

2024

Accommodations Tax Funds Request Application

Organization Name: The Outside Foundation

Project/Event Name: Environmental Sustainability

Executive Summary

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

The Outside Foundation is seeking \$72,000 in ATAX grant funding to expand our local environmental sustainability impact projects. We seek this funding to support our projects directed at preserving and protecting our local environment. We plan to enhance our educational outreach to tourists and visitors seeking to participate in any one of the numerous ecotourism projects we offer: (1) waterway, beach, and park clean ups, and #EARTHDAYHHI event, (2) an annual water festival, (3) our oyster shell recycling and bed restoration project, and (4) our multi-day Lowcountry Boil Paddle Battle Event and Pinkney Island Wildlife Refuge Litter and Marine Debris sweep.

HHI prides itself in being a “world-class resort” with conservation written into it’s DNA. This nature-first mindset and emphasis on ecologically responsible development has drawn visitors and tourists to our beaches from all over the US and world for over 50 years. For the past 44 years, our founding company, Outside Hilton Head, has offered tourists opportunities to interact with, interpret, learn about, and appreciate the natural environment here on HHI through boat and kayak based programs. “Eco-tourism” is now one of the fastest growing sectors in the travel industry. In 2014 the non-profit, Outside Foundation was created to continue, and expand, opportunities for children and their families to experience and enjoy nature, and to develop a sense of lasting environmental stewardship.

The Outside Foundation’s work directly enhances the visitor’s experience on this island by ensuring that our local waterways, beaches, and parks remain clean and free of litter, and by providing opportunities to engage in activities which directly protect and preserve our local environment. Our litter sweeps and #EARTHDAYHHI event, provide accessible and ideal opportunities for locals, tourists, and visitors of all ages to join in and make a difference in keeping our environment clean and protecting local wildlife.

Our annual water festival was created to celebrate the deep respect locals and visitors alike have for the natural beauty of HHI and the common desire for sustainability of our pristine waterways and beaches. This year’s water festival welcomed 24 local non-profits and organizations whose work and missions are focused on environmental education and protection.

Our “Community-based Oyster Shell Recycling and Bed Restoration” project was created in 2018 to capture valuable shucked oyster shell, to divert this shell away from our local landfill, and to use this shell to create “living shorelines” along HHI waterways. In just over 5 years we have collected over 150 tons of shell, have 21 local restaurants participating, engaged over 1120 volunteers to fill 7150 bags with shell, and used nearly all of these bags to construct 20 oyster reefs along the shorelines of HHI. This past summer we continued a multi-year project to protect the vulnerable shoreline along the 18th fairway of the world famous Harbortown Golf links by adding 500 bags of recycled shell to the 1700 bags of shell already in place. Additionally, with the help of 70 volunteers over the two day build we planted 6000 Spartina Grass plugs in an effort to stabilize this

shoreline.

In 2018 we began to capture shell at the annual HHI Oyster Festivals. To date we have captured 19.6 tons of shell for recycling, every bit of which would have ended up in the landfill. Now, this shell will help build new oyster reef habitat and stabilize our local shorelines. During the summer of 2023 we joined the SC Department of Natural Resources to construct 5 new reefs in the Broad Creek, Skull Creek, Calibogue Sound, and the May River (Palmetto Bluff) using bags of locally recycled oyster shell. These reef will provide shoreline stabilization by slowing erosion from boat wake, filter our water, and create a habitat for larval fish, shrimp, and crab. We strongly feel this project operationalizes the Town's vision of "living shorelines" by investing in nature-based infrastructure to combat shoreline erosion and the impacts of climate change.

On April 22, 2023 we invited our community and visitors to participate in the annual #EARTHDAYHHI. 450 volunteers joined in the litter sweep which covered all 12 miles of local beach and other natural spaces, collecting 144 bags of trash (594 pounds). In addition to the 20+ local groups and organizations gathered, 5 schools (209 students) collected 65 bags (1,105 pounds) of trash. Our goal was to not only clean the beaches but also to draw attention to the amount of litter that accumulates on our world class beaches.

In just 9 years The Outside Foundation as made quite an impact. The programs we provide leadership to include: "Kids in Kayaks" - a kayak-based program for local middle schools (over 6500 local 7th graders have participated in this program), and the "Learn to Paddle" (kayaking and paddle boarding) programs (over 420 Boys & Girls Club members). For the first time ever, The Outside Foundation will offer every Beaufort County Public School 7th grader - over 1200 students and their teachers - an opportunity to participate in the 2023-24 "Kids in Kayaks" programs.

Since 2014 we have hosted over 102 beach, park, and waterway clean ups, with 2410 volunteers participating, and more than 10.1 tons of trash and marine debris removed. Our 2023 Annual "Keep the Broad Creek Clean" Water Festival brought together 24 environmentally-focused organizations for an afternoon of hands-on nature displays, recycling information, a litter sweep of the park and shoreline, eco-crafts, salt marsh touch tank, local critters, and information on plastic-free environmental awareness and wildlife protection.

From September 8-10 this year we will invite visitors and locals to participate in the Annual "Olukai Lowcountry Boil Paddle Battle.". Over the three day event we expect to welcome over 500 tourists and visitors to our island. On the final day we will partner with three other local environmentally-focused nonprofits for a litter sweep of Pinkney Island Wildlife Refuge and surrounding shorelines. In 2022, 195 volunteers helped remove 758 pounds of trash from the wildlife refuge and its shorelines.

Nature-loving visitors come back, year after year. Some choose to eventually live here. It is these very strong connections - to the pristine beaches, dolphin-filled waterways, clean water, and abundance of local seafood - that are the most threatened by increased development and tourism on the island. We are optimistic that we have "turned a corner" for reducing litter on our beautiful beaches as the Town of HHI has recently increased their enforcement and improved the trash receptacles. In order to sustain, and grow, the number of visitors to the island each year, as well as protect the environment they expect upon arrival, more emphasis must continue to be placed on environmental sustainability.

The Town of HHI's 2020-2040 "Our Plan" states that the environment and sustainability are the foundational values of our Island community, reminding all of us that Ecotourism could be, and should be, the future of HHI tourism. The Outside Foundation's environmental sustainability impact programs are directed at protecting and preserving our local environment and uniquely aligned to deliver the Town of HHI's "healthy, sustainable environment" vision.

It is our goal to enhance the visitor experience by ensuring that our local waterways, beaches, and parks are

free of litter. We also desire to be the means by which tourists, traveling to HHI for vacation with knowledge of the Island's history of ecologically sensitive development, would be able to actively engage in ecotourism activities.

These activities, in turn, benefit our local economy, serve to enhance protections of our wildlife, and improve the overall quality of life for locals. As our numbers of tourists has increased substantially over the past ten years so has the amount trash on our beaches and along our shorelines. The key to reversing this trend, we believe, is to enhance the visitor experience by creating a sense of "ownership." People are less likely to litter on the beach if they understand how that litter adversely affects the wildlife that live there.

2024 Accommodations Tax Funds Request Application

Date Received: 08/28/2023

Time Received: 06:41 PM

By: Online Submittal

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

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: The Outside Foundation

Project/Event Name: Environmental Sustainability

Contact Name: Dr. Jean Fruh

Title: Executive Director

Address: 50 Shelter Cove Lane Suite H, Hilton Head Island, SC 29928

Email Address:

jean@outsidefoundation.org

Contact Phone: 304-642-1820

Event Date: January 1, 2024

Event Location: Hilton Head Island beaches, waterways and parks

Total Budget: \$350,000.00

Grant Requested: \$72,000.00

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

The Outside Foundation's (TOF) programs directly impact the quality of a visitor's experience by ensuring clean waterways for kayaking, fishing, and boat-based ecotours. This grant would be used to support our efforts to sustain our local environment for the enjoyment of all who visit and who might choose to live here. With a mission to preserve and protect the local environment, TOF sponsors clean ups, an annual water festival, Paddle Battle event, and an oyster shell recycling program which provide participants of all ages with direct ways in which they can learn about, engage in, and help sustain our environment.

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)

TOF provides opportunities for people to become environmental stewards. Cleanups provide ideal opportunities for visitors to keep our environment clean and protect local wildlife. Our annual water festival was created to celebrate the deep respect locals and visitors alike have for the natural beauty of HHI and the common desire for sustainability of clean waterways. Our shell

recycling program partners with 21 local restaurants to ensure sustainability of our oyster population. The Paddle Battle is a multiday event attracting competitors/visitors from the Southeast. Our impact is measured in the number of visitors who engage in any of these programs.

A. Total Number of Physical Tourists Served: 87207

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: 420

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: 1772

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): 89398

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

2022-23 HHI Oyster Festivals ticket sales; attendance at annual water festival; sign-ins at beach, waterway, and park clean ups (including the 2023 #EARTHDAYHHI event); sign-ins at shell bagging and oyster reef building events; attendance at the 2023 Page Island Oyster Roast and 2022 Olukai Lowcountry Boil Paddle Battle events. The number of golfers who played the Harbortown Golf Links in 2022, the number of participants in kayak, paddle board, and boat based tours departing Shelter Cove Marina on the Broad Creek. These totals do not include the number of competitors, visitors, and tourists who are scheduled to attend the 3 days of the 2023 Olukai Lowcountry Boil Paddle Battle and Pinckney Island Wildlife Refuge litter sweep scheduled for September 8-10.

B. DESCRIPTION OF OPERATIONS:

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

The Outside Foundation (TOF) was formed in 2014 with a mission to get kids outside and to preserve and protect our local environment. Consistent with the guiding principles of its founding company, Outside Hilton Head, TOF seeks to provide to visitors and locals outdoor experiences that will have a positive impact by creating awareness, expanding knowledge, and developing responsible understanding of nature and the local environment. With the goal to foster the development of environmental stewardship TOF's focus is threefold: education, involvement, and empowerment. Our programs focus on our two most valuable resources: our children and our local environment. Our programs

include: "Kids in Kayaks" with 7th graders, "Learn to Paddle" kayaking and paddle boarding and with the Boys & Girls Clubs, beach, park, and waterway cleanups, #EARTHDAYHHI, an annual water festival, and a "Community-based Oyster Shell Recycling and Bed Restoration" project. In just 9 short years we have provided environmental immersion experiences for over 6530 local youth and engaged over 2410 volunteers to remove 10.1 tons of trash from our local parks, beaches and waterways. In just five years our oyster shell recycling programs has partnered with 21 local restaurants, and the HHI Oyster Festival, to capture over 150 tons of shucked shell. 1120 volunteers have filled over 7150 bags with shucked shell and, to date, and helped build 20 reef along the shorelines of HHI. Every one of our programs helps sustain the remarkable natural beauty that so many tourists and visitors travel to HHI to enjoy.

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

The Outside Foundation is requesting **\$72,000** in The Town of HHI ATAX funds to be used for:

A contract to provide online volunteer and email management directed at improved recruiting and communicating with regular and new volunteers for all Foundation programming. **\$5000**

Website overhaul In effort to vastly improve the scope, engagement level, and comprehensiveness of our website as a tool for community outreach. **\$5000**

Beach/Park/Kayak Based Cleanups and #EARTHDAYHHI (\$8000) \$1000 Print Advertising \$3000 Digital Magazine Advertising \$2000 Social Media Advertising \$2000 TOF Marketing Employee Compensation

Annual "Keep the Broad Creek Clean" Water Festival (\$6000) \$1000 Print Advertising \$2000 Digital Magazine Advertising \$1500 Social Media Advertising \$1500 TOF Marketing Employee Compensation

"Community-based Oyster Shell Recycling and Bed Restoration" project (\$10000) \$1000 Print Advertising; \$2500 Digital Magazine Advertising; \$3000 Social Media Advertising; \$2500 Marketing Manager Compensation; \$1000 for a portable Professional Display Board;

2024 Paddle Battle event (\$20,000) \$8000 out-of-market print ad buys including paddling and destination magazines; \$5000 - social media marketing; \$5000 event signage and local marketing materials; \$2000 event website and graphic design

Funds would be used to support and grow our community-based oyster shell recycling and bed restoration project allowing the program to increase the amount of shell that can

be captured from local restaurants and oyster roasts. \$20,000 is requested for this as below:

"Community-based Oyster Shell Recycling and Bed Restoration" project (\$18,000) \$16,000 in shell hauling fees; \$2000 Shell Recycling Program Manager Compensation

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)

It is our goal to be the means by which visitors can actively engage in activities which promote environmental sustainability. One of the greatest challenges TOF faces as a small non-profit is the ability to reach a large audience. Reduced funding limits our ability to get our message out.

Kayaking, fishing, and boat-based eco tours are very popular activities for visitors as our water is clean and teeming with wildlife. Partial funding would greatly reduce the impact our oyster shell recycling program has on shoreline stabilization, sustaining the population of local oysters, and keeping our water clean.

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

According to survey research by the HHI Chamber of Commerce, nature-based tours, bicycling, kayaking, paddleboarding, fishing, boat-based ecotours, and access to world-class beaches are some of the most popular reasons visitors and tourists choose HHI and keep returning year after year. In order to sustain a healthy environment for these activities more support must be provided to those activities which directly impact environmental sustainability. 21 local seafood restaurants, including those within the SERG and CRAB groups, have partnered with us for shell recycling through a mutual understanding of oyster reef as the keystone of the local seafood industry.

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

1 - Destination Advertising/Promotion

Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.

20 %

2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	42 %
3 - Tourism-Related Facilities <i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i>	0 %
4 - Tourism-Related Public Services <i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i>	0 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	38 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	0 %
Total:	100 %

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

Much of the success of The Outside Foundation, as a young and small grassroots non-profit, can be directly attributed to the numerous partnerships formed over the past 9 years as well as the enormous number of volunteers, including tourists, part-time visitors and residents, and locals.

Our "Kids in Kayaks" programming is made possible through partnerships with the local schools, both public and private, the Low Country Master Naturalist Association, various kayak outfitter companies, HHI Audubon, Beaufort County Conservation District, the Carolina Clear Stormwater Consortium, and our local "Boys and Girls Club".

For our beach, park, and waterway clean ups we partner with Beaufort County Public Works, Town of Bluffton, Town of HHI, Outside HHI, and "Turtle Tracker" groups, as well as numerous small businesses whose employees want to give back. Our 2nd Saturday of every month "plogging" events are an example - we partner with Palmetto Running Company, to host beach and park clean ups, inviting volunteers to jog or walk and pick up trash. This past April our 2023 #EARTHDAYHHI event gathered 450 island residents, school students and their teachers, and visitors to clean up the 12 miles of beachfront and other natural areas. We recieved a tremendous amount of support from our local Chamber of Commerce, Town of HHI, Beachfront Hotels, Turtle Tracker Groups, and community volunteers.

Our annual water festival happens with the particiaption of over 24 local organizations, all focused on protecting our local environment and education visitors and locals about our

wildlife.

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7. Additional comments. (250 words or less)

To the best of our knowledge no other groups here on HHI are regularly organizing and conducting as many beach, park, and kayak-based waterway clean ups as we do, involving over 2410 volunteers in a span of 9 years to remove 10.1 tons of trash from the local environment. Our annual water festival is the only event of it's kind here on HHI and in 2023 attracted over 500 participants. This past April for #EARTHDAYHHI we organized an island-wide litter sweep with 450 volunteers participating. Our "Oyster Shell Recycling and Bed Restoration" project has diverted over 150 tons of shell from the local landfill, every bit of the shell staying right here on HHI to build reef. At the 2022-23 HHI Oyster and Seafood Festivals we captured 7.6 tons of shell. Our program has received attention from the PEW Trust as a "model" community-based program. We engage locals and visitors, over 1120 to date, in both bagging and reef building events. We have already constructed 20 reef along the HHI shorelines. This past July we added 500 more shell bags, as well as 6000 Spatina plugs, along the 18th fairway of Harbortown Golf Course adding to the 3-reef series we built last summer. The oyster shell recycling project creates "living shorelines" through investment in nature-based infrastructure - our very own recycled oyster shells. As such, these reef will greatly decrease the amount of rock needed to be purchased to stabilize the shorelines. This in turn saves tax payers money.

C. FUNDING:

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

The Outside Foundation receives funding from local, Outdoor Industry, Environmentally-focused Organizations, and Government Grants. We host two major fundraisers each year, The Page Island Oyster Roast and the Olukai Paddle Battle event, each in support of our "Kids in Kayaks" and "Learn to Paddle" scholarship funds, and our "Community-based Oyster Shell Recycling and Bed Restoration" Program. We receive individual and corporate donations, and raise money through cash donation boxes and hat and tee shirt sales.

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

<u>10</u>	Government Sources	<u>65</u>	Private Contributions, Donations and Grants
	Corporate Support, Sponsors		Membership, Dues, Subscriptions
<u>25</u>	Ticket Sales, or Sales and Services		Other

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

Yes No

If so, please list top 3 sources and amounts.

South Carolina Department of Parks, Recreation, and Tourism	\$125,000.00
Beaufort County Public Works Grant	\$1,000.00

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: **January 2022** End Month: **December 2022**

Financial Statement Requirements:

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

Budget Provided: **Yes**

2. The previous two fiscal years and current year-to-date profit and loss reports for the organization.

Current fiscal year Profit Loss Report Provided: **Yes**

Previous fiscal year Profit Loss Reports Provided:

2021- Previous FY 1

2020- Previous FY 2

3. The previous two fiscal years and current year-to-date balance sheets.

Current fiscal year Balance Sheet Provided: **Yes**

Previous fiscal year Balance Sheets Provided:

2021 - Previous FY 1

2020 - Previous FY 2

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

Current year IRS Form 990 or 990T Provided: **Yes**

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2020 - Previous FY 2

2020 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

- Follow Town procurement guidelines
- Utilize and follow organization's own procurement guidelines
- Our organization does not have or follow procurement guidelines

F. MEASURING EFFECTIVENESS:

If you received 2022 or 2023 HHI ATAX funds

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

2021	\$10,367.00	Environmental Sustainability
2021	\$20,000.00	Paddle Battle Event - Out-of-Cycle Award
2022	\$34,400.00	Environmental Sustainability
2023	\$59,480.00	Environmental Sustainability

2. How were the ATAX funds used? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. (200 words or less)

Of the total of \$59,480 approved we were able to spend \$16,207.92 (thru Q2):

Beach, Park, Waterway Clean Ups, #EARTHDAYHHI - 10 events, 610 volunteers, removed 2188 pounds of marine debris/litter. **Dest Advert/Promo: \$2785.07 Marketing Services: \$200 Total = \$2985.07**

Annual "Keep the Broad Creek Clean" Water Festival and Oyster Reef Build - July 19. Shelter Cove Community Park and Broad Creek litter sweep 16 volunteers removed 28 pounds trash. Water Festival at Shelter Cove Community Park: 450 attendees (zip codes collected: 113 tourists, 90 visitors, 248 local) **Dest Advert/Promo: \$1359.97 Marketing Services \$320 Total = \$1679.97**

Oyster Shell Recycling Project - Page Island Oyster Roast Event - February 26th, 2023 273 attendees (zip codes collected 113 tourists, 10 visitors, 150 local) 1500# shell recycled. **Dest Advert/Promo: \$6050.37 Marketing Services: \$380 Total = \$6430.37**

2023 Paddle Battle Event- September 8-10. Spending so far: **Dest Advert/Promo: \$1649.84 Marketing Services: \$440 Total = \$2089.84** (2022 Paddle Battle 207 attendees, 128 tourists, 40 visitors, 39 local)

"Community-based Oyster Shell Recycling and Bed Restoration" Project YTD 25 tons of shell collected from 21 restaurants, 2.1 tons of shell from community oyster roasts, 1150 bag

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

Every program The Outside Foundation sponsors has a direct impact on the overall health of our surrounding environment and, as such, enhances the visitor's experience. Our beach, park, and waterway cleanups, and #EARTHDAYHHI event, provide accessible opportunities for locals and visitors of all ages to engage in tangible experiences to protect and preserve our local environment. According to survey research by the HHI Chamber of Commerce several of the top reasons visitors and tourists choose Hilton Head Island as a vacation destination is to enjoy the pristine beaches, clean waters, and outdoor activities. Our oyster shell recycling program extends the SC Department of Natural Resources work into our community and has the potential to significantly impact sustainability of our local oyster population, stabilization of our shorelines, and clean water to be enjoyed by all. Our oyster shell program is supported by two of the largest restaurant groups on the island: SERG and CRAB. Our annual water festival attracts locals and visitors and is the first of its kind on HHI. The festival is supported by 20 environmentally focused non-profits and organizations, each providing hands-on educational exhibits for attendees of all ages to enjoy and learn from.

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

For all of our beach, park, and waterway cleanups, and #EARTHDAYHHI event, we count volunteers, event hours, and record how much and what type of trash is collected. We weigh all our trash and use the Litter-Free Digital Journal app in partnership with the South Carolina Aquarium.

For our annual "Keep the Broad Creek Clean" water festival we register each attendee and record zip codes. At our festival oyster reef builds we record volunteer names and zip codes, as well as hours and number of bags used in the reef construction.

For our Oyster Shell Recycling and Bed Restoration Program, we partner with i2 Recycle for shell pickup at restaurants. The shell is weighed upon pickup and weights are recorded for each restaurant. TOF receives a summary report. Currently, 12 seafood restaurants are enrolled for weekly pickups, We also capture shell at 3-5 local oyster roasts each year. From 2018-2022 in partnership with Island Rec, we have captured 15.5 tons of shucked shell from the HHI Oyster Festivals (estimated 4000 attendees in 2022).

For our "Paddle Battle" three day event we will have registration information on all racers and a sign-in sheet for all spectators and additional event participants.

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)

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and tourists to our beaches from all over the US and world for over 50 years. For the past 44 years, our founding company, Outside Hilton Head, has offered tourists opportunities to interact with, interpret, learn about, and appreciate the natural environment here on HHI through boat and kayak based programs. “Eco-tourism” is now one of the fastest growing sectors in the travel industry. In 2014 the non-profit, Outside Foundation was created to continue, and expand, opportunities for children and their families to experience and enjoy nature, and to develop a sense of lasting environmental stewardship.

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In just 9 years The Outside Foundation as made quite an impact. The programs we provide leadership to include: “Kids in Kayaks” - a kayak-based program for local middle schools (over

6500 local 7th graders have participated in this program), and the “Learn to Paddle” (kayaking and paddle boarding) programs (over 420 Boys & Girls Club members). For the first time ever, The Outside Foundation will offer every Beaufort County Public School 7th grader - over 1200 students and their teachers - an opportunity to participate in the 2023-24 “Kids in Kayaks” programs.

Since 2014 we have hosted over 102 beach, park, and waterway clean ups, with 2410 volunteers participating, and more than 10.1 tons of trash and marine debris removed. Our 2023 Annual “Keep the Broad Creek Clean” Water Festival brought together 24 environmentally-focused organizations for an afternoon of hands-on nature displays, recycling information, a litter sweep of the park and shoreline, eco-crafts, salt marsh touch tank, local critters, and information on plastic-free environmental awareness and wildlife protection.

From September 8-10 this year we will invite visitors and locals to participate in the Annual “Olukai Lowcountry Boil Paddle Battle.”. Over the three day event we expect to welcome over 500 tourists and visitors to our island. On the final day we will partner with three other local environmentally-focused nonprofits for a litter sweep of Pinkney Island Wildlife Refuge and surrounding shorelines. In 2022, 195 volunteers helped remove 758 pounds of trash from the wildlife refuge and its shorelines.

Nature-loving visitors come back, year after year. Some choose to eventually live here. It is these very strong connections - to the pristine beaches, dolphin-filled waterways, clean water, and abundance of local seafood - that are the most threatened by increased development and tourism on the island. We are optimistic that we have “turned a corner” for reducing litter on our beautiful beaches as the Town of HHI has recently increased their enforcement and improved the trash receptacles. In order to sustain, and grow, the number of visitors to the island each year, as well as protect the environment they expect upon arrival, more emphasis must continue to be placed on environmental sustainability.

The Town of HHI’s 2020-2040 “Our Plan” states that the environment and sustainability are the foundational values of our Island community, reminding all of us that Ecotourism could be, and should be, the future of HHI tourism. The Outside Foundation’s environmental sustainability impact programs are directed at protecting and preserving our local environment and uniquely aligned to deliver the Town of HHI’s “healthy, sustainable environment” vision.

It is our goal to enhance the visitor experience by ensuring that our local waterways, beaches, and parks are free of litter. We also desire to be the means by which tourists, traveling to HHI for vacation with knowledge of the Island’s history of ecologically sensitive development, would be able to actively engage in ecotourism activities.

These activities, in turn, benefit our local economy, serve to enhance protections of our wildlife, and improve the overall quality of life for locals. As our numbers of tourists has increased substantially over the past ten years so has the amount trash on our beaches and along our shorelines. The key to reversing this trend, we believe, is to enhance the visitor experience by creating a sense of “ownership.” People are less likely to litter on the beach if they understand how that litter adversely affects the wildlife that live there.

Signature: Jean Fruh

Title/Position: Executive Director

Mailing Address: 50 Shelter Cove Lane Suite H, Hilton Head Island, SC 29928

Email Address: jean@outsidefoundation.org

Office Phone Number: 304-642-1820

Home Phone Number: 304-642-1820

THE OUTSIDE FOUNDATION BUDGET 2024

Line #	Description	Projected	Notes
Revenue			
4022	Grants	\$ 85,000.00	
4023	Donations	\$ 40,000.00	
	SC State Shell Recycling Grant Year 2	\$ 75,000.00	
	Sale of Donated Items		
NEW	Event Revenue	\$ 75,000.00	
4028	Fundraisers/sponsorships	\$ 75,000.00	includes \$15k in "in Kind" Sponsorship from OHH
Total Revenue		\$ 350,000.00	
Expenses			
5010	Marketing/Promotions	\$ 40,000.00	
5030	Bank Service Charges		
5040	Contract Labor		
	Development Manager	\$ 18,000.00	
	Marketing Manager	\$ 12,000.00	
	Oyster Shell Recycling Program Manager	\$ 12,000.00	
	Social Media Manager	\$ 14,400.00	
	"Kids in Kayaks"/Learn to Paddle Program Manager	\$ 8,000.00	
5070	SC Sec of State-Dues/License/TOHHI	\$ 300.00	
5077	Event Expenses		
5078	CRM Software (Bloomerang)	\$ 5,500.00	
5080	Liability Insurance	\$ 3,000.00	
5080	Event/Alcohol Insurance	\$ 1,200.00	
5110	Printing	\$ 400.00	
5120	Office Supplies	\$ 400.00	
5140	Tax Prep/Bookkeeping	\$ 3,500.00	
	Website Hosting	\$ 1,200.00	
5145	KNK Program Guides	\$ 6,800.00	
	Boys and Girls Club	\$ 3,000.00	
	KNK Scholarship	\$ 18,000.00	
	Page Island Costs	\$ 25,000.00	Includes \$12,500 in "in kind" costs from OHH
	Paddle Battle Costs	\$ 20,000.00	
5145	Scientific Supplies	\$ 400.00	
	Litter clean up supplies	\$ 1,200.00	
5150	Postage	\$ 100.00	
5152	i2 Recycle-General Recycling	\$ 3,500.00	
	i2 Recycling- Oyster Shell	\$ 29,760.00	
5200	Ex. Director Salary	\$ 50,000.00	
	Health Insurance	\$ 6,600.00	
	Mileage	\$ 800.00	
5230	Payroll Taxes/Withholding	\$ 4,500.00	
	TOF Logo Products (hats)	\$ 1,300.00	
	Conferences/Reg Fees	\$ 300.00	
	Water Festival	\$ 200.00	
5160	Rent Storage Facility	\$ 1,980.00	
	Membership Fees (Sams Club)	\$ 50.00	
	Meeting Expenses	\$ 400.00	
Total Expenses		\$ 293,790.00	

The Outside Foundation
Balance Sheet
As of June 30, 2023

	Jun 30, 23
ASSETS	
Current Assets	
Checking/Savings	
1052 · Cash In Bank - Coastal	190,828.49
Total Checking/Savings	190,828.49
Other Current Assets	
1110 · Accounts Receivable - Sale	400.00
1210 · Inventory - Logo Items Etc.	1,423.00
Total Other Current Assets	1,823.00
Total Current Assets	192,651.49
Fixed Assets	
1530 · Equipment	19,165.32
1580 · Accumulated Depreciation - Equi	-11,772.69
Total Fixed Assets	7,392.63
TOTAL ASSETS	200,044.12
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2070 · Federal Income Tax Withheld	-1,223.80
2080 · State Income Tax	-358.77
24000 · Payroll Liabilities	284.72
Total Other Current Liabilities	-1,297.85
Total Current Liabilities	-1,297.85
Total Liabilities	-1,297.85
Equity	
3040 · Retained Fund Equity	35,541.32
32000 · Unrestricted Net Assets	163,828.08
Net Income	1,972.57
Total Equity	201,341.97
TOTAL LIABILITIES & EQUITY	200,044.12

No assurance is provided on these financial statements and substantially all disclosures required by the cash basis of accounting are not included.

The Outside Foundation
Profit & Loss
 April through June 2023

	Apr - Jun 23
Ordinary Income/Expense	
Income	
4022 · Grants Received	8,500.00
4023 · Donations Recieved	9,939.71
4028 · Fund Raising Events	12,090.00
4080 · Sales Tax Collected	510.04
	31,039.75
Total Income	31,039.75
Gross Profit	31,039.75
Expense	
5010 · Advertising and Promotion	2,879.61
5040 · Contract Labor	17,457.27
5070 · Dues and Licenses	223.70
5078 · Fundraising Expense	524.23
5080 · Insurance - Liability	738.00
5090 · Insurance - Health	1,875.42
5107 · Meeting Expense	26.19
5120 · Office Supplies	28.22
5130 · Operating Supplies	1,388.10
5140 · Professional Services	2,450.00
5145 · Program Expenses	11,127.25
5150 · Postage & Shipping	7.70
5152 · Recycling Services	880.00
5160 · Rent - Premises	483.00
5200 · Salaries - Executive Director	7,833.34
5260 · Travel	221.00
66000 · Payroll Expenses	599.25
	48,742.28
Total Expense	48,742.28
Net Ordinary Income	-17,702.53
Net Income	-17,702.53

No assurance is provided on these financial statements and substantially all disclosures required by the cash basis of accounting are not included.

The Outside Foundation
Profit & Loss
 January through June 2023

	Jan - Jun 23
Ordinary Income/Expense	
Income	
4022 · Grants Received	13,791.07
4023 · Donations Received	16,426.09
4028 · Fund Raising Events	73,958.83
4080 · Sales Tax Collected	510.04
	104,686.03
Total Income	104,686.03
Gross Profit	104,686.03
Expense	
5010 · Advertising and Promotion	6,663.81
5040 · Contract Labor	26,231.05
5070 · Dues and Licenses	466.20
5078 · Fundraising Expense	12,620.22
5080 · Insurance - Liability	1,436.00
5090 · Insurance - Health	3,125.70
5107 · Meeting Expense	50.39
5120 · Office Supplies	371.27
5130 · Operating Supplies	3,689.89
5140 · Professional Services	3,528.00
5145 · Program Expenses	17,812.70
5150 · Postage & Shipping	80.90
5152 · Recycling Services	2,014.12
5160 · Rent - Premises	966.00
5200 · Salaries - Executive Director	19,583.35
5240 · Taxes - Other	1,890.73
5260 · Travel	221.00
66000 · Payroll Expenses	1,962.13
	102,713.46
Total Expense	102,713.46
Net Ordinary Income	1,972.57
Net Income	1,972.57

No assurance is provided on these financial statements and substantially all disclosures required by the cash basis of accounting are not included.

**Financial statements of
*The Outside Foundation***

For the period ending December 31, 2021

THE OUTSIDE FOUNDATION
 STMT OF ASSETS, LIABILITIES AND EQUITY-CASH BASIS
 DECEMBER 31, 2021

ASSETS

CURRENT ASSETS			
1052	CASH IN BANK-COASTAL STATES BANK	\$	26,249
1110	ACCOUNTS RECEIVABLE-SALE OF LOGO ITEMS		400
1210	INVENTORY-LOGO ITEMS ETC.		1,423
1350	DEPOSIT AT COMMUNITY FOUNDATION		53,862
			<hr/>
	TOTAL CURRENT ASSETS	\$	81,934
PROPERTY, PLANT AND EQUIPMENT			
1530	EQUIPMENT		16,564
1580	ACCUMULATED DEPRECIATION-EQUIPMENT		(9,868)
			<hr/>
	TOTAL PROPERTY, PLANT AND EQUIPMENT		6,696
			<hr/>
	TOTAL ASSETS	\$	88,630
			<hr/> <hr/>

LIABILITIES AND FUND EQUITY

CURRENT LIABILITIES			
2022	ADVANCE-SBA-PPP FUNDS	\$	7,300
2060	FICA TAX WITHHELD		798
2070	FEDERAL INCOME TAX WITHHELD		586
2080	STATE INCOME TAX WITHHELD		443
			<hr/>
	TOTAL CURRENT LIABILITIES	\$	9,127
FUND EQUITY			
3040	RETAINED FUND EQUITY (DEFICIT)		84,824
3050	CURRENT YEAR SURPLUS (DEFICIT)		(5,321)
			<hr/>
	TOTAL FUND EQUITY		79,502
			<hr/>
	TOTAL LIABILITIES AND FUND EQUITY	\$	88,630
			<hr/> <hr/>

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2021

	Current		Year To Date		
	Actual	Percent	Actual	Percent	
REVENUE					
4020	\$	91	0.2	\$ 1,246	1.0
4022		27,080	49.4	48,462	38.9
4023		15,919	29.1	24,980	20.1
4024				1,500	1.2
4028		11,695	21.3	48,302	38.8
* TOTAL REVENUE		54,784	100.0	124,491	100.0
COST OF SALES					
4520				2,143	1.7
4550				1,700	1.4
* TOTAL COST OF SALES		0	0.0	3,843	3.1
* GROSS PROFIT		54,784	100.0	120,648	96.9
OPERATING EXPENSES					
5010					
		8,163	14.9	24,799	19.9
5030		31	0.1	57	0.0
5040		5,270	9.6	17,830	14.3
5045		300	0.5	300	0.2
5050				9	0.0
5055		166	0.3	1,366	1.1
5060				1,104	0.9
5070				342	0.3
5077				418	0.3
5078		3,698	6.7	18,233	14.6
5080				510	0.4
5105		214	0.4	645	0.5
5107		98	0.2	217	0.2
5110		(116)	(0.2)	(116)	(0.1)
5120		73	0.1	361	0.3
5130				237	0.2
5140		375	0.7	1,850	1.5
5145		6,564	12.0	16,598	13.3
5150				73	0.1
5152		552	1.0	2,518	2.0
5160		238	0.4	1,201	1.0
5180		112	0.2	112	0.1
5200					
		7,917	14.5	26,667	21.4
5205		2,520	4.6	7,860	6.3
5210		102	0.2	102	0.1
5230		604	1.1	2,434	2.0
5240				52	0.0
5265				135	0.1
* TOTAL OPERATING EXPENSES		36,880	67.3	125,916	101.1

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2021

		Current		Year To Date	
		Actual	Percent	Actual	Percent
	* NET OPERATING INCOME (LOSS)	17,904	32.7	(5,268)	(4.2)
	OTHER INCOME				
9610	INTEREST	(5)	(0.0)	(36)	(0.0)
	* TOTAL OTHER INCOME	(5)	(0.0)	(36)	(0.0)
	OTHER EXPENSES				
9705	INTEREST EXPENSE			90	0.1
	* TOTAL OTHER EXPENSES	0	0.0	90	0.1
	* NET INCOME (LOSS)	17,909	32.7	(5,321)	(4.3)
	* NET INCOME (LOSS) AFTER INCOM \$	17,909	32.7	\$ (5,321)	(4.3)

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2021

	Current			Year To Date		
	Actual	Last Year	Ly-Var	Actual	Last Year	Ly-Var
REVENUE						
4020 SALES-LOGO ITEMS ETC.	\$ 91	\$ 71	\$ 20	\$ 1,246	\$ 1,152	\$ 94
4022 GRANTS RECEIVED	27,080	4,000	23,080	48,462	15,465	32,997
4023 DONATIONS RECEIVED	15,919	3,076	12,843	24,980	33,685	(8,704)
4024 SALE OF DONATED ITEM		850	(850)	1,500	850	650
4028 FUND RAISING EVENTS	11,695	1,265	10,430	48,302	50,817	(2,514)
4029 RECYCLING FEES RECEIVED					432	(432)
* TOTAL REVENUE	54,784	9,262	45,522	124,491	102,400	22,091
COST OF SALES						
4520 PURCHASES-LOGO ITEMS ETC				2,143		(2,143)
4550 PURCHASES - OTHER				1,700		(1,700)
* TOTAL COST OF SALES	0	0	0	3,843	0	(3,843)
* GROSS PROFIT	54,784	9,262	45,522	120,648	102,400	18,248
OPERATING EXPENSES						
5010 ADVERTISING AND PROMOTION	8,163	56	(8,106)	24,799	986	(23,813)
5030 BANK SERVICE CHARGES	31		(31)	57	25	(32)
5040 CONTRACT LABOR	5,270	3,550	(1,720)	17,830	10,362	(7,467)
5045 CHRISTMAS EXPENSE	300	300		300	300	
5050 CREDIT CARD DISCOUNT FEES				9		(9)
5055 DEPRECIATION EXPENSE	166	1,516	1,350	1,366	1,516	150
5060 DONATIONS				1,104	1,000	(104)
5070 DUES AND LICENSES		45	45	342	290	(52)
5077 EVENT EXPENSES				418	611	193
5078 FUNDRAISING EXPENSE	3,698		(3,698)	18,233	17,923	(310)
5080 INSURANCE-LIABILITY				510	1,003	493
5105 MANAGEMENT CHARGES	214	148	(66)	645	448	(198)
5107 MEETING EXPENSE	98	181	83	217	318	101
5110 PRINTING	(116)		116	(116)		116
5120 OFFICE SUPPLIES	73	304	231	361	521	160
5130 OPERATING SUPPLIES		50	50	237	101	(136)
5140 PROFESSIONAL SERVICES	375	375		1,850	1,750	(100)
5145 PROGRAM EXPENSES	6,564	4,006	(2,558)	16,598	5,166	(11,432)
5150 POSTAGE AND SHIPPING		33	33	73	78	4
5152 RECYCLING SERVICES	552	704	152	2,518	5,367	2,849
5160 RENT - PREMISES	238	291	53	1,201	291	(910)
5180 REPAIRS AND MAINTENANCE	112	10	(102)	112	10	(102)
5200 SALARIES-EXECUTIVE						
DIRECTOR	7,917	6,250	(1,667)	26,667	25,000	(1,667)
5205 SALARIES-OTHER	2,520	1,480	(1,040)	7,860	8,020	160
5210 SALES EXPENSE	102		(102)	102		(102)
5212 SCHOLARSHIP EXPENSE					200	200
5230 TAXES - PAYROLL	604	596	(8)	2,434	2,613	179
5240 TAXES - OTHER				52		(52)
5265 UNIFORM EXPENSE				135	218	83

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES - CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2021

	Current			Year To Date		
	Actual	Last Year	Ly-Var	Actual	Last Year	Ly-Var
* TOTAL OPERATING EXPENSES	36,880	19,896	(16,985)	125,916	84,117	(41,799)
* NET OPERATING INCOME (LOSS)	17,904	(10,633)	28,537	(5,268)	18,283	(23,551)
OTHER INCOME						
9610 INTEREST	(5)		5	(36)	(90)	(54)
* TOTAL OTHER INCOME	(5)	0	5	(36)	(90)	(54)
OTHER EXPENSES						
9705 INTEREST EXPENSE				90		(90)
* TOTAL OTHER EXPENSES	0	0	0	90	0	(90)
* NET INCOME (LOSS)	17,909	(10,633)	28,542	(5,321)	18,374	(23,695)
* NET INCOME (LOSS) AFTER INCOM \$	17,909	\$ (10,633)	\$ 28,542	\$ (5,321)	\$ 18,374	\$ (23,695)

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

**Financial statements of
*The Outside Foundation***

For the period ending December 31, 2020

THE OUTSIDE FOUNDATION
 STMT OF ASSETS, LIABILITIES AND EQUITY-CASH BASIS
 DECEMBER 31, 2020

ASSETS

CURRENT ASSETS			
1052	CASH IN BANK-COASTAL STATES BANK	\$	25,272
1110	ACCOUNTS RECEIVABLE-SALE OF LOGO ITEMS		400
1210	INVENTORY-LOGO ITEMS ETC.		1,423
1212	INVENTORY-KAYAKS		1,700
1350	DEPOSIT AT COMMUNITY FOUNDATION		58,890
			<hr/>
	TOTAL CURRENT ASSETS	\$	87,685
PROPERTY, PLANT AND EQUIPMENT			
1530	EQUIPMENT		16,564
1580	ACCUMULATED DEPRECIATION-EQUIPMENT		(6,985)
			<hr/>
	TOTAL PROPERTY, PLANT AND EQUIPMENT		9,579
			<hr/>
	TOTAL ASSETS	\$	97,263
			<hr/> <hr/>

LIABILITIES AND FUND EQUITY

CURRENT LIABILITIES			
2022	ADVANCE-SBA-PPP FUNDS	\$	7,300
2045	CREDIT CARD PAYABLE		2,195
2060	FICA TAX WITHHELD		592
2070	FEDERAL INCOME TAX WITHHELD		309
2080	STATE INCOME TAX WITHHELD		379
			<hr/>
	TOTAL CURRENT LIABILITIES	\$	10,775
FUND EQUITY			
3040	RETAINED FUND EQUITY (DEFICIT)		66,450
3050	CURRENT YEAR SURPLUS (DEFICIT)		20,038
			<hr/>
	TOTAL FUND EQUITY		86,489
			<hr/>
	TOTAL LIABILITIES AND FUND EQUITY	\$	97,263
			<hr/> <hr/>

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2020

	Current		Year To Date			
	Actual	Percent	Actual	Percent		
REVENUE						
4020	\$	71	0.8	\$	1,152	1.1
4022		4,000	43.2		15,465	15.1
4023		3,076	33.2		33,685	32.9
4024		850	9.2		850	0.8
4028		1,265	13.7		50,817	49.6
4029					432	0.4
* TOTAL REVENUE		9,262	100.0		102,400	100.0
* GROSS PROFIT		9,262	100.0		102,400	100.0
OPERATING EXPENSES						
5010						
		56	0.6		986	1.0
5030					25	0.0
5040		3,550	38.3		10,362	10.1
5045		300	3.2		300	0.3
5060					1,000	1.0
5070		45	0.5		290	0.3
5077					611	0.6
5078					17,923	17.5
5080					1,003	1.0
5105					299	0.3
5107		181	2.0		318	0.3
5120		304	3.3		521	0.5
5130		50	0.5		101	0.1
5140		375	4.0		1,750	1.7
5145		4,006	43.2		5,166	5.0
5150		33	0.4		78	0.1
5152		704	7.6		5,367	5.2
5160		291	3.1		291	0.3
5180		10	0.1		10	0.0
5200						
		6,250	67.5		25,000	24.4
5205		1,480	16.0		8,020	7.8
5212					200	0.2
5230		596	6.4		2,613	2.6
5265					218	0.2
* TOTAL OPERATING EXPENSES		18,231	196.8		82,452	80.5
* NET OPERATING INCOME (LOSS)		(8,969)	(96.8)		19,948	19.5
OTHER INCOME						
9610					(90)	(0.1)
* TOTAL OTHER INCOME		0	0.0		(90)	(0.1)
* NET INCOME (LOSS)		(8,969)	(96.8)		20,038	19.6

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
 STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
 FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2020

	Current	Year To Date	
	Actual	Actual	
	Percent	Percent	
	-----	-----	
	=====	=====	
* NET INCOME (LOSS) AFTER INCOM	\$ (8,969)	\$ 20,038	
	(96.8)	19.6	

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2020

	Current			Year To Date		
	Actual	Last Year	Ly-Var	Actual	Last Year	Ly-Var
REVENUE						
4020 SALES-LOGO ITEMS ETC.	\$ 71	\$ 554	\$ (483)	\$ 1,152	\$ 852	\$ 300
4022 GRANTS RECEIVED	4,000	3,500	500	15,465	28,480	(13,015)
4023 DONATIONS RECEIVED	3,076	2,139	938	33,685	14,140	19,545
4024 SALE OF DONATED ITEM	850		850	850		850
4028 FUND RAISING EVENTS	1,265	8,914	(7,649)	50,817	43,385	7,432
4029 RECYCLING FEES RECEIVED				432	2,712	(2,280)
* TOTAL REVENUE	9,262	15,107	(5,845)	102,400	89,568	12,832
COST OF SALES						
4520 PURCHASES-LOGO ITEMS ETC					142	142
* TOTAL COST OF SALES	0	0	0	0	142	142
* GROSS PROFIT	9,262	15,107	(5,845)	102,400	89,425	12,975
OPERATING EXPENSES						
5010 ADVERTISING AND PROMOTION	56	655	598	986	1,033	47
5030 BANK SERVICE CHARGES				25	39	14
5040 CONTRACT LABOR	3,550	1,675	(1,875)	10,362	7,075	(3,287)
5045 CHRISTMAS EXPENSE	300		(300)	300		(300)
5055 DEPRECIATION EXPENSE		1,602	1,602		1,602	1,602
5060 DONATIONS		3,679	3,679	1,000	3,954	2,954
5070 DUES AND LICENSES	45	45		290	175	(115)
5077 EVENT EXPENSES				611		(611)
5078 FUNDRAISING EXPENSE		4,850	4,850	17,923	10,692	(7,231)
5080 INSURANCE-LIABILITY		145	145	1,003	703	(300)
5090 INSURANCE - EMPLOYEES GRP					1,250	1,250
5105 MANAGEMENT CHARGES		193	193	299	506	206
5107 MEETING EXPENSE	181		(181)	318	140	(178)
5110 PRINTING		54	54		244	244
5120 OFFICE SUPPLIES	304	1,572	1,268	521	1,819	1,298
5130 OPERATING SUPPLIES	50	740	690	101	1,213	1,112
5140 PROFESSIONAL SERVICES	375	375		1,750	2,125	375
5145 PROGRAM EXPENSES	4,006	4,358	352	5,166	6,108	942
5150 POSTAGE AND SHIPPING	33	63	30	78	85	7
5152 RECYCLING SERVICES	704	4,700	3,996	5,367	13,578	8,212
5160 RENT - PREMISES	291		(291)	291		(291)
5180 REPAIRS AND MAINTENANCE	10		(10)	10		(10)
5200 SALARIES-EXECUTIVE						
DIRECTOR	6,250	6,250		25,000	25,000	
5205 SALARIES-OTHER	1,480	2,608	1,128	8,020	10,108	2,088
5212 SCHOLARSHIP EXPENSE		4,520	4,520	200	7,440	7,240
5230 TAXES - PAYROLL	596	669	74	2,613	2,614	1
5265 UNIFORM EXPENSE				218	126	(92)
* TOTAL OPERATING EXPENSES	18,231	38,753	20,522	82,452	97,629	15,177

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2020

	Current			Year To Date		
	Actual	Last Year	Ly-Var	Actual	Last Year	Ly-Var
* NET OPERATING INCOME (LOSS)	(8,969)	(23,646)	14,677	19,948	(8,204)	28,152
OTHER INCOME						
9610 INTEREST		(87)	(87)	(90)	(313)	(223)
* TOTAL OTHER INCOME	0	(87)	(87)	(90)	(313)	(223)
OTHER EXPENSES						
9705 INTEREST EXPENSE		142	142		142	142
* TOTAL OTHER EXPENSES	0	142	142	0	142	142
* NET INCOME (LOSS)	(8,969)	(23,702)	14,733	20,038	(8,033)	28,071
* NET INCOME (LOSS) AFTER INCOM	\$ (8,969)	\$ (23,702)	\$ 14,733	\$ 20,038	\$ (8,033)	\$ 28,071

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

The Outside Foundation
Balance Sheet
As of June 30, 2023

	Jun 30, 23
ASSETS	
Current Assets	
Checking/Savings	
1052 · Cash In Bank - Coastal	190,828.49
Total Checking/Savings	190,828.49
Other Current Assets	
1110 · Accounts Receivable - Sale	400.00
1210 · Inventory - Logo Items Etc.	1,423.00
Total Other Current Assets	1,823.00
Total Current Assets	192,651.49
Fixed Assets	
1530 · Equipment	19,165.32
1580 · Accumulated Depreciation - Equi	-11,772.69
Total Fixed Assets	7,392.63
TOTAL ASSETS	200,044.12
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2070 · Federal Income Tax Withheld	-1,223.80
2080 · State Income Tax	-358.77
24000 · Payroll Liabilities	284.72
Total Other Current Liabilities	-1,297.85
Total Current Liabilities	-1,297.85
Total Liabilities	-1,297.85
Equity	
3040 · Retained Fund Equity	35,541.32
32000 · Unrestricted Net Assets	163,828.08
Net Income	1,972.57
Total Equity	201,341.97
TOTAL LIABILITIES & EQUITY	200,044.12

No assurance is provided on these financial statements and substantially all disclosures required by the cash basis of accounting are not included.

The Outside Foundation
Profit & Loss
 April through June 2023

	Apr - Jun 23
Ordinary Income/Expense	
Income	
4022 · Grants Received	8,500.00
4023 · Donations Recieved	9,939.71
4028 · Fund Raising Events	12,090.00
4080 · Sales Tax Collected	510.04
Total Income	31,039.75
Gross Profit	31,039.75
Expense	
5010 · Advertising and Promotion	2,879.61
5040 · Contract Labor	17,457.27
5070 · Dues and Licenses	223.70
5078 · Fundraising Expense	524.23
5080 · Insurance - Liability	738.00
5090 · Insurance - Health	1,875.42
5107 · Meeting Expense	26.19
5120 · Office Supplies	28.22
5130 · Operating Supplies	1,388.10
5140 · Professional Services	2,450.00
5145 · Program Expenses	11,127.25
5150 · Postage & Shipping	7.70
5152 · Recycling Services	880.00
5160 · Rent - Premises	483.00
5200 · Salaries - Executive Director	7,833.34
5260 · Travel	221.00
66000 · Payroll Expenses	599.25
Total Expense	48,742.28
Net Ordinary Income	-17,702.53
Net Income	-17,702.53

No assurance is provided on these financial statements and substantially all disclosures required by the cash basis of accounting are not included.

The Outside Foundation
Profit & Loss
 January through June 2023

	Jan - Jun 23
Ordinary Income/Expense	
Income	
4022 · Grants Received	13,791.07
4023 · Donations Received	16,426.09
4028 · Fund Raising Events	73,958.83
4080 · Sales Tax Collected	510.04
Total Income	104,686.03
Gross Profit	104,686.03
Expense	
5010 · Advertising and Promotion	6,663.81
5040 · Contract Labor	26,231.05
5070 · Dues and Licenses	466.20
5078 · Fundraising Expense	12,620.22
5080 · Insurance - Liability	1,436.00
5090 · Insurance - Health	3,125.70
5107 · Meeting Expense	50.39
5120 · Office Supplies	371.27
5130 · Operating Supplies	3,689.89
5140 · Professional Services	3,528.00
5145 · Program Expenses	17,812.70
5150 · Postage & Shipping	80.90
5152 · Recycling Services	2,014.12
5160 · Rent - Premises	966.00
5200 · Salaries - Executive Director	19,583.35
5240 · Taxes - Other	1,890.73
5260 · Travel	221.00
66000 · Payroll Expenses	1,962.13
Total Expense	102,713.46
Net Ordinary Income	1,972.57
Net Income	1,972.57

No assurance is provided on these financial statements and substantially all disclosures required by the cash basis of accounting are not included.

**Financial statements of
*The Outside Foundation***

For the period ending December 31, 2021

THE OUTSIDE FOUNDATION
 STMT OF ASSETS, LIABILITIES AND EQUITY-CASH BASIS
 DECEMBER 31, 2021

ASSETS

CURRENT ASSETS			
1052	CASH IN BANK-COASTAL STATES BANK	\$	26,249
1110	ACCOUNTS RECEIVABLE-SALE OF LOGO ITEMS		400
1210	INVENTORY-LOGO ITEMS ETC.		1,423
1350	DEPOSIT AT COMMUNITY FOUNDATION		53,862
			<hr/>
	TOTAL CURRENT ASSETS	\$	81,934
PROPERTY, PLANT AND EQUIPMENT			
1530	EQUIPMENT		16,564
1580	ACCUMULATED DEPRECIATION-EQUIPMENT		(9,868)
			<hr/>
	TOTAL PROPERTY, PLANT AND EQUIPMENT		6,696
			<hr/>
	TOTAL ASSETS	\$	88,630
			<hr/> <hr/>

LIABILITIES AND FUND EQUITY

CURRENT LIABILITIES			
2022	ADVANCE-SBA-PPP FUNDS	\$	7,300
2060	FICA TAX WITHHELD		798
2070	FEDERAL INCOME TAX WITHHELD		586
2080	STATE INCOME TAX WITHHELD		443
			<hr/>
	TOTAL CURRENT LIABILITIES	\$	9,127
FUND EQUITY			
3040	RETAINED FUND EQUITY (DEFICIT)		84,824
3050	CURRENT YEAR SURPLUS (DEFICIT)		(5,321)
			<hr/>
	TOTAL FUND EQUITY		79,502
			<hr/>
	TOTAL LIABILITIES AND FUND EQUITY	\$	88,630
			<hr/> <hr/>

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2021

	Current		Year To Date		
	Actual	Percent	Actual	Percent	
REVENUE					
4020	\$	91	0.2	\$ 1,246	1.0
4022		27,080	49.4	48,462	38.9
4023		15,919	29.1	24,980	20.1
4024				1,500	1.2
4028		11,695	21.3	48,302	38.8
* TOTAL REVENUE		54,784	100.0	124,491	100.0
COST OF SALES					
4520				2,143	1.7
4550				1,700	1.4
* TOTAL COST OF SALES		0	0.0	3,843	3.1
* GROSS PROFIT		54,784	100.0	120,648	96.9
OPERATING EXPENSES					
5010					
		8,163	14.9	24,799	19.9
5030		31	0.1	57	0.0
5040		5,270	9.6	17,830	14.3
5045		300	0.5	300	0.2
5050				9	0.0
5055		166	0.3	1,366	1.1
5060				1,104	0.9
5070				342	0.3
5077				418	0.3
5078		3,698	6.7	18,233	14.6
5080				510	0.4
5105		214	0.4	645	0.5
5107		98	0.2	217	0.2
5110		(116)	(0.2)	(116)	(0.1)
5120		73	0.1	361	0.3
5130				237	0.2
5140		375	0.7	1,850	1.5
5145		6,564	12.0	16,598	13.3
5150				73	0.1
5152		552	1.0	2,518	2.0
5160		238	0.4	1,201	1.0
5180		112	0.2	112	0.1
5200					
		7,917	14.5	26,667	21.4
5205		2,520	4.6	7,860	6.3
5210		102	0.2	102	0.1
5230		604	1.1	2,434	2.0
5240				52	0.0
5265				135	0.1
* TOTAL OPERATING EXPENSES		36,880	67.3	125,916	101.1

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2021

		Current		Year To Date	
		Actual	Percent	Actual	Percent
	* NET OPERATING INCOME (LOSS)	17,904	32.7	(5,268)	(4.2)
	OTHER INCOME				
9610	INTEREST	(5)	(0.0)	(36)	(0.0)
	* TOTAL OTHER INCOME	(5)	(0.0)	(36)	(0.0)
	OTHER EXPENSES				
9705	INTEREST EXPENSE			90	0.1
	* TOTAL OTHER EXPENSES	0	0.0	90	0.1
	* NET INCOME (LOSS)	17,909	32.7	(5,321)	(4.3)
	* NET INCOME (LOSS) AFTER INCOM \$	17,909	32.7	\$ (5,321)	(4.3)

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2021

	Current			Year To Date		
	Actual	Last Year	Ly-Var	Actual	Last Year	Ly-Var
REVENUE						
4020 SALES-LOGO ITEMS ETC.	\$ 91	\$ 71	\$ 20	\$ 1,246	\$ 1,152	\$ 94
4022 GRANTS RECEIVED	27,080	4,000	23,080	48,462	15,465	32,997
4023 DONATIONS RECEIVED	15,919	3,076	12,843	24,980	33,685	(8,704)
4024 SALE OF DONATED ITEM		850	(850)	1,500	850	650
4028 FUND RAISING EVENTS	11,695	1,265	10,430	48,302	50,817	(2,514)
4029 RECYCLING FEES RECEIVED					432	(432)
* TOTAL REVENUE	54,784	9,262	45,522	124,491	102,400	22,091
COST OF SALES						
4520 PURCHASES-LOGO ITEMS ETC				2,143		(2,143)
4550 PURCHASES - OTHER				1,700		(1,700)
* TOTAL COST OF SALES	0	0	0	3,843	0	(3,843)
* GROSS PROFIT	54,784	9,262	45,522	120,648	102,400	18,248
OPERATING EXPENSES						
5010 ADVERTISING AND PROMOTION	8,163	56	(8,106)	24,799	986	(23,813)
5030 BANK SERVICE CHARGES	31		(31)	57	25	(32)
5040 CONTRACT LABOR	5,270	3,550	(1,720)	17,830	10,362	(7,467)
5045 CHRISTMAS EXPENSE	300	300		300	300	
5050 CREDIT CARD DISCOUNT FEES				9		(9)
5055 DEPRECIATION EXPENSE	166	1,516	1,350	1,366	1,516	150
5060 DONATIONS				1,104	1,000	(104)
5070 DUES AND LICENSES		45	45	342	290	(52)
5077 EVENT EXPENSES				418	611	193
5078 FUNDRAISING EXPENSE	3,698		(3,698)	18,233	17,923	(310)
5080 INSURANCE-LIABILITY				510	1,003	493
5105 MANAGEMENT CHARGES	214	148	(66)	645	448	(198)
5107 MEETING EXPENSE	98	181	83	217	318	101
5110 PRINTING	(116)		116	(116)		116
5120 OFFICE SUPPLIES	73	304	231	361	521	160
5130 OPERATING SUPPLIES		50	50	237	101	(136)
5140 PROFESSIONAL SERVICES	375	375		1,850	1,750	(100)
5145 PROGRAM EXPENSES	6,564	4,006	(2,558)	16,598	5,166	(11,432)
5150 POSTAGE AND SHIPPING		33	33	73	78	4
5152 RECYCLING SERVICES	552	704	152	2,518	5,367	2,849
5160 RENT - PREMISES	238	291	53	1,201	291	(910)
5180 REPAIRS AND MAINTENANCE	112	10	(102)	112	10	(102)
5200 SALARIES-EXECUTIVE						
DIRECTOR	7,917	6,250	(1,667)	26,667	25,000	(1,667)
5205 SALARIES-OTHER	2,520	1,480	(1,040)	7,860	8,020	160
5210 SALES EXPENSE	102		(102)	102		(102)
5212 SCHOLARSHIP EXPENSE					200	200
5230 TAXES - PAYROLL	604	596	(8)	2,434	2,613	179
5240 TAXES - OTHER				52		(52)
5265 UNIFORM EXPENSE				135	218	83

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES - CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2021

	Current			Year To Date		
	Actual	Last Year	Ly-Var	Actual	Last Year	Ly-Var
* TOTAL OPERATING EXPENSES	36,880	19,896	(16,985)	125,916	84,117	(41,799)
* NET OPERATING INCOME (LOSS)	17,904	(10,633)	28,537	(5,268)	18,283	(23,551)
OTHER INCOME						
9610 INTEREST	(5)		5	(36)	(90)	(54)
* TOTAL OTHER INCOME	(5)	0	5	(36)	(90)	(54)
OTHER EXPENSES						
9705 INTEREST EXPENSE				90		(90)
* TOTAL OTHER EXPENSES	0	0	0	90	0	(90)
* NET INCOME (LOSS)	17,909	(10,633)	28,542	(5,321)	18,374	(23,695)
* NET INCOME (LOSS) AFTER INCOM \$	17,909	\$ (10,633)	\$ 28,542	\$ (5,321)	\$ 18,374	\$ (23,695)

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

**Financial statements of
*The Outside Foundation***

For the period ending December 31, 2020

THE OUTSIDE FOUNDATION
 STMT OF ASSETS, LIABILITIES AND EQUITY-CASH BASIS
 DECEMBER 31, 2020

ASSETS

CURRENT ASSETS			
1052	CASH IN BANK-COASTAL STATES BANK	\$	25,272
1110	ACCOUNTS RECEIVABLE-SALE OF LOGO ITEMS		400
1210	INVENTORY-LOGO ITEMS ETC.		1,423
1212	INVENTORY-KAYAKS		1,700
1350	DEPOSIT AT COMMUNITY FOUNDATION		58,890
			<hr/>
	TOTAL CURRENT ASSETS	\$	87,685
PROPERTY, PLANT AND EQUIPMENT			
1530	EQUIPMENT		16,564
1580	ACCUMULATED DEPRECIATION-EQUIPMENT		(6,985)
			<hr/>
	TOTAL PROPERTY, PLANT AND EQUIPMENT		9,579
			<hr/>
	TOTAL ASSETS	\$	97,263
			<hr/> <hr/>

LIABILITIES AND FUND EQUITY

CURRENT LIABILITIES			
2022	ADVANCE-SBA-PPP FUNDS	\$	7,300
2045	CREDIT CARD PAYABLE		2,195
2060	FICA TAX WITHHELD		592
2070	FEDERAL INCOME TAX WITHHELD		309
2080	STATE INCOME TAX WITHHELD		379
			<hr/>
	TOTAL CURRENT LIABILITIES	\$	10,775
FUND EQUITY			
3040	RETAINED FUND EQUITY (DEFICIT)		66,450
3050	CURRENT YEAR SURPLUS (DEFICIT)		20,038
			<hr/>
	TOTAL FUND EQUITY		86,489
			<hr/>
	TOTAL LIABILITIES AND FUND EQUITY	\$	97,263
			<hr/> <hr/>

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2020

		Current		Year To Date	
		Actual Percent		Actual Percent	
		-----		-----	
		-----		-----	
REVENUE					
4020	SALES-LOGO ITEMS ETC.	\$ 71	0.8	\$ 1,152	1.1
4022	GRANTS RECEIVED	4,000	43.2	15,465	15.1
4023	DONATIONS RECEIVED	3,076	33.2	33,685	32.9
4024	SALE OF DONATED ITEM	850	9.2	850	0.8
4028	FUND RAISING EVENTS	1,265	13.7	50,817	49.6
4029	RECYCLING FEES RECEIVED			432	0.4
* TOTAL REVENUE		9,262	100.0	102,400	100.0
* GROSS PROFIT		9,262	100.0	102,400	100.0
OPERATING EXPENSES					
5010	ADVERTISING AND PROMOTION	56	0.6	986	1.0
5030	BANK SERVICE CHARGES			25	0.0
5040	CONTRACT LABOR	3,550	38.3	10,362	10.1
5045	CHRISTMAS EXPENSE	300	3.2	300	0.3
5060	DONATIONS			1,000	1.0
5070	DUES AND LICENSES	45	0.5	290	0.3
5077	EVENT EXPENSES			611	0.6
5078	FUNDRAISING EXPENSE			17,923	17.5
5080	INSURANCE-LIABILITY			1,003	1.0
5105	MANAGEMENT CHARGES			299	0.3
5107	MEETING EXPENSE	181	2.0	318	0.3
5120	OFFICE SUPPLIES	304	3.3	521	0.5
5130	OPERATING SUPPLIES	50	0.5	101	0.1
5140	PROFESSIONAL SERVICES	375	4.0	1,750	1.7
5145	PROGRAM EXPENSES	4,006	43.2	5,166	5.0
5150	POSTAGE AND SHIPPING	33	0.4	78	0.1
5152	RECYCLING SERVICES	704	7.6	5,367	5.2
5160	RENT - PREMISES	291	3.1	291	0.3
5180	REPAIRS AND MAINTENANCE	10	0.1	10	0.0
5200	SALARIES-EXECUTIVE				
	DIRECTOR	6,250	67.5	25,000	24.4
5205	SALARIES-OTHER	1,480	16.0	8,020	7.8
5212	SCHOLARSHIP EXPENSE			200	0.2
5230	TAXES - PAYROLL	596	6.4	2,613	2.6
5265	UNIFORM EXPENSE			218	0.2
* TOTAL OPERATING EXPENSES		18,231	196.8	82,452	80.5
* NET OPERATING INCOME (LOSS)		(8,969)	(96.8)	19,948	19.5
OTHER INCOME					
9610	INTEREST			(90)	(0.1)
* TOTAL OTHER INCOME		0	0.0	(90)	(0.1)
* NET INCOME (LOSS)		(8,969)	(96.8)	20,038	19.6

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
 STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
 FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2020

	Current	Actual Percent	Year To Date	Actual Percent
	<u> </u>		<u> </u>	
* NET INCOME (LOSS) AFTER INCOM	\$	(8,969)	(96.8)	\$ 20,038
		<u> </u>	<u> </u>	<u> </u>
				<u> </u>
				<u> </u>

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2020

	Current			Year To Date		
	Actual	Last Year	Ly-Var	Actual	Last Year	Ly-Var
REVENUE						
4020 SALES-LOGO ITEMS ETC.	\$ 71	\$ 554	\$ (483)	\$ 1,152	\$ 852	\$ 300
4022 GRANTS RECEIVED	4,000	3,500	500	15,465	28,480	(13,015)
4023 DONATIONS RECEIVED	3,076	2,139	938	33,685	14,140	19,545
4024 SALE OF DONATED ITEM	850		850	850		850
4028 FUND RAISING EVENTS	1,265	8,914	(7,649)	50,817	43,385	7,432
4029 RECYCLING FEES RECEIVED				432	2,712	(2,280)
* TOTAL REVENUE	9,262	15,107	(5,845)	102,400	89,568	12,832
COST OF SALES						
4520 PURCHASES-LOGO ITEMS ETC					142	142
* TOTAL COST OF SALES	0	0	0	0	142	142
* GROSS PROFIT	9,262	15,107	(5,845)	102,400	89,425	12,975
OPERATING EXPENSES						
5010 ADVERTISING AND PROMOTION	56	655	598	986	1,033	47
5030 BANK SERVICE CHARGES				25	39	14
5040 CONTRACT LABOR	3,550	1,675	(1,875)	10,362	7,075	(3,287)
5045 CHRISTMAS EXPENSE	300		(300)	300		(300)
5055 DEPRECIATION EXPENSE		1,602	1,602		1,602	1,602
5060 DONATIONS		3,679	3,679	1,000	3,954	2,954
5070 DUES AND LICENSES	45	45		290	175	(115)
5077 EVENT EXPENSES				611		(611)
5078 FUNDRAISING EXPENSE		4,850	4,850	17,923	10,692	(7,231)
5080 INSURANCE-LIABILITY		145	145	1,003	703	(300)
5090 INSURANCE - EMPLOYEES GRP					1,250	1,250
5105 MANAGEMENT EXPENSE		193	193	299	506	206
5107 MEETING EXPENSE	181		(181)	318	140	(178)
5110 PRINTING		54	54		244	244
5120 OFFICE SUPPLIES	304	1,572	1,268	521	1,819	1,298
5130 OPERATING SUPPLIES	50	740	690	101	1,213	1,112
5140 PROFESSIONAL SERVICES	375	375		1,750	2,125	375
5145 PROGRAM EXPENSES	4,006	4,358	352	5,166	6,108	942
5150 POSTAGE AND SHIPPING	33	63	30	78	85	7
5152 RECYCLING SERVICES	704	4,700	3,996	5,367	13,578	8,212
5160 RENT - PREMISES	291		(291)	291		(291)
5180 REPAIRS AND MAINTENANCE	10		(10)	10		(10)
5200 SALARIES-EXECUTIVE						
DIRECTOR	6,250	6,250		25,000	25,000	
5205 SALARIES-OTHER	1,480	2,608	1,128	8,020	10,108	2,088
5212 SCHOLARSHIP EXPENSE		4,520	4,520	200	7,440	7,240
5230 TAXES - PAYROLL	596	669	74	2,613	2,614	1
5265 UNIFORM EXPENSE				218	126	(92)
* TOTAL OPERATING EXPENSES	18,231	38,753	20,522	82,452	97,629	15,177

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

THE OUTSIDE FOUNDATION
STATEMENT OF REVENUE AND EXPENSES -CASH BASIS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2020

	Current			Year To Date		
	Actual	Last Year	Ly-Var	Actual	Last Year	Ly-Var
* NET OPERATING INCOME (LOSS)	(8,969)	(23,646)	14,677	19,948	(8,204)	28,152
OTHER INCOME						
9610 INTEREST		(87)	(87)	(90)	(313)	(223)
* TOTAL OTHER INCOME	0	(87)	(87)	(90)	(313)	(223)
OTHER EXPENSES						
9705 INTEREST EXPENSE		142	142		142	142
* TOTAL OTHER EXPENSES	0	142	142	0	142	142
* NET INCOME (LOSS)	(8,969)	(23,702)	14,733	20,038	(8,033)	28,071
* NET INCOME (LOSS) AFTER INCOM	\$ (8,969)	\$ (23,702)	\$ 14,733	\$ 20,038	\$ (8,033)	\$ 28,071

NO ASSURANCE IS PROVIDED ON THESE FINANCIAL STATEMENTS

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">The Outside Foundation</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">50 Shelter Cove Lane Suite H</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">Hilton Head Island SC 29928</p>	D Employer identification number <p style="text-align: center;">46-4305638</p> E Telephone number <p style="text-align: center;">843-686-6996</p> G Gross receipts \$ 346,974
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F Name and address of principal officer: <p style="text-align: center;">Jean Fruh 50 Shelter Cove Lane Hilton Head Island SC 29928</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
---	---

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: www.outsidefoundation.org	H(c) Group exemption number	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2014	M State of legal domicile: SC
--	--	------------------------------------	---	---	---

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">Public Education</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	73,442	257,980
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,972	55,690
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	111,414	313,672
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		36,961	54,920
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		0	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		71,866	94,923
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	108,827	149,843	
19 Revenue less expenses. Subtract line 18 from line 12	2,587	163,829	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	34,768	201,637
	22 Net assets or fund balances. Subtract line 21 from line 20	1,827	2,266
		32,941	199,371

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">Jean Fruh</p> Type or print name and title	Date <p style="text-align: center;">Executive Director</p>
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Paid Preparer Use Only	Print/Type preparer's name <p>Patrick P. Carey, Jr., CPA</p>	Preparer's signature <p>Patrick P. Carey, Jr., CPA</p>	Date	Check <input type="checkbox"/> if self-employed	PTIN <p>P00033247</p>	
	Firm's name <p style="text-align: center;">Carey & Company P.A.</p>	Firm's EIN <p style="text-align: center;">57-0927046</p>		Firm's address <p style="text-align: center;">70 Main Street, Suite 100 Hilton Head Island, SC 29926</p>		Phone no. <p style="text-align: center;">843-681-4430</p>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Public Education

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **26,752** including grants of \$) (Revenue \$)

Education

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ **104,766** including grants of \$) (Revenue \$)

4e Total program service expenses **131,518**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
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		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. See instructions		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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

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		
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?		X

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	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 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				X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	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.					
a	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:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				X
b	If "Yes," has it filed a Form 720 to report these payments? 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 instructions and file Form 4720, Schedule N.	15				X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16				X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17				

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	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		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

Foundation **32 Shelter Cove Lane** **SC 29928** **843-686-6996**
Hilton Head Island

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jean Fruh	30.00									
..... Executive Director	0.00	X		X			47,917	0	0	
(2) Denise Spencer	3.00									
..... Chairperson	0.00	X		X			0	0	0	
(3) Michael Overton	1.00									
..... Vice Chairperson	0.00	X		X			0	0	0	
(4) Brian Kinard	2.00									
..... Treasurer	0.00	X		X			0	0	0	
(5) Dr. John Batson	1.00									
..... Board Member	0.00	X					0	0	0	
(6) Melissa Krauss	1.00									
..... Board Member	0.00	X					0	0	0	
(7) Michael Cerrati	1.00									
..... Board Member	0.00	X					0	0	0	
(8) John Taylor	1.00									
..... Board Member	0.00	X					0	0	0	
(9) Ron Miele	2.00									
..... Board Member	0.00	X					0	0	0	
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							47,917			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							47,917			

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	257,980			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		257,980			
	Program Service Revenue	2a	Business Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2	2		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents		(i) Real	(ii) Personal		
		6a				
		b Less: rental expenses	6b			
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
		7a				
		b Less: cost or other basis and sales exps.	7b			
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	88,917			
b Less: direct expenses		8b	33,123			
c Net income or (loss) from fundraising events			55,794			
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a	75				
	b Less: cost of goods sold	10b	179			
	c Net income or (loss) from sales of inventory		-104	-104		
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		313,672	-102	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	51,017	51,017		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,903		3,903	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,150		2,150	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	24,508	17,156	7,352	
13 Office expenses	1,333	203	1,130	
14 Information technology				
15 Royalties				
16 Occupancy	1,638		1,638	
17 Travel	51		51	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,905	1,905		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Contract Labor	31,008	31,008		
b Supplies	26,752	26,752		
c Recycling Services	3,374	3,374		
d Insurance	1,024		1,024	
e All other expenses	1,180	103	1,077	
25 Total functional expenses. Add lines 1 through 24e	149,843	131,518	18,325	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	26,249	1	192,421
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	400	4	400
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	19,165		
	10b	Less: accumulated depreciation	11,772	10c	7,393
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,423	15	1,423
16	Total assets. Add lines 1 through 15 (must equal line 33)	34,768	16	201,637	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,827	25	2,266
	26	Total liabilities. Add lines 17 through 25	1,827	26	2,266
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	32,941	27	199,371
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	32,941	32	199,371	
33	Total liabilities and net assets/fund balances	34,768	33	201,637	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	313,672
2	Total expenses (must equal Part IX, column (A), line 25)	2	149,843
3	Revenue less expenses. Subtract line 2 from line 1	3	163,829
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,941
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	2,601
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	199,371

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**HUBERT L. BERNHEIM, CPA
POST OFFICE DRAWER NINE
HILTON HEAD ISLAND, SC 29938
(843) 671-6005
OLDRENBERT5135@AOL.COM**

June 22, 2022

THE OUTSIDE FOUNDATION
50 SHELTER COVE LANE, H
HILTON HEAD ISLAND, SC 29928

Statement of Charges for Services Rendered:

Tax Preparation Fees:

TAX RETURN PREPARATION FEE-2021	\$	850.00
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Miscellaneous Fees and Adjustments:

LESS: CHARITABLE ORGANIZATION DISCOUNT		-425.00
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Total fee	\$	425.00
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Return of Organization Exempt From Income Tax

2021

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE OUTSIDE FOUNDATION		D Employer identification number 46-4305638
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 8436866996
	50 SHELTER COVE LANE		H
	City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29928		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990).

I Website: ▶ WWW.OUTSIDEFOUNDATION.ORG

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 131,790.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	73,442.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	48,302.
c	Less: direct expenses from gaming and fundraising events	6c	18,233.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	30,069.	
7a	Gross sales of inventory, less returns and allowances	7a	2,746.	
b	Less: cost of goods sold	7b	2,143.	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	603.	
8	Other revenue (describe in Schedule O) See Line 8 Stmt.	8	7,300.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	111,414.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	0.
	12	Salaries, other compensation, and employee benefits	12	36,961.
	13	Professional fees and other payments to independent contractors	13	1,850.
	14	Occupancy, rent, utilities, and maintenance	14	1,201.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Line 16 Stmt.	16	68,815.
17	Total expenses. Add lines 10 through 16 ▶	17	108,827.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	2,587.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	84,824.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-54,470.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	32,941.

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	84,014.	22 26,249.
23 Land and buildings	8,062.	23 6,696.
24 Other assets (describe in Schedule O)	3,523.	24 1,823.
25 Total assets	95,599.	25 34,768.
26 Total liabilities (describe in Schedule O)	10,775.	26 1,827.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	84,824.	27 32,941.

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

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

What is the organization's primary exempt purpose? PUBLIC EDUCATION

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

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

28 EDUCATION (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	19,116.
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	19,116.

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEAN FRUH EXECUTIVE DIRECTOR-SECRETARY	20.00	26,667.	0.	0.
DENISE SPENCER CHAIRPERSON	1.00	0.	0.	0.
MICHAEL OVERTON VICE CHAIRPERSON	1.00	0.	0.	0.
MELISSA KRAUSS DIRECTOR	1.00	0.	0.	0.
BRIAN KINARD TREASURER	1.00	0.	0.	0.
DR. JOHN BATSON BOARD MEMBER	1.00	0.	0.	0.
MICHAEL CERRATI BOARD MEMBER	1.00	0.	0.	0.
.....				
.....				
.....				
.....				

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and governance.

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

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

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

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

	Yes	No
47 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

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

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

Sign Here	▶ Signature of officer	05/25/2022
	JEAN FRUH, EXECUTIVE DIRECTOR	Date
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name HUBERT L BERNHEIM	Preparer's signature	Date 05/25/2022	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01284405
	Firm's name ▶ HUBERT L. BERNHEIM, CPA	Firm's EIN ▶ 36-2750133			
	Firm's address ▶ POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938	Phone no. (843) 671-6005			

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

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 8: Other Revenue****Continuation Statement**

Description	Amount
WAIVER OF PPP GRANT	7,300.
Total	7,300.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**Line 16: Other Expenses****Continuation Statement**

Description	Amount
BANK CHARGES	67.
DUES AND LICENSES	394.
INSURANCE-LIABILITY	510.
MEETING EXPENSE	217.
OFFICE SUPPLIES	361.
OPERATING SUPPLIES	237.
POSTAGE AND SHIPPING	73.
RECYCLING SERVICE EXPENSE	2,518.
PROGRAM SERVICE EXPENSE	16,598.
CHRISTMAS EXPENSE	300.
REPAIRS AND MAINTENANCE	112.
PUBLIC EDUCATION EXPENSE	46,062.
Depreciation	1,366.
Total	68,815.

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization THE OUTSIDE FOUNDATION	Employer identification number 46-4305638
---	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part 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 normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	69,810.	104,451.	89,427.	102,310.	124,491.	490,489.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	69,810.	104,451.	89,427.	102,310.	124,491.	490,489.
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						
8 Public support. (Subtract line 7c from line 6.)						490,489.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	69,810.	104,451.	89,427.	102,310.	124,491.	490,489.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		217.	313.	90.		620.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		217.	313.	90.		620.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	69,810.	104,668.	89,740.	102,400.	124,491.	491,109.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.87 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.85 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	0.13 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.15 %
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section 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	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

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

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 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

THE OUTSIDE FOUNDATION

Employer identification number

46-4305638

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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

		(a) Event #1 PAGE ISLAND (event type)	(b) Event #2 PADDLE BATTLE (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts		44,370.		44,370.
	2 Less: Contributions		14,953.		14,953.
	3 Gross income (line 1 minus line 2)		29,417.		29,417.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				29,417.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%

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** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
 - a** 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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

THE OUTSIDE FOUNDATION

Employer identification number

46-4305638

Pt I, Line 8:

Description: WAIVER OF PPP GRANT \$7,300

Pt I, Line 16:

Description: BANK CHARGES \$67

Description: DUES AND LICENSES \$394

Description: INSURANCE-LIABILITY \$510

Description: MEETING EXPENSE \$217

Description: OFFICE SUPPLIES \$361

Description: OPERATING SUPPLIES \$237

Description: POSTAGE AND SHIPPING \$73

Description: RECYCLING SERVICE EXPENSE \$2,518

Description: PROGRAM SERVICE EXPENSE \$16,598

Description: CHRISTMAS EXPENSE \$300

Description: REPAIRS AND MAINTENANCE \$112

Description: PUBLIC EDUCATION EXPENSE \$46,062

Description: Depreciation \$1,366

Pt I, Line 20:

Description: TRANSFER OF INVESTMENT FUND TO COMMUNITY FOUNDATION -\$54,470

Pt II, Line 24:

Description: INVENTORY Beginning of Year: \$3,523 End of Year: \$1,823

Pt II, Line 26:

Description: PAYROLL TAXES WITHHELD Beginning of Year: \$1,280 End of Year: \$1,827

Description: CREDIT CARD PAYABLE Beginning of Year: \$2,195 End of Year: \$0

Description: ADVANCE FROM SBA OF PPP FUNDS Beginning of Year: \$7,300 End of Year: \$0

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20_____

2021

Department of the Treasury
Internal Revenue Service

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

Name of filer THE OUTSIDE FOUNDATION	EIN or SSN 46-4305638
Name and title of officer or person subject to tax JEAN FRUH, EXECUTIVE DIRECTOR	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b _____
2a Form 990-EZ check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b <u>111,414.</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here . . . ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here . . . ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN

--	--	--	--	--

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____

Date ▶ 05/25/2022

Part III Certification and Authentication

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

5	7	0	4	1	2	5	1	3	5	5
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ 05/25/2022

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

Name of exempt organization or person subject to tax: **THE OUTSIDE FOUNDATION**
Taxpayer identification number: **46-4305638**

Name and title of officer or person subject to tax: **JEAN FRUH, EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	82,971.
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name
Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Dr. Jm. Fruh Date ▶ 5/20/2021

Part III Certification and Authentication

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

5 7 0 4 1 2 5 1 3 5 5

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Dr. Jm. Fruh Date ▶ 05/20/2021

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

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

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

C Name of organization
 THE OUTSIDE FOUNDATION
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 50 SHELTER COVE LANE H
 City or town, state or province, country, and ZIP or foreign postal code
 HILTON HEAD ISLAND, SC 29928

D Employer identification number
 46-4305638

E Telephone number
 8436866996

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶ WWW.OUTSIDEFOUNDATION.ORG

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

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 102,491.

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

		Revenue		Expenses		Net Assets	
	1	Contributions, gifts, grants, and similar amounts received	1	49,150.			
	2	Program service revenue including government fees and contracts	2				
	3	Membership dues and assessments	3				
	4	Investment income	4	90.			
	5a	Gross amount from sale of assets other than inventory	5a				
	b	Less: cost or other basis and sales expenses	5b				
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c				
	6	Gaming and fundraising events:					
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	50,817.			
	c	Less: direct expenses from gaming and fundraising events	6c	19,520.			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	31,297.			
	7a	Gross sales of inventory, less returns and allowances	7a	2,002.			
	b	Less: cost of goods sold	7b				
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	2,002.			
	8	Other revenue (describe in Schedule O) See Line 8 Stmt.	8	432.			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	82,971.			
	10	Grants and similar amounts paid (list in Schedule O)	10				
	11	Benefits paid to or for members	11				
	12	Salaries, other compensation, and employee benefits	12	33,920.			
	13	Professional fees and other payments to independent contractors	13	1,780.			
	14	Occupancy, rent, utilities, and maintenance	14	297.			
	15	Printing, publications, postage, and shipping	15	78.			
	16	Other expenses (describe in Schedule O) See Line 16 Stmt.	16	29,457.			
	17	Total expenses. Add lines 10 through 16 ▶	17	64,596.			
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	18,375.			
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	66,449.			
	20	Other changes in net assets or fund balances (explain in Schedule O)	20				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	84,824.			

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	63,183.	84,014.
23 Land and buildings	4,080.	8,062.
24 Other assets (describe in Schedule O)	2,022.	3,523.
25 Total assets	69,285.	95,599.
26 Total liabilities (describe in Schedule O)	2,836.	10,775.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,449.	84,824.

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

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

What is the organization's primary exempt purpose? PUBLIC EDUCATION

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

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

28 EDUCATION		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	18,238.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	18,238.

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEAN FRUH EXECUTIVE DIRECTOR-SECRETARY	10.00	25,000.	0.	0.
ERNST BRUDERER CHAIRMAN	1.00	0.	0.	0.
MICHAEL OVERTON VICE CHAIRMAN	1.00	0.	0.	0.
MELISSA KRAUSS BOARD MEMBER	1.00	0.	0.	0.
PETER CRAM BOARD MEMBER	1.00	0.	0.	0.
DR. JOHN BATSON BOARD MEMBER	1.00	0.	0.	0.
MARK MESSIER BOARD MEMBER	1.00	0.	0.	0.
BRIAN KINARD TREASURER	1.00	0.	0.	0.

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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

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

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

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

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

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

Sign Here Signature of officer: *Jean Fruh* Date: 5/20/2021
 Type or print name and title: JEAN FRUH, EXECUTIVE DIRECTOR

Paid Preparer Use Only
 Print/type preparer's name: HUBERT L. BERNHEIM
 Preparer's signature: _____ Date: 05/20/2021
 Check if self-employed PTIN: P01284405
 Firm's name: HUBERT L. BERNHEIM, CPA Firm's EIN: 36-2750133
 Firm's address: POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938 Phone no.: (843) 671-6005

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

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 8: Other Revenue****Continuation Statement**

Description	Amount
RECYCLING FEES RECEIVED	432.
Total	432.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**Line 16: Other Expenses****Continuation Statement**

Description	Amount
UNIFORM EXPENSE	218.
TAXES-PAYROLL	2,613.
INVESTMENT MANAGEMENT	447.
OFFICE SUPPLIES	932.
CONTRACT SERVICES	10,362.
BANK CHARGES	25.
INSURANCE	1,003.
MEETING EXPENSE	318.
COMMUNITY RECYCLING SERVICE EXPENSE	5,367.
DUES AND LICENSES	290.
SCHOLARSHIP EXPENSE	200.
PROGRAM EXPENSE	5,166.
DONATION	1,000.
Depreciation	1,516.
Total	29,457.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization THE OUTSIDE FOUNDATION	Employer identification number 46-4305638
---	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (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).**
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part 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 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

Calendar 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.")	46,573.	69,810.	104,451.	89,427.	102,310.	412,571.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	46,573.	69,810.	104,451.	89,427.	102,310.	412,571.
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						
8 Public support. (Subtract line 7c from line 6.)						412,571.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	46,573.	69,810.	104,451.	89,427.	102,310.	412,571.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			217.	313.	90.	620.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			217.	313.	90.	620.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	46,573.	69,810.	104,668.	89,740.	102,400.	413,191.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.85 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.86 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.15 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.14 %
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
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%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section 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	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	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.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the 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

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 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: S		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	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:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area with horizontal dashed lines for supplemental information.

**SCHEDULE G
(Form 990 or 990-EZ)**

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

2020

Open to Public Inspection

Name of the organization

THE OUTSIDE FOUNDATION

Employer identification number

46-4305638

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1 PAGE ISLAND (event type)	(b) Event #2 PADDLE BATTLE (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 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 If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a 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 ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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SCHEDULE O
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

THE OUTSIDE FOUNDATION

Employer identification number

46-4305638

Pt I, Line 8:

Description: RECYCLING FEES RECEIVED \$432

Pt I, Line 16:

Description: UNIFORM EXPENSE \$218

Description: TAXES-PAYROLL \$2,613

Description: INVESTMENT MANAGEMENT \$447

Description: OFFICE SUPPLIES \$932

Description: CONTRACT SERVICES \$10,362

Description: BANK CHARGES \$25

Description: INSURANCE \$1,003

Description: MEETING EXPENSE \$318

Description: COMMUNITY RECYCLING SERVICE EXPENSE \$5,367

Description: DUES AND LICENSES \$290

Description: SCHOLARSHIP EXPENSE \$200

Description: PROGRAM EXPENSE \$5,166

Description: DONATION \$1,000

Description: Depreciation \$1,516

Pt II, Line 24:

Description: INVENTORY Beginning of Year: \$2,022 End of Year: \$3,523

Pt II, Line 26:

Description: PAYROLL TAXES WITHHELD Beginning of Year: \$1,419 End of Year: \$1,280

Description: CREDIT CARD PAYABLE Beginning of Year: \$1,417 End of Year: \$2,195

Description: ADVANCE FROM SBA OF PPP FUNDS Beginning of Year: 0 End of Year: \$7,300

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

Name of exempt organization or person subject to tax THE OUTSIDE FOUNDATION	Taxpayer identification number 46-4305638
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Name and title of officer or person subject to tax
JEAN FRUH, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	82,971.
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name
Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ *Dr. Jm. Fruh* Date ▶ 5/20/2021

Part III Certification and Authentication

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

5 7 0 4 1 2 5 1 3 5 5
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Dr. Jm. Fruh* Date ▶ 05/20/2021

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

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning _____, 2020, and ending _____, 20

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

C Name of organization
 THE OUTSIDE FOUNDATION
 Number and street (or P.O. box if mail is not delivered to street address) Room/Suite
 50 SHELTER COVE LANE H
 City or town, state or province, country, and ZIP or foreign postal code
 HILTON HEAD ISLAND, SC 29928

D Employer identification number
 46-4305638

E Telephone number
 8436866996

F Group Exemption Number ▶

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

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

I Website: ▶ WWW.OUTSIDEFOUNDATION.ORG

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 102,491.

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	49,150.	10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	33,920.
4	Investment income	4	90.	13	Professional fees and other payments to independent contractors	13	1,750.
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	297.
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	78.
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O) See Line 16, Stmt.	16	29,457.
6	Gaming and fundraising events:			17	Total expenses. Add lines 10 through 16 ▶	17	64,596.
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	16,375.
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	50,817.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	66,449.
c	Less: direct expenses from gaming and fundraising events	6c	19,520.	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	31,297.	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	84,824.
7a	Gross sales of inventory, less returns and allowances	7a	2,002.				
b	Less: cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	2,002.				
8	Other revenue (describe in Schedule O) See Line 8, Stmt.	8	432.				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	82,971.				

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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financial reporting, and controlled entities.

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

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

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

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

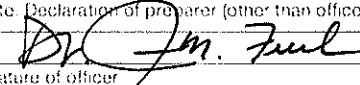
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

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

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

Sign Here  Date 5/20/2021
 Signature of officer
 JEAN FRUH, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/type preparer's name HUBERT L. BERNHEIM	Preparer's signature	Date 05/20/2021	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01284405
Firm's name ▶ HUBERT L. BERNHEIM, CPA	Firm's EIN ▶ 36-2750133		Phone no. (843) 671-6005	
Firm's address ▶ POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938				

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

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 8: Other Revenue****Continuation Statement**

Description	Amount
RECYCLING FEES RECEIVED	432.
Total	432.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**Line 16: Other Expenses****Continuation Statement**

Description	Amount
UNIFORM EXPENSE	218.
TAXES-PAYROLL	2,613.
INVESTMENT MANAGEMENT	447.
OFFICE SUPPLIES	932.
CONTRACT SERVICES	10,362.
BANK CHARGES	25.
INSURANCE	1,003.
MEETING EXPENSE	318.
COMMUNITY RECYCLING SERVICE EXPENSE	5,367.
DUES AND LICENSES	290.
SCHOLARSHIP EXPENSE	200.
PROGRAM EXPENSE	5,166.
DONATION	1,000.
Depreciation	1,516.
Total	29,457.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization THE OUTSIDE FOUNDATION	Employer identification number 46-4305638
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (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)**.
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part 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 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Calendar 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.")	46,573.	69,810.	104,451.	89,427.	102,310.	412,571.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	46,573.	69,810.	104,451.	89,427.	102,310.	412,571.
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						
8 Public support. (Subtract line 7c from line 6.)						412,571.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	46,573.	69,810.	104,451.	89,427.	102,310.	412,571.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			217.	313.	90.	620.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			217.	313.	90.	620.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	46,573.	69,810.	104,668.	89,740.	102,400.	413,191.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.85 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.86 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.15 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.14 %
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
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%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section 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	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	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.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the 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

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 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: S		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	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:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2020

Open to Public Inspection

Name of the organization

THE OUTSIDE FOUNDATION

Employer identification number

46-4305638

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1 PAGE ISLAND (event type)	(b) Event #2 PADDLE BATTLE (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

THE OUTSIDE FOUNDATION

Employer identification number

46-4305638

Pt I, Line 8:

Description: RECYCLING FEES RECEIVED \$432

Pt I, Line 16:

Description: UNIFORM EXPENSE \$218

Description: TAXES-PAYROLL \$2,613

Description: INVESTMENT MANAGEMENT \$447

Description: OFFICE SUPPLIES \$932

Description: CONTRACT SERVICES \$10,362

Description: BANK CHARGES \$25

Description: INSURANCE \$1,003

Description: MEETING EXPENSE \$318

Description: COMMUNITY RECYCLING SERVICE EXPENSE \$5,367

Description: DUES AND LICENSES \$290

Description: SCHOLARSHIP EXPENSE \$200

Description: PROGRAM EXPENSE \$5,166

Description: DONATION \$1,000

Description: Depreciation \$1,516

Pt II, Line 24:

Description: INVENTORY Beginning of Year: \$2,022 End of Year: \$3,523

Pt II, Line 26:

Description: PAYROLL TAXES WITHHELD Beginning of Year: \$1,419 End of Year: \$1,280

Description: CREDIT CARD PAYABLE Beginning of Year: \$1,417 End of Year: \$2,195

Description: ADVANCE FROM SBA OF PPP FUNDS Beginning of Year: 0 End of Year: \$7,300

Special Meeting - The Outside Foundation BOD
August 25, 2023 2:00 pm

ZOOM

Attendees:

Ms. Denise Spencer, Chair
Mr. Brian Kinard, Treasurer
Ms. Melissa Krauss
Mr. Michael Cerrati
Mr. John Taylor
Mr. Ron Miele
Dr. Jean Fruh, Executive Director

Absent:

Dr. John Batson
Mr. Michael Overton, Vice-Chair

1. **Call to order** - Board Chair D. Spencer called the meeting to order 2:00 pm and welcomed members of the TOF BOD.
2. **Resolution: To suspend the two week notice, as required in the By Laws, for a Board meeting.** Discussion: none. Motion to approve: B. Kinard, Second: M. Krauss. APPROVED.
3. **Resolution: To approve the 2024 Budget as presented by Executive Director J. Fruh and Finance Committee Chair, Treasurer B. Kinard.** Discussion: ED reviewed the highlights of next year's proposed budget. M. Krauss commented that it would be helpful to see a side-by-side comparison to the previous years budget. R. Miele asked for clarification on the estimated cost of insurance - does that include just D & O? General Liability as well? Motion to approved: R. Miele, Second: M. Krauss. APPROVED.
4. **Resolution: To approve the 2024 ATAX application.** Discussion: Executive Director J. Fruh reviewed the highlights of the application for 2024. B. Kinard asked J Fruh to be sure to let all members of the BOD know the date and time of her presentation to the ATAX Board so they could attend. Motion: M. Krauss, Second: R. Miele. APPROVED
5. **Adjournment** - Board Chair D. Spencer adjourned the meeting at 2:25pm.

Respectfully submitted by,

J. Fruh, Secretary

ATAX EFFECTIVENESS MEASUREMENT

Please refer to the SAMPLE ATAX Effectiveness Measurement Form for examples. When completing this form, please expand, contract, or add to the sections as needed (but contain the form to a total of approximately 2 pages). You may choose to use your own format instead of this form, and if doing so, please use the criteria below as a guideline. Regardless of format, each applicant should choose how they measure degree of success. Applicants need to explain why this is an effective measurement technique that reflects results and how that relates to the objective.

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results.</i>
Beach, park, and water way clean ups	Through the use of print and digital media promote volunteer participation in various litter sweeps Advertise and partner with local hotels, Turtle Trackers, small businesses, Rotary, Scout Troops, Town of HHI, CoC HHI/Bluffton to increase visibility and awareness	\$ 5,000.00	\$ 2,985.07	So far in 2023 we have hosted 10 litter sweeps, with 610 volunteers, and collected 2188 pounds of trash from the local environment.
#EARTHDAYHHI	A community-call to action through partnerships to engage as many volunteers as possible for an island-wide litter sweep Advertising and promotion to target volunteers and festival attendees- locals, visitors, and tourists - to educate about the importance of keeping our local waterways clean and protecting the diverse wildlife who call these waterways home			Our #EARTHDAYHHI 2023 event saw over 200 volunteers fill 144 bags with 594 pounds of trash. Students and teachers from 5 local schools participated in our "schools challenge" engaging 209 students who collected 65 bags of trash for a total of 1105 pounds.
	Website enhancement and increased marketing	\$ 2,000.00	\$ 2,000.00	
Total		\$ 7,000.00	\$ 4,985.07	

Annual "Keep the Broad Creek Clean" Water Festival	Advertising and promotion to target volunteers and festival attendees- locals, visitors, and tourists - to educate about the importance of keeping our local waterways clean and protecting the diverse wildlife who call these waterways home	\$ 5,000.00	\$ 1,999.97	Water Festival at Shelter Cove Community park welcomed 450 attendees and featured 24 local environmentally focused non-profits and businesses; Shelter Cove Community Park and Broad Creek clean up - 16 volunteers removed 28 pounds of trash.
	Website enhancement and increased marketing	\$ 2,000.00	\$ 2,000.00	
Total		\$ 7,000.00	\$ 3,999.97	

2022 OluKai Lowcountry Boil Paddle Battle Event and Pinkney Island Wildlife Refuge litter sweep	Advertising and promotion to target watersports athletes and top paddle boarding, kayaking, and Surf Ski paddlers from the SE Coast, Mid-Atlantic regions, and locally during the "shoulder season" of September on HHI	\$ 20,000.00	\$ 20,000.00	114 paddlers registered plus 5 members of the HHI Boys & Girls Club, 128 tourists from over 50 miles away (many were first time visitors to HHI) competed in the first class paddle board/kayak/Surf Ski event. Our event remains #1 event in terms of attendance as part of The Southern Stroke Paddle Series; 195 volunteers helped remove 700 pounds of litter and marine debris from the Pinkney Island Wildlife Refuge park and shoreline.
Total		\$ 20,000.00	\$ 20,000.00	

Oyster Shell Recycling and Reef Building Project/Page Island Oyster Roast - February 26, 2023	Advertising and promotion to raise awareness and educate locals, visitors, and tourists about the need to capture and recycle shucked oyster shell for use in building oyster reef (living shorelines) on HHI	\$ 5,000.00	\$ 5,000.00	273 attendees at the Page Island Oyster Roast (123 were visitors or tourists) 1500 pounds of oyster shell recycled
	Website enhancement and increased marketing	\$ 2,000.00	\$ 2,000.00	
Total		\$ 7,000.00	\$ 7,000.00	

Recycled shell collected from 21 local restaurants	To divert shucked oyster shells from being sent to our local landfill and increase the capture amount for use in constructing new reef (living shorelines) to protect the vulnerable shorelines of HHI	\$ 18,480.00	\$ 3,022.67	YTD we have captured 25 tons of shell for recycling from 21 local restaurants and another 6.6 tons from the 2022/23 HHI Oyster and Seafood Festivals and other community oyster roasts, 1120 volunteers helped fill 1150 bags with shell and build 5 reef; additionally we planted 6000 Spartina Grass plugs along the shoreline of the Harbortown Golf Links 18 fairway.
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ATAX EFFECTIVENESS MEASUREMENT

Total	\$	18,480.00	\$	3,022.67
Total Budget to Actual	\$	59,480.00	\$	39,007.71

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

DEPARTMENT OF THE TREASURY

Date: OCT 02 2014

THE OUTSIDE FOUNDATION
C/O MICHAEL P OVERTON
32 SHELTER COVE LN STE H
HILTON HEAD ISLAND, SC 29928

Employer Identification Number:
46-4305638
DLN:
17053210306044
Contact Person:
KAREN A BATEY ID# 31641
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
~~Form 990 Required:~~
Yes
Effective Date of Exemption:
October 31, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

Sincerely,



Director, Exempt Organizations