189,189.
Jue	l	Program service revenue (Part VIII, line 2g)		20,136.	
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,292.	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,086.	
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		211,416.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
É	b ·	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		189,056.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		189,056.	227,487.
		Revenue less expenses. Subtract line 18 from line 12		22,360.	-24,027.
Net Assets or			Ве	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		618,557.	592,324.
et A	21	Total liabilities (Part X, line 26)		11,592.	9,386.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		606,965.	582,938.
		ties of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatom	ante and to the heet of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Kilowieuge allu bellel, it is
ti uo,	COLLEC	t, and complete. Declaration of preparer (order than order) is based on an information of wi	non proparci	nas any knowicage.	
Sigi	, l	Signature of officer		Date	
Her		DAVID BORGHESI, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		JANICE A RATICA Janua & Latica	_ 1	$\lfloor 1/12/21 vert^{ ext{if}}_{ ext{self-employ}}$	p00358837
Prep	arer	Firm's name ► ELLIOTT DAVIS, LLC/PLLC		Firm's EIN ▶	57-0381582
Use	Only	•	700		
		CHARLOTTE, NC 28202		Phone no. (7	04) 333-8881
May	the IE	S discuss this raturn with the preparer shown above? See instructions			X Ves No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE FOUNDATION PROVIDES MAINTENANCE AND HABITAT IMPROVEMENTS TO THE
	SEA PINES FOREST PRESERVE WHICH ARE FUNDED BY DONATIONS RECEIVED FROM
	VISITORS AND RESIDENTS OF SEA PINES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	017 101
4a	(Code:) (Expenses \$
	FOREST PRESERVE FUNDED BY DONATIONS RECEIVED FROM VISITORS AND
	RESIDENTS OF SEA PINES.
	KESIDENIS OF SEA PINES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 217,131.
	Form 990 (2020)

			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?	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		Х
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 "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	- °		122
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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 Part IX,			<u></u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	– "		
10		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ °		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> ^\</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

032003 12-23-20

Form **990** (2020)

SEA PINES FOREST PRESERVE FOUNDATION 57-0985915 Page 4 Part IV | 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 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 Х 24a Schedule K. If "No," go to line 25a b 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 to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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? If "Yes." complete 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see 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 X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 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)

Form 990 (2020) SEA PINES FOREST PRESERVE FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a 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:	1		
'' a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	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 income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Eorn	. 990	(2020)

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			X
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			
	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.			
b	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?	2		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(IIII COSIO DI COSIO III CIII INCIII ANCAL PAINO II CII CALIFO III CIII II CIII CIII CIII CIII CIII		Yes	No
10a	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, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	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		
13	Did the organization have a written whistleblower 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
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s onlv)	availa	ble
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
.5	statements available to the public during the tax year.	a.	-141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	VICTORIA SHANAHAN - 843-671-1343			
	175 GREENWOOD DRIVE, HILTON HEAD, SC 29928			

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 organiz	zation nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	T
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi	ition more	l than d	one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week			u a u	l	1711 43		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	ord	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	trust		ee	npen		(88-2/1099-181130)		and related
	below	dual t	rtiona	_	oldu	st cor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES BENNETT	1.00									
PRESIDENT-CSA (CURRENT)	39.00			Х				0.	235,831.	9,000.
(2) BRET MARTIN	1.00									
PRESIDENT-CSA (FORMER)	39.00			Х				0.	38,245.	1,564.
(3) DON SIGMON	1.00									
AT-LARGE		Х						0.	0.	0.
(4) LARRY MOVSHIN	1.00								_	_
CHAIRMAN		Х		Х				0.	0.	0.
(5) JIM KASKIE	1.00	ا ا								
VICE CHAIRMAN	1 00	Х		X				0.	0.	0.
(6) CAROLYN ADAMS	1.00	ا ۔۔ ا								
SECRETARY CALL DONG PORTUGAT	2 00	Х		Х				0.	0.	0.
(7) DAVE BORGHESI	2.00	Х		v				0.	_	_
TREASURER				Х				0.	0.	0.
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average			(C Pos	C) sition	1		(D) Reportable	(E) Reportable			(F) imate	
	Name and the	hours per	box	, unle	ss per	rson i	than is both or/trus	n an	compensation	compensation		amo	ount d	
		week (list any		T an			T	(00)	from the	from related organizations	c		ther ensat	tion
		hours for related	Individual trustee or director	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	' I		m the	
		organizations	l truste	nal trus		oyee	om pen		(W-2/1099-WISC)			•	relate	
		below line)	ndividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	nizatio	ns
		,	=	=	0	ž	王壺	Œ			+			
											_			
											+			
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											\perp			
1b	Subtotal								0.	274,076	_	10	,56	54.
С	Total from continuation sheets to Part VI	I, Section A							0.	274,076				
a 2	Total (add lines 1b and 1c) Total number of individuals (including but n							o re	_		<u>'• </u>	10	, 50) 4 •
	compensation from the organization						,							0
3	Did the organization list any former officer,	director trust	00 k	(OV 6	mnl	lovo	0.01	hia	short componented omp	lovos on			Yes	No
3	line 1a? If "Yes," complete Schedule J for si								gnest compensated emp		. L:	3		Х
4	For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			,,	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										-	4	Х	
_	rendered to the organization? If "Yes." com					-			-		. !	5		Х
	tion B. Independent Contractors								t	100,000 - 1				
1	Complete this table for your five highest control the organization. Report compensation for the organization for the compensation for t	•	•							•	isatior	1 fror	n	
	(A)								(B)		0	(C)		
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	Con	ipens	satior	1
	Total number of the state of th	to - att 2 - 2	- 1 "			41.			-1	Al- au				
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)		ot lin	nited	of to		se lis)	ted	above) who received mo	ore than				

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Crieck ii Scriedule O contains a response o	or Hote to arry lift	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				TotalTevende	function revenue	business revenue	from tax under
							sections 512 - 514
S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Membership dues 1b					
ي ق							
ts, An	C						
를 E	C	Related organizations 1d					
s, III	e	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants, and					
be but		similar amounts not included above 1f	189,189.				
호텔	,	Noncash contributions included in lines 1a-1f 1g \$	•				
o d				189,189.			
O 6		Total. Add lines 1a-1f	D	100,100.			
			Business Code	40.545	10 515		
e	2 a	TRAIL & PERMIT FEES	110000	12,747.	12,747.		
Ξ×	b						
Se							
ΞŞ	c						
gra Re							
Program Service Revenue	6						
ъ.		All other program service revenue		10 545			
	ç	Total. Add lines 2a-2f		12,747.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		328.			328.
	4	Income from investment of tax-exempt bond pr					
	5						
	3	Royalties(i) Real	(ii) Personal				
			(II) Personal				
	6 a						
	k	Less: rental expenses 6b 0 •					
	c	Rental income or (loss) 6c 50.					
		Net rental income or (loss)	•	50.	50.		
		Gross amount from sales of (i) Securities	(ii) Other				
		(7	()				
		, <u> </u>					
	t	Less: cost or other basis					
Revenue		and sales expenses					
ě	c	Gain or (loss) 7c					
Be	c	Net gain or (loss)					
her		Gross income from fundraising events (not	·				
Ġ.		including \$ of					
٥							
		contributions reported on line 1c). See	257				
		Part IV, line 188a	257.				
	b	Less: direct expenses8b	0.				
	c	Net income or (loss) from fundraising events		257.			257.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		· · · · · · · · · · · · · · · · · · ·					
		Net income or (loss) from gaming activities	·····				
	10 a	Gross sales of inventory, less returns	000				
		and allowances10a	889.				
	b	Less: cost of goods sold10b	0.				
	c	Net income or (loss) from sales of inventory		889.	889.		
			Business Code				
ns	44.6						
eo ne	11 a						
lan	b						
Miscellaneous Revenue	C						
Ais	c	All other revenue					
_	e	Total. Add lines 11a-11d)				
	12	Total revenue. See instructions		203,460.	13,686.	0.	585.
				•	•		

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 663. 663. Legal 1,400. 1,400. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 10,356. 10,356. Office expenses 13 Information technology 14 Royalties 15 48,221. 48,221. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 15,030. 15,030. 22 Depreciation, depletion, and amortization 698. 698. 23 Other expenses. Itemize expenses not covered 24 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.) 104,374. 104,374. GREENWOOD DRIVE ENTRANC LAND MANAGEMENT PLAN 18,708. 18,708. 8,090. 8,090. EQUESTRIAN BRIDGE 6,397. 6,397. d MAINTENANCE 13,550. 13,550. e All other expenses 227,487. 217,131. 10,356. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form **990** (2020)

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Par	τχ	Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			75,605.	1	119,977
	2	Savings and temporary cash investments			309,246.	2	203,674
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	0.	4	50,000		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ontributor, or 35%				
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	sons (as defined				
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
ဖွ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B				9	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	316,157.			
	b	Less: accumulated depreciation	10b	97,484.	233,706.	10c	218,673
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
_	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	618,557.	16	592,324
	17	Accounts payable and accrued expenses			11,592.	17	9,386
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
န္မ	22	Loans and other payables to any current or for	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
<u>a</u>		controlled entity or family member of any of t	hese perso	ons		22	
-	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
		of Schedule D			11 500	25	0 206
_	26	Total liabilities. Add lines 17 through 25			11,592.	26	9,386
,,		Organizations that follow FASB ASC 958, or	heck her	• ▶ □			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27					27	
<u> </u>	28	Net assets with donor restrictions				28	
Ĭ		Organizations that do not follow FASB ASC	C 958, che	eck here X			
느		and complete lines 29 through 33.		•		0	
13	29	Capital stock or trust principal, or current fun		0.	29	0	
sse	30	Paid-in or capital surplus, or land, building, or		0.	30	502.020	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		606,965.	31	582,938	
₽	32	Total net assets or fund balances			606,965.	32	582,938
	33	Total liabilities and net assets/fund balances			618,557.	33	592,324

OIII	030 (2020)	<i>• ,</i> ,	0,00,10	ıαç	<u> </u>
Pai	T 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	203		
2	Total expenses (must equal Part IX, column (A), line 25)	2	227		
3	Revenue less expenses. Subtract line 2 from line 1	3	-24		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	606	,96	<u>65.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	582	, 93	38.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
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				
	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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

032012 12-23-20

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

2020
Open to Public

Inspection
Employer identification number

Name of the organization SEA PINES FOREST PRESERVE FOUNDATION 57-0985915 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	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.")	118,059.	294,494.	235,133.	131,902.	189,189.	968,777.	
2	Tax revenues levied for the organ-							
	ization'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	118,059.	294,494.	235,133.	131,902.	189,189.	968,777.	
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)						170,068.	
6	Public support. Subtract line 5 from line 4.						798,709.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	118,059.	294,494.	235,133.	131,902.	189,189.	968,777.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	847.	233.	145.	2,292.	378.	3,895.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	8,008.	10,394.	36,450.	44,050.	257.	99,159.	
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						1071831.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	88,664.	
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
_	organization, check this box and stop						>	
	ction C. Computation of Publi						E4 50	
14	Public support percentage for 2020 (li					14	74.52 %	
15	Public support percentage from 2019					15	74.66 %	
16a	33 1/3% support test - 2020. If the c						, 37	
_	stop here. The organization qualifies		-					
b	33 1/3% support test - 2019. If the c						. \Box	
4-	and stop here. The organization qual		•					
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the facts			=		_		
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	-					IU% Or	
	more, and if the organization meets the				-		▶ □	
	organization meets the facts-and-circu						P	
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar	na see instructions		

Schedule A (Form 990 or 990-EZ) 2020

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.)

Se	ction A. Public Support								
Cale	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	ļ							
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the	ļ							
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-	ļ							
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to	ļ							
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to	ļ							
	the organization without charge	ļ							
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
k	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								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support				•				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
9	Amounts from line 6								
	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties,	ļ							
	and income from similar sources	ļ							
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
(Add lines 10a and 10b								
	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on	ļ							
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 th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,		
	check this box and stop here						>		
Se	ction C. Computation of Publi	c Support Per	centage						
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%		
	Public support percentage from 2019					16	%		
Se	ction D. Computation of Inves	tment Income	Percentage						
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%		
	Investment income percentage from					18	%		
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not		
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>		
k	b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization			
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions			

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.
- **b** 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.**
- c Did a disqualified person (as defined in 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.
- 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
40		
4a		
4b		
-+10		
4c		
5a		
5b		
5c		
6		
7		
7		
8		
9a		
9b		
9с		
10a		
10b		2020

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		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide	110		
C		11c		
Sect	detail in Part VI. tion B. Type I Supporting Organizations	TIC		
000	tion B. Type I Supporting Organizations		V	NI.
			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		
Sect	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion 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		100	110
•	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	•		
2				
	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			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
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 instructions)	ructions	′ 1	
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			
	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		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	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	ne organization is responsive		
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2020 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
<u>a</u>	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2020 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	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.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2016			
<u>b</u>	Excess from 2017			
c	Excess from 2018			
<u>d</u>	Excess from 2019			
<u> </u>	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

SEA PINES FOREST PRESERVE FOUNDATION 57-0985915 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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 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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

SEA PINES FOREST PRESERVE FOUNDATION

57-0985915

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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		\$50,000.	Person X Payroll
(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
	Nume, address, and Zir + 4	\$	Person Payroll 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.)

Name of organization Employer identification number

SEA PINES FOREST PRESERVE FOUNDATION

57-0985915

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	.20		990 990-F7 or 990-PF) (2020)

Name of organization **Employer identification number** SEA PINES FOREST PRESERVE FOUNDATION 57-0985915 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Name of the organization

SEA PINES FOREST PRESERVE FOUNDATION

Employer identification number 57-0985915

Pai	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Par	rt IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis	sors in writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization	ation's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and o	donor advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the c	donor or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if	f the organization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the org	ganization (check all that apply).	
	Preservation of land for public use (for example,	·	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
a			
b	,		***
С			2c
d			
•	listed in the National Register		
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated by the org	ganization during the tax
4	year	tion accoment is located	
4	Number of states where property subject to conservat		
5	Does the organization have a written policy regarding violations, and enforcement of the conservation easen		Yes No
6	Staff and volunteer hours devoted to monitoring, inspe		
Ü	L	colling, mandling of violations, and childrening conserv	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting	a handling of violations, and enforcing conservation	easements during the year
•	▶ \$	g, rialianing of violations, and officing ochsorvation	rousements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	L)(B)(i)
9	In Part XIII, describe how the organization reports con		
	balance sheet, and include, if applicable, the text of the	•	
	organization's accounting for conservation easements		
Pai	rt III Organizations Maintaining Collection	ons of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" o	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB A	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 further	erance of public
	service, provide in Part XIII the text of the footnote to i	its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB A	ASC 958, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for	r public exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, histor	rical treasures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under F	_	
	, , , , , , , , , , , , , , , , , , , ,		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instru	uctions for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

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

	rt III Organizations Maintaining C	ollections of Ar					Simil		(contin		age Z
3	Using the organization's acquisition, accessi								<u>(COITIII)</u>	ueu)	
_	collection items (check all that apply):										
а	Public exhibition	C	d 🗀 L	oan or exc	hange prograr	n					
b	Scholarly research				9- 9						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	v further th	ne organization	ı's exem	not purc	ose in Part	XIII.		
5	During the year, did the organization solicit of										
-	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			9				,,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for co	ntribution	s or other asse	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
-									Amount		
С	Beginning balance						1c		7 11110 01111		
	Additions during the year						. —				
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.								_		Ī
	rt V Endowment Funds. Complete						0.				
	·	(a) Current year		ior year	(c) Two years			e years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g,	column (a))) held as:						
а	Board designated or quasi-endowment	•	%		•						
b	Permanent endowment	%	_								
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administere	d for th	e organi	zation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Pai	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumula	ated	(d) Book	valu	е
		basis (investr	ment)		(other)	dep	oreciatio	n			
1a	Land			6	2,300.				62	1,3	00.
	Buildings										
	Leasehold improvements										
	Equipment	I		25	3,857.		97,4	484.	156	<u>; , 3'</u>	73 <u>.</u>
	Other										
Tata	Add lines to through to (O.) (1)	1.E 000 B 1	V	(D) !: - 1	0 - 1				219	۲ ۲	73

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 SEA PINES FO	REST PRESERV	E FOUNDATION	57-0985915 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 1	5.
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

(9)

Par	t XI	Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а		nrealized gains (losses) on investments			
b		ted services and use of facilities			
С		veries of prior year grants			
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
_		nes 4a and 4b			
5 Dar	Total t XII	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Sta	temente With Evnen	5	
Гаі	ιχιι			ses per neturn.	
	T-4-1	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	ا م		
a		ted services and use of facilities			
b		year adjustments			
C		losses (Describe in Part XIII.)			
d e		,		30	
3		nes 2a through 2d			
4		act line 2e from line 1 Ints included on Form 990, Part IX, line 25, but not on line 1:			
а		ment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)			
		nes 4a and 4b		4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			
Par	t XIII	Supplemental Information.			
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line 2; Part XI,	
lines	2d and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	y additional information.		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

SEA PINES FOREST PRESERVE FOUNDATION

 $Employer\ identification\ number \\ 57-0985915$

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		<u>х</u> х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53 /458-6/c/2	a		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denemis	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CHARLES BENNETT	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT-CSA (CURRENT)	(ii)	235,831.	0.	0.	9,000.	0.	244,831.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							(5

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0

(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. ► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SEA PINES FOREST PRESERVE FOUNDATION

Employer identification number 57-0985915

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SELF-GUIDED TOURS OF THE PRESERVE. APPROXIMATELY 40 DIFFERENT GROUPS
AND ORGANIZATIONS HELD EDUCATIONAL AND ENVIRONMENTAL FUNCTIONS IN THE
PRESERVE USING THE FACILITIES PROVIDED BY THE FOUNDATION. THE
FOUNDATION PROVIDES MAINTENANCE AND HABITAT IMPROVEMENTS TO THE SEA
PINES PRESERVE WHICH ARE FUNDED BY DONATIONS RECEIVED FROM VISITORS AND
RESIDENTS OF SEA PINES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT BEFORE
FILING.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) 2020

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SEA PINES FORE	EST PRESERVE FOUND	ATION				57-09859	15	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	Legal domicile (state or Total incom-		(e) End-of-year assets D		(f) Direct controlling entity	
	_							
			0. Part IV/ Fac 04 h				1	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	u, Part IV, line 34, t	because it had one o	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) ct controlling entity	entity?	
COMMUNITY SERVICES ASSOCIATES, INC 57-0888471, 175 GREENWOOD DRIVE, HILTON HEAD	VONTOVINADO AGGGENTANA	GOVERN GLEGATIVA	F01/G)/4)	301(0)(0))			Yes	No
ISLAND, SC 29928	HOMEOWNERS ASSOCIATION	SOUTH CAROLINA	501(C)(4)					X
			1					

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

Schedule R (Form 990) 2020

		0 11 17 11 11 11	W	D . D . C		
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, be	ecause it had one or m	iore related
Partill	organizations treated as a partnership during the tax year.					

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	ral or laging ner?	(k) Percentage ownership
		country)		000000000000000000000000000000000000000			res	NO	111111111111111111111111111111111111111	163	NO	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No	
		,						Yes	NO_

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions w	vith one or more re	lated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
							X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
							X		
е	Loans or loan guarantees by related organization(s)					X			
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)						X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
•									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
	Performance of services or membership or fundraising solicitations for related organiz						X		
	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)									
	0 1 1 7 0 17								
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
	 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 								
•	, , , , , , , , , , , , , , , , , , , ,				1q				
r	Other transfer of cash or property to related organization(s)				1r		Х		
	Other transfer of cash or property from related organization(s)				1s		Х		
	If the answer to any of the above is "Yes," see the instructions for information on who	must complete th	is line, including covered r	elationships and transaction thresholds.					
	(a)	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amou	unt involved				
		type (a-s)							
(1)	COMMUNITY SERVICES ASSOCIATES, INC.	P	194,023.	FMV					
(2)	COMMUNITY SERVICES ASSOCIATES, INC.	E	9,386.	FMV					
(3)									
(4)									
(5)									
(6)									

Schedule R (Form 990) 2020

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									-
									000) 0000

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 57-0985915 SEA PINES FOREST PRESERVE FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 175 GREENWOOD DRIVE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. HILTON HEAD ISLAND, SC 29928 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 06 Form 990-T (trust other than above) Form 8870 12 VICTORIA SHANAHAN The books are in the care of ► 175 GREENWOOD DRIVE - HILTON HEAD, SC 29928 Telephone No. ► 843-671-1343 Fax No. ● If the organization does not have an office or place of business in the United States, check this box _______ ▶ | If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

023841 04-01-20

instructions

LHA

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

SEA PINES FOREST PRESERVE FOUNDATION BOARD OF TRUSTEES MEETING

"**RESOLVED**, Sea Pines Forest Preserve Foundation, Board of Trustees, approves submittal of an ATAX grant application, seeking funds to develop new interpretive materials, in the Sea Pines Forest Preserve".

The community of Sea Pines contains approximately 2,200 rental properties and is home to the iconic Harbour Town and Salty Dog. In 2022, approximately 278,000 daily visitors entered the gates of Sea Pines. Visitors from around the country and world travel to Sea Pines to enjoy a variety of nature centric experiences, including the Sea Pines Forest Preserve. The preserve is over 605 acres in size and is the largest track of undeveloped land remaining on Hilton Head Island. Established by covenant in 1970 the preserve is the embodiment of Charles Fraser's vison for a community co-existing with the environment. The preserve is consistently listed by TripAdvisor as a top thing to do while on Hilton Head Island.

The Sea Pines Forest Preserve Foundation is requesting \$40,000 to create twenty (20) new interpretative signs including professional 1) research, 2) layout, 3) fabrication and 4) installation. The signs will each be 18" by 24" in size and in color. The signs will in part describe native flora/fauna, the importance of conservation and the role of land management in maximizing the diversity of wildlife habitats and the species that depend on them.

The proposed signs will each contain a QR code. When the QR code is scanned the user will be linked to a web page containing all 20 signs. In addition to providing an opportunity for the user to view any signs they may have missed during their visit; information can be obtained/analyzed by the Foundation to determine the percentage of tourist participation.

The Foundation will also share digital versions of the signs with interested organizations. The digital signs will have a different QR code than the physical signs, which will allow the Foundation to distinguish between QR codes scanned from physical signage versus digital versions. Collectively, the proposed signage will support the Foundation and others when marketing towards additional tourist attendance.

DEL ARTHENT OF THE TREASURY

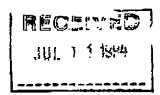
→→→ LOUIS GRANT

INTERNAL REVENUE SERVICE DISTRICT DIRECTOR 401 W. PEACHTREE ST. NW ATLANTA: GA 30365

Dates

JUL 0 7 1994

SEA PINES MUSEUM AND FOREST PRESERVE FOUNDATION 175 GREENWOOD DRIVE HILTON HEAD ISLAND, SC 29928



Employer Identification Number: 57-0985915 Case Number: 584131005 Contact Person: JERRY FINKLIN Contact Telephone Number: (404) 331-0172 Accounting Period Ending: December 31 Foundation Status Classification: 509(a)(1) Advance Ruling Period Begins: October 18, 1993 Advance Ruling Period Ends: December 31, 1997 Addendum Applies: Yes

Dear Applicant:

Based on information you 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 section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above,

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Graptors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

CSA

SEA PINES MUSEUM AND FOREST

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

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

As of January 1: 1984, you are liable for social securities taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Bonors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990: Return of Organization Exempt From Income Tax: if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail: 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 you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late; unless there is reasonable

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SEA PINES MUSEUM AND FOREST

cause for the delay. However: the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year; whichever is less. We may also charge this penalty if a return is not complete. So; please be sure your return is 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 Code. 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 He are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

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

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

Because this letter could help us resolve any questions about your exempt status and foundation 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,

helson an proces

Nelson A. Brooke District Director

Enclosure(s); Addendum Form 872-C -4-

SEA PINES MUSEUM AND FOREST

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, and supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$10 per day for each day there is failure to comply (up to a maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that your donors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1391, Deductibility of Payments Made to Charities Conducting Fund-Raising Events. You may obtain copies of Publication 1391 from your local IRS Office. Guidelines for deductible amounts are also set forth in Revenue Ruling 67-246, 1967-2 C.B. 104 and Revenue Procedure 90-12, 1990-1 C.B. 471 and Revenue Procedure 92-49, 1992-26 I.R.B. 18.

The value of time or personal services contributed to your organization by volunteers is not deductible by those volunteers as a charitable contribution for Federal income tax purposes. You should advise your volunteers to this effect.